

FAIRMONT STATE UNIVERSITY
AIMSS
AUTISM INDIVIDUALIZED MENTORING
AND SUPPORT SERVICES

Sponsored by the School Of Education, Health, and Human Performance at
Fairmont State University

Application

Admission to the AIMSS Program does not guarantee admission to Fairmont State University, as applications to the university and to the college support program are separate processes. If possible, complete the application in your own handwriting. If handwriting presents a challenge, you may type your responses.

Please note: Applications for full-time services for adult students are accepted only for fall terms. Applications are not accepted for the spring semester.

Applicants who wish to be considered for the **Fall 2016** semester should return the completed application as soon as possible.

An application to the AIMSS Program is considered “complete” and will be accepted only if it includes:

- A psychological evaluation showing an autism spectrum diagnosis;
- The results from an intelligence evaluation, such as the WAIS-III , accompanied by subtest scores and a detailed, narrative report;
- Results from achievement testing (for example, the Woodcock-Johnson Achievement and the Peabody Individual Achievement tests);
- The most recent IEP, if one is in place for a current student.

Each completed application will be reviewed by staff to ensure all University and College Program requirements are met. Those applicants who do meet the requirements—and who have documentation that suggests the AIMSS Program may be a good fit for their specific needs—may be invited to campus for a face-to-face interview. Based upon that interview and the information gathered from the application process, some prospective students will be invited into the AIMSS Program at Fairmont State University. Notification of the decision will be made by mail.

When completed, please return this application to:

Dr. Julie Reneau and Dr. Crystal Smith
Fairmont State University
355 Education Building
1201 Locust Ave.
Fairmont, WV 26554

** Note: This application has been modified with permission from the application for the College Support Program for Students with Autism Spectrum Disorder at Marshall University*

- I am applying for the **Fall semester** of _____
(year)

Applicant Name: _____

Nickname, or the name you prefer to be called: _____

Street or mailing address: _____

City: _____, State: _____ Zip code: _____

Home telephone: _____ Cell Phone: _____

Email: _____

Date of birth: _____ Age: _____ Sex: _____ Citizenship: _____

Father's Name: _____ Mother's Name: _____

Father's email: _____ Mother's email: _____

Family address, if different than yours: (skip this if it's the same address as yours)

Street: _____

City: _____, State: _____ Zip Code: _____

Diagnostic Information:

Please check off the autism spectrum diagnosis (ASD) you have received that make you eligible for our services:

- Asperger's Disorder
- Autistic Disorder
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD NOS)
- Autism Spectrum Disorder

Please list any additional diagnoses that have been formally assessed:

Please list the name and contact information of the licensed professional who provided the ASD diagnosis, along with the date the diagnosis was given.

Diagnostician name: _____

Telephone number: _____ Date of diagnosis: _____

The diagnostician is a (check one): _____ Licensed psychologist; _____ Licensed psychiatrist;
_____ Licensed medical doctor; _____ other (write-in): _____

Do you currently receive support services? (For example: tutoring or special services for autism spectrum disorders, learning disabilities; speech and language therapy; occupational therapy)

_____ Yes (If "Yes," please explain briefly what services you receive)

_____ No

Current services include: _____

Personal Statements:

Please describe how you learn best: _____

My academic strengths include: _____

My academic challenges include: _____

I will require assistance with: _____

Something more I'd like you to know about me: _____

Participating in the AIMSS Program requires that students accept individualized support from a graduate assistant in the areas of academics, socialization, and independent living. How comfortable are you when talking about or receiving support for an Autism Spectrum Disorder?

- Extremely Uncomfortable
- Somewhat Uncomfortable
- Comfortable
- Somewhat Comfortable
- Very Comfortable
- Other _____

Educational Information:

Please list in chronological order the high school and colleges you have attended, beginning with the most recent at the top. Report diplomas or types of certificates you received.

Name of school	Dates attended	Certificate or diploma

Discuss your academic interests: _____

_____.

What do you do in your free time? _____

_____.

With what teams, clubs or organizations are you currently involved? _____
_____.

What have you accomplished that has made you the most proud? _____

_____.

Consent:

I agree to allow the College Program staff at Fairmont State University to provide my name, and the fact that I am applying to the AIMSS program for support, to the University's Admissions Office and the Office of Disability Services.

Signature of agreement: _____

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