

Threshold Program Admissions Application Parent/Guardian Questionnaire

| | raic | int, Suarc | nan Ques | Comiane | | |
|-------------------------------|-----------------|---------------|----------------|-------------------|-----------------|------------------------|
| Name of Applicant: | | | | | | |
| Why are you interested in the | e Threshold Pro | ogram for the | applicant? | | | |
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| Please rate the applicant on | the following o | haracteristic | s on a scale o | of one to five (w | vith one low/ 1 | five high). Enter vour |
| ratings under the categories | | | | (| , | 3 7 |
| GENERAL | School | Job | Home | | | |
| Initiative | | | | | | |
| Motivation | | | |] | | |
| Reliability | | | | | | |
| Perseverance | | | | | | |
| General Attitude | | | | | | |
| Comments: | | | | | | |
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| INTERPERSONAL - Ability to | relate to: | School | Job | Home | | |
| Peers with ID | retate to. | School | 305 | Home | | |
| Peers without ID | | | | | | |
| Teachers | | | | | | |
| Work Supervisors | | | | | | |
| Young children | | | | | | |
| Elderly people | | | | | | |
| | | | | | | |
| Comment on style of interact | tion and specif | fic strengths | and weaknes | ses in social int | teractions: | |
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| | | | | | | |
| | | | | | | |

| Make everyday decisions using good judgment | School | Job | Home |
|---|-----------------|-----------------|--------|
| | | | |
| Act in an emergency using good judgment | | | |
| Asking for questions/clarification) | | | |
| Comments: | | | |
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| 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 doe | s the annlican | t find strass | ful? |
| What coping mechanisms are used?) | .s the applican | e ilita seressi | |
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| | | | |
| Please list all counselors and theranists who have se | on the applica | nt | |
| Please list all counselors and therapists who have se | en the applica | | |
| Please list all counselors and therapists who have se | | Nature of S | ervice |
| | | Nature of S | |
| NameAddress | | Nature of S | |
| Name | | Nature of S | ervice |
| Name Address Address | | Nature of S | ervice |
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| Name Address Address | | Nature of S | ervice |
| NameAddress NameAddress Please list any medical conditions: | | Nature of S | ervice |
| Name Address Name | | Nature of S | ervice |
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| NameAddress NameAddress Please list any medical conditions: | | Nature of S | ervice |
| NameAddress NameAddress Please list any medical conditions: | | Nature of S | ervice |

| Attend to daily schedule | | | | | |
|-----------------------------------|-------------------------|------------------|----------------|-----------|------|
| Plan and carry out activities | | | | | |
| Prioritize | | | | | |
| Keep track of belongings | | | | | |
| Complete and turn in homewor | k on time | | | | |
| Does the applicant have a good | sense of direction? □ | Yes □ No | | | |
| f no, please describe any strateg | gies used to improve na | vigation skills. | | | |
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| I CERTIFY THAT A | ALL THE INFORMATION | IN THIS APPLICAT | ION IS TRUE AN | D COMPLET | E |
| | TO THE BEST | OF MY KNOWLED | GE. | | |
| | | | | | |
| | | | | | |
| Name of Applicant | Date | Name of Prep | arer | | Date |
| | | | | | |
| | | | | | |
| f not parent, relationship to app | licant | | | | |

School

Job

Home

TIME MANAGEMENT & ORGANIZATION - Ability to:

The completed form may be emailed to: THAdmissions@lesley.edu

Threshold Program at Lesley University 29 Everett Street, Cambridge, MA 02138 617.349.8182 THAdmissions@lesley.edu