



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:

TIME MANAGEMENT & ORGANIZATION - Ability to:	School	Job	Home
Attend to daily schedule			
Plan and carry out activities			
Prioritize			
Keep track of belongings			
Complete and turn in homework on time			

Does the applicant have a good sense of direction? ☐ Yes ☐ No

If no, please describe any strategies used to improve navigation skills.

**I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE
TO THE BEST OF MY KNOWLEDGE.**

_____	_____	_____	_____
Name of Applicant	Date	Name of Preparer	Date

If not parent, relationship to applicant _____

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

Threshold Program at Lesley University
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