

Project EXCEL

GENERAL INFORMATION FORM

(to be completed by the parent or guardian)

Applicant's Name: _____

Form Completed By: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

E-Mail: _____

EDUCATIONAL HISTORY

What learning difficulties has the applicant experienced? _____

Has the applicant had frequent absences from school? _____ Yes _____ No

Does the applicant self-advocate or communicate needs properly? ___ Yes ___ No

Is the applicant's speech understandable to family members? _____

Do other people have difficulty understanding his/her speech? _____

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