

**Dub-C Autism Program**  
**West Chester University**  
**Self-Report Questionnaire**

**PERSONAL INFORMATION**

<b>Date</b>	
<b>Full Name</b>	
<b>Birthdate</b> (mo/day/year)	
<b>Phone number</b> (that you check daily)	
<b>Email address</b> (that you check daily)	
<b>Live on Campus?</b>  <b>Yes or No</b>  (if yes-fill out Residence hall and room number)	<b>Residence hall</b> _____  <b>Room number</b> _____  <b>Do you have a roommate?</b> _____
<b>Permanent address</b> (where do you live when not at school)	<b>Number and street</b> _____  <b>City</b> _____ <b>State</b> _____ <b>Zip code</b> _____

**EDUCATIONAL INFORMATION**

**High School Information**

Name of High School	
What year did you graduate High School?	
I took the (circle one)  <b>ACT</b> <b>SAT</b>	<b>Score on Test</b> _____  <b>Did you need extra time?</b> (circle one) <b>Yes</b> or <b>No</b>  <b>Other accommodations for test</b> _____ _____ _____

**Type of High School** (Check all that apply)

<input type="checkbox"/>	Private	<input type="checkbox"/>	Public
<input type="checkbox"/>	Charter	<input type="checkbox"/>	Parochial
<input type="checkbox"/>	Specialized School	<input type="checkbox"/>	Boarding
<input type="checkbox"/>	College Prep	<input type="checkbox"/>	Cyber School
<input type="checkbox"/>	Rural	<input type="checkbox"/>	Urban
<input type="checkbox"/>	Suburban	<input type="checkbox"/>	Other:

**Structure of your classes in High School** (Check all that apply)

<input type="checkbox"/>	10 or less students in class	<input type="checkbox"/>	General Education
<input type="checkbox"/>	11-20 students in class	<input type="checkbox"/>	Resource Room
<input type="checkbox"/>	Over 20 students in class	<input type="checkbox"/>	Individual instruction
<input type="checkbox"/>		<input type="checkbox"/>	Learning Support
<input type="checkbox"/>		<input type="checkbox"/>	Social skills/ Strategies

**Support Services/ Accommodations you received in High School**

(Check all that apply and enter ones not listed)

<input type="checkbox"/>	Occupational therapy	<input type="checkbox"/>	Extra time on test
<input type="checkbox"/>	Speech Therapy	<input type="checkbox"/>	Quiet area for tests
<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	Test given orally
<input type="checkbox"/>	1:1 paraprofessional	<input type="checkbox"/>	Guided notes/note taker
<input type="checkbox"/>	Check in/ check person	<input type="checkbox"/>	Tasks broken down into simple steps
<input type="checkbox"/>		<input type="checkbox"/>	Visual checklist
<input type="checkbox"/>		<input type="checkbox"/>	Break passes
<input type="checkbox"/>		<input type="checkbox"/>	

**Favorite teacher/ Staff Member to work with in High School (if applicable)**

What types of activities did you work on together?	_____ _____ _____ _____
Why was this person easy to work with; what were the qualities of this person that made working with this person easier.	_____ _____ _____ _____

**College Information**

**Colleges prior to West Chester (leave blank if not applicable)**

Name of college (s)	_____ _____ _____ _____
Area of study	_____ _____ _____ _____
Why did you transfer to WCU	_____ _____ _____ _____

**West Chester University**

What year are you based on credits?  (check the appropriate box)	<table border="1"> <tr> <td data-bbox="816 1394 873 1430"></td> <td data-bbox="873 1394 1390 1430">Freshman</td> </tr> <tr> <td data-bbox="816 1430 873 1465"></td> <td data-bbox="873 1430 1390 1465">Sophomore</td> </tr> <tr> <td data-bbox="816 1465 873 1501"></td> <td data-bbox="873 1465 1390 1501">Junior</td> </tr> <tr> <td data-bbox="816 1501 873 1537"></td> <td data-bbox="873 1501 1390 1537">Senior</td> </tr> <tr> <td data-bbox="816 1537 873 1579"></td> <td data-bbox="873 1537 1390 1579">Graduate student</td> </tr> </table>		Freshman		Sophomore		Junior		Senior		Graduate student
	Freshman										
	Sophomore										
	Junior										
	Senior										
	Graduate student										
<b>What college are you enrolled in at WCU</b>	_____										
<b>Who is your academic advisor at WCU</b>	_____										
<b>What is your major at WCU</b>	_____										
<b>Why did you choose this major?</b>	_____ _____ _____ _____										

**Dream job details**

What is dream job	Why is it your dream	What excites you about it

**How would you explain your learning style (i.e. how do you learn best)? Mark the box to the left of all that apply to how you learn best. If not listed, you may write in blank.**

