



Threshold Program Admissions Application Parent/Guardian Questionnaire

Name of Applicant: _____

Why are you interested in the Threshold Program for the applicant?

Please rate the applicant on the following characteristics on a scale of one to five (with one low/ five high). Enter your ratings under the categories to which you feel qualified to respond.

GENERAL	School	Job	Home
Initiative			
Motivation			
Reliability			
Perseverance			
General Attitude			

Comments:

INTERPERSONAL - Ability to relate to:	School	Job	Home
Peers with ID			
Peers without ID			
Teachers			
Work Supervisors			
Young children			
Elderly people			

Comment on style of interaction and specific strengths and weaknesses in social interactions:

JUDGMENT/DECISION MAKING - Ability to:	School	Job	Home
Make everyday decisions using good judgment			
Act in an emergency using good judgment			
Asking for questions/clarification)			

Comments:

EMOTIONAL ADAPTABILITY - Ability to:	School	Job	Home
Cope with stress			
Adjust well to new situations			
Separate own problems from problems of others			
Ability to listen to constructive criticism			

Comments: (Be specific: what types of situations does the applicant find stressful? What coping mechanisms are used?)

Please list all counselors and therapists who have seen the applicant.

Name _____ Nature of Service _____
 Address _____ Age Seen _____

Name _____ Nature of Service _____
 Address _____ Age Seen _____

Please list any medical conditions:

List specific ID diagnoses:

