

finding life's purpose



Shepherds College  
1805 15th Avenue  
Union Grove, WI 53182-1597

262.878.6351  
[www.shepherdscollege.org](http://www.shepherdscollege.org)  
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**ShepherdsCollege**  
*Guiding Your Transition to  
Appropriate Independence™*



# ShepherdsCollege

*Guiding Your Transition to  
Appropriate Independence™*



application for admissions

# Shepherds College Application Process

## Thank you for your interest in applying to Shepherds College.

Your application to Shepherds College is very important to us and we believe that our program will help prepare you for the next step in your life journey.

This application packet contains important information and forms that must be completed to apply to the College. In order to complete the application process, please make sure the following information is completed and sent to the admissions office.

- Complete the enclosed application.
- Submit a non-refundable application fee of \$30. A check or money order should be made out to Shepherds College.
- Request an official high school transcript or GED. Results must be sent directly to the Shepherds College admissions office.
- Completed reference forms should be submitted directly to the admissions office and should be completed by the following individuals:
  - Teacher
  - Guidance Counselor or Supervisor
  - Personal
- Copy of most current IEP
- Proof of TB skin test and results
- Proof of Hepatitis B series completed
- Proof of Tetanus shot up to date

Please contact the Shepherds College admissions office if you have questions about this application or the enrollment process.

**Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Shepherds College? \_\_\_\_\_

**Family Information**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

**General Student Information**

Have you lived on your own?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

Have you ever been suspended from High School?  Yes  No If yes, please describe the reason for your suspension: \_\_\_\_\_

\_\_\_\_\_

Are you your own guardian?  Yes  No If no, what level is your guardianship and who is your Guardian?

\_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If no, in what country are you a citizen? \_\_\_\_\_

Have you had a psychological exam?  Yes  No (If yes, please send a copy with your application.)

**Employment History**

Are you currently employed or been employed?  Yes  No If yes, please list current or most recent:

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  Full Time  Part Time

Did you receive support from a job coach? \_\_\_\_\_

**Education History**

Do you have a high school diploma, GED or equivalent?  Yes  No

Name of School \_\_\_\_\_

Address \_\_\_\_\_ Graduation Date \_\_\_\_\_

List names of schools/training centers, beginning with most recent: *Name, City/State, Dates Attended, Graduation (if applicable)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Essay**

To be completed by student without assistance: Why would you like to attend Shepherds College? *(attach separate page if needed)*

\_\_\_\_\_  
\_\_\_\_\_

The statements contained in this application are complete and accurate. Falsification of information on this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. I understand that the \$30 application fee is nonrefundable.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Parent or Guardian's Signature Date

*Shepherds College does not discriminate on the basis of race, color, national or ethnic origin in the administration, admission, scholarship or any other programs or activities offered by the college.*

**Applicant's Medical History**

A. Diagnosis of MR/DD or specific intellectual disability (Down Syndrome, traumatic brain injury, etc.) \_\_\_\_\_  
\_\_\_\_\_

B. Is applicant subject to seizures?  Yes  No If yes, answer the following:

1. When were the seizures first noticed? \_\_\_\_\_  
\_\_\_\_\_

2. Describe their nature, severity and frequency. \_\_\_\_\_  
\_\_\_\_\_

3. Approximate date of last seizure: \_\_\_\_\_

4. Are seizures controlled with medication? \_\_\_\_\_

5. Name and phone number of neurologist: \_\_\_\_\_

C. Does applicant have any heart problems?  Yes  No If yes, answer the following:

1. Are there any medical needs related to these problems? \_\_\_\_\_  
\_\_\_\_\_

2. Name of cardiologist: \_\_\_\_\_

D. Does applicant have any eating disorders (Pica, Prader Willie Syndrome, etc?)  Yes  No

1. Does applicant have swallowing/choking problems?  Yes  No If yes, list any special needs related to this problem:  
\_\_\_\_\_  
\_\_\_\_\_

E. Does applicant require a special diet?  Yes  No If yes, please complete the following:

1. Does a doctor prescribe the diet? \_\_\_\_\_

2. For what condition was the diet prescribed? \_\_\_\_\_  
\_\_\_\_\_

3. What are the limitations on this diet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant's Medical History (continued)

F. Does applicant have a hearing impairment?  Yes  No If yes, please comment: \_\_\_\_\_

1. Does applicant use a hearing aid? \_\_\_\_\_

2. Does applicant know and use sign language?  Yes  No If yes, what method is used? \_\_\_\_\_

G. Does applicant have a vision impairment?  Yes  No If yes, please comment: \_\_\_\_\_

1. Does applicant wear glasses/contact lenses?  Yes  No \_\_\_\_\_

H. Does applicant have any physical limitations or disabilities?  Yes  No If yes, please answer the following:

1. Does applicant use a scooter, wheel chair, walker, cane or crutches?  Yes  No If yes, please explain to what extent these aides are used:

\_\_\_\_\_  
 \_\_\_\_\_

I. Does applicant have any allergies (food, pollen, drug sensitivities)?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

J. Does applicant have any behavior issues that include hitting, yelling or throwing things? \_\_\_\_\_

\_\_\_\_\_

1. What sets them off: \_\_\_\_\_

K. Does applicant have any diagnosis of autism?  Yes  No If yes, please answer the following:

1. What kinds of behaviors are noted due to this? \_\_\_\_\_

\_\_\_\_\_

2. Is applicant diagnosed with Attention Deficit/Hyper Attention Deficit Disorder?  Yes  No \_\_\_\_\_

L. Name, complete mailing address, and telephone number of medical doctor who has applicant's complete medical history: \_\_\_\_\_

\_\_\_\_\_

| Medication | Dose | Time Dispensed | Why Given? |
|------------|------|----------------|------------|
|            |      |                |            |
|            |      |                |            |
|            |      |                |            |
|            |      |                |            |
|            |      |                |            |
|            |      |                |            |
|            |      |                |            |

Name of Applicant \_\_\_\_\_

Evaluation Completed by \_\_\_\_\_

### Daily Living Skills

Please check the appropriate level of independence. Additional comments may be written on reverse side.

#### Code Key:

**Independent** = is able to complete task without supervision

**Semi-dependent** = is able to complete a task with verbal prompts and assistance

**Totally Dependent** = needs complete care giver

| Skill                                       | Independent | Semi-dependent | Totally dependent |
|---|-------------|----------------|-------------------|
| Able to set and wake up to alarm in morning |             |                |                   |
| <b>Bathing</b>                              |             |                |                   |
| Shower                                      |             |                |                   |
| <b>Hair</b>                                 |             |                |                   |
| Shampoos                                    |             |                |                   |
| Dries hair properly                         |             |                |                   |
| Combs or Brushes Hair                       |             |                |                   |
| <b>Dressing</b>                             |             |                |                   |
| Chooses Appropriate Clothing for Activity   |             |                |                   |
| Buttons and Zips Clothing                   |             |                |                   |
| Ties Shoes                                  |             |                |                   |
| Dresses Self                                |             |                |                   |
| Hangs Clothes On Hanger                     |             |                |                   |
| Matches Clothes                             |             |                |                   |
| <b>Shaving</b>                              |             |                |                   |
| Face (electric or disposable razor)         |             |                |                   |
| Underarms (female)                          |             |                |                   |
| Legs (female)                               |             |                |                   |
| <b>Hygiene</b>                              |             |                |                   |
| Brushes Teeth                               |             |                |                   |
| Flosses                                     |             |                |                   |
| Applies deodorant regularly                 |             |                |                   |

## Daily Living Skills (continued)

Please check the appropriate level of independence. Additional comments may be written below.

Code Key:

**Independent** = is able to complete task without supervision

**Semi-dependent** = is able to complete a task with verbal prompts and assistance

**Totally Dependent** = needs complete care giver

| Skill   | Independent | Semi-dependent | Totally dependent |
|---|-------------|----------------|-------------------|
| <b>Menstrual Cycle (female only)</b>          |             |                |                   |
| Recognizes Need for Assistance                |             |                |                   |
| Disposes of Soiled Napkin                     |             |                |                   |
| Takes Care of Soiled Clothing Properly        |             |                |                   |
| <b>Housekeeping</b>                           |             |                |                   |
| Washes Dishes                                 |             |                |                   |
| Uses Dishwasher                               |             |                |                   |
| Makes Bed (2 Sheets) and Puts On Pillowcase   |             |                |                   |
| Puts Laundry Away                             |             |                |                   |
| Dusts Furniture                               |             |                |                   |
| Vacuums Carpeting                             |             |                |                   |
| Keeps Room Neat                               |             |                |                   |
| Sets Table with Objects In Proper Place       |             |                |                   |
| Clears Table                                  |             |                |                   |
| <b>Laundry</b>                                |             |                |                   |
| Puts Soiled Clothing In Container             |             |                |                   |
| Sorts Laundry                                 |             |                |                   |
| Places Dirty Clothes in the Washer            |             |                |                   |
| Adds the Correct Amount of Soap               |             |                |                   |
| Places Clothes in the Dryer and Sets the Time |             |                |                   |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Applicant Information

After you have completed the information below, please give this form to a teacher to complete as a reference for your admission to Shepherds College.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

I recognize the confidential nature of this reference and I waive my right to view this document.  Yes  No

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Teacher Information

Name of Teacher \_\_\_\_\_

Position \_\_\_\_\_ School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Please describe your relationship to the applicant \_\_\_\_\_

In your opinion, what is the applicant's ability to make decisions using good judgment (everyday decisions, emergency and asking for help)? \_\_\_\_\_

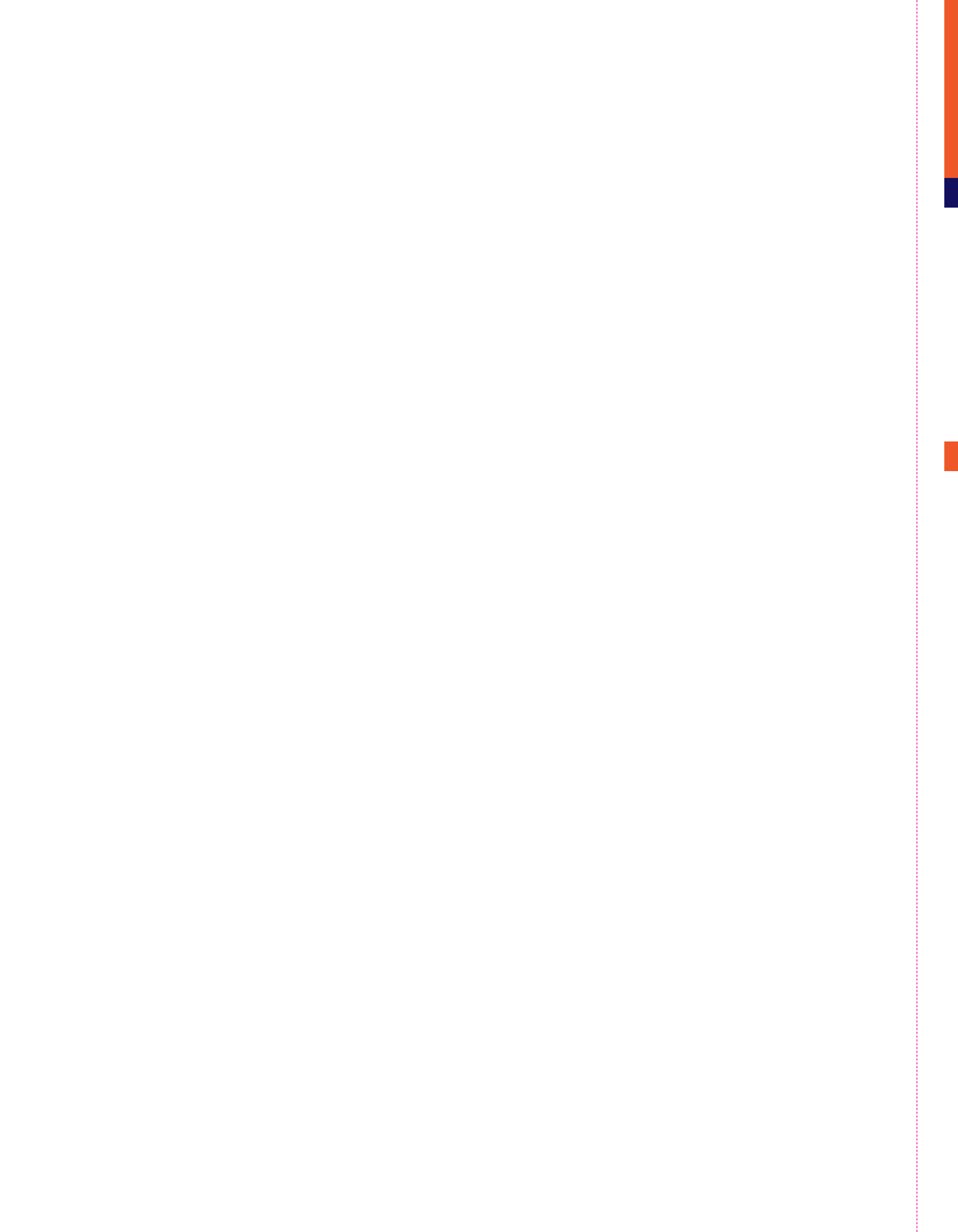
In your opinion, how motivated is the applicant to take on new challenges like the Shepherds College program? \_\_\_\_\_

In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? \_\_\_\_\_

How well does the applicant interact with peers/coworkers? Supervisors/Teachers? \_\_\_\_\_

Based on what you know about the applicant, how would you recommend the applicant's potential for success at Shepherds College?  Highly Recommended  Recommended  Recommended with Reservations  Not Recommended

Please make any additional comments that might be helpful to the admissions committee at Shepherds College. \_\_\_\_\_



### Applicant Information

After you have completed the information below, please give this form to a guidance counselor or supervisor to complete as a reference for your admission to Shepherds College.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

I recognize the confidential nature of this reference and I waive my right to view this document.  Yes  No

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Guidance Counselor/Supervisor Information

Name of Guidance Counselor or Supervisor \_\_\_\_\_

Position \_\_\_\_\_ School/Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Please describe your relationship to the applicant \_\_\_\_\_

In your opinion, what is the applicant's ability to make decisions using good judgment (everyday decisions, emergency and asking for help)? \_\_\_\_\_

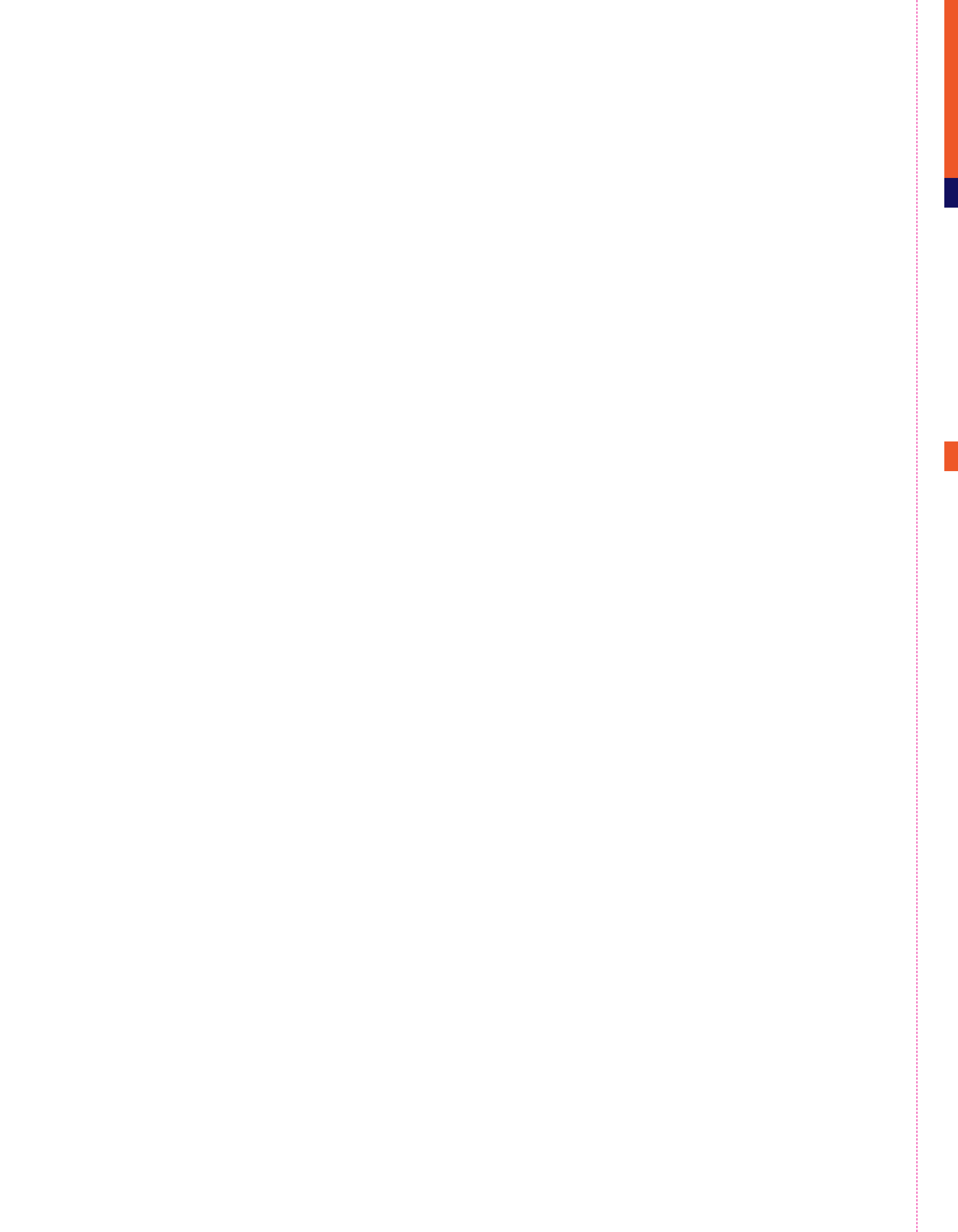
In your opinion, how motivated is the applicant to take on new challenges like the Shepherds College program? \_\_\_\_\_

In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? \_\_\_\_\_

How well does the applicant interact with peers/coworkers? Supervisors/Teachers? \_\_\_\_\_

Based on what you know about the applicant, how would you recommend the applicant's potential for success at Shepherds College?  Highly Recommended  Recommended  Recommended with Reservations  Not Recommended

Please make any additional comments that might be helpful to the admissions committee at Shepherds College. \_\_\_\_\_



### Applicant Information

After you have completed the information below, please give this form to a personal friend to complete as a reference for your admission to Shepherds College.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

I recognize the confidential nature of this reference and I waive my right to view this document.  Yes  No

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Personal Reference Information

Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Please describe your relationship with the applicant \_\_\_\_\_

In your opinion, what is the applicant's ability to make decisions using good judgment (everyday decisions, emergency and asking for help)? \_\_\_\_\_

In your opinion, how motivated is the applicant to take on new challenges like the Shepherds College program? \_\_\_\_\_

In your opinion, what are the applicant's abilities in the area of life skills (time management, shopping, budgeting, dressing, hygiene, etc.)? \_\_\_\_\_

How well does the applicant interact with peers/coworkers? Supervisors/Teachers? \_\_\_\_\_

Based on what you know about the applicant, how would you recommend the applicant's potential for success at Shepherds College?  Highly Recommended  Recommended  Recommended with Reservations  Not Recommended

Please make any additional comments that might be helpful to the admissions committee at Shepherds College. \_\_\_\_\_