<input type="checkbox"/>	Visual	<input type="checkbox"/>	Can learn in distracting environment
<input type="checkbox"/>	Auditory	<input type="checkbox"/>	Like things to be explicit
<input type="checkbox"/>	Visual and auditory	<input type="checkbox"/>	
<input type="checkbox"/>	Sit in Front of class	<input type="checkbox"/>	
<input type="checkbox"/>	Sit anywhere in class	<input type="checkbox"/>	
<input type="checkbox"/>	Quiet environment	<input type="checkbox"/>	

**WORK EXPERIENCE**

1. Have you ever been employed/worked a paying job? (check box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO

**If yes**, answer the following questions

Where were you employed	<hr/> <hr/> <hr/> <hr/>
What were duties at job	<hr/> <hr/> <hr/> <hr/>
Skills developed by you:	<hr/> <hr/> <hr/> <hr/>

2. Have you ever done volunteer work ?

(check box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO

**If YES**, answer the following questions:

Where did you volunteer	<hr/> <hr/> <hr/>
What were duties when volunteered	<hr/> <hr/> <hr/> <hr/>
Skills developed by you:	<hr/> <hr/> <hr/> <hr/>

**TREATMENT/MEDICAL INFORMATION**

**Diagnosis information**

What is your diagnosed disability	
Age when diagnosed	
When was your last assessment	
Who did your last assessment	

**How does your diagnosis affect you?**

Socially	Communication	Academically	Behaviorally
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**Medical Information**

1. Are you currently working with a therapist/professional? (check box)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	NO

**If yes, provide the Therapist's information**

Name(s)	
Phone number (s)	
Email (s)	
Do you plan on continuing to work with your therapist while at WCU?	Yes or No

If yes, how often will you meet with/talk to him/her?

\_\_\_ weekly    \_\_\_ bi-monthly    \_\_\_ monthly    \_\_\_ 1-3 times a semester

2. Physician information (your physician you meet with most)

Name	
Phone number	
Email	

3. What medications are you currently taking? (leave blank if none)

Name of medication/ dosage	Reason for taking	Side Effects you experience

4. If taking medication, how will you obtain your medication?

\_\_\_ independently pick up    \_\_\_ parents will send    \_\_\_ sent via mail    \_\_\_ not sure

5. May DCAP contact your therapist and or physician if it is necessary (check box)

Yes	NO	Person	Your Initials
<input type="checkbox"/>	<input type="checkbox"/>	Therapist	
<input type="checkbox"/>	<input type="checkbox"/>	Physician	

**PARENTS/FAMILY INFORMATION**

1. Please provide information for Parents/Guardians and Siblings.

<b>Names</b>	<b>Relation</b>	<b>Cell phone</b>	<b>Email</b>	<b>Permission to contact (Yes or No)</b>	<b>Your Initials</b>

**HOUSING/LIVING**

Current living arrangements:

<input type="checkbox"/>	Living in Dorm alone	<input type="checkbox"/>	Living in apartment alone	<input type="checkbox"/>	Living with parents/guardians (own room)
<input type="checkbox"/>	Living in Dorm w roommate	<input type="checkbox"/>	Living in apartment with roommate(s)	<input type="checkbox"/>	Other _____

Describe your living habits (check the boxes that apply)

<input type="checkbox"/>	Neat	<input type="checkbox"/>	Stuff is thrown around	<input type="checkbox"/>	Messy/difficult to find things
<input type="checkbox"/>	Clean	<input type="checkbox"/>	Have clean areas	<input type="checkbox"/>	Need to dust/vacuum/wash
<input type="checkbox"/>	Orderly	<input type="checkbox"/>	Some things have a place	<input type="checkbox"/>	Nothing has a place to go
<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Normal volume	<input type="checkbox"/>	Loud
<input type="checkbox"/>	Have a schedule for chores/housekeeping	<input type="checkbox"/>	Have a schedule for some chores/housekeeping	<input type="checkbox"/>	No schedule for chores/housekeeping
<input type="checkbox"/>	Like a majority of time to be private/alone	<input type="checkbox"/>	Like 50% of time to be private/alone	<input type="checkbox"/>	Prefer to be around others in house/living arrangement
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Transportation**

Do you	Yes	NO
Have a driver's license		
Use public transportation (buses/cabs/uber/subway)		
Take a shuttle to class		
Walk to class		

**STRESS**

What particular situations trigger stress for you: (check all that apply)

Communicating with others	People yelling at you	Working in groups
Social events	Not enough sleep	Getting homework/projects done on time
Loud noises/sounds	Lighting	Organizing school work
crowds	Unclear directions	Planning transportation
Change in routine	Meeting new people	Being late
Things not in order/orderly fashion	Parental involvement	Advocating needs
Other _____	Other _____	Other _____

How do you respond when you are:

	Responses	Coping strategies
Very afraid	_____	_____
	_____	_____
	_____	_____
Very anxious	_____	_____
	_____	_____
	_____	_____
Very frustrated	_____	_____
	_____	_____
	_____	_____

## SOCIAL INTERACTIONS

**Check all that apply to your friendships/social interactions**

Have 1-2 friends	enjoy being around others	Enjoy meeting new people
Have a group of 5 or more friends	Like to try new things	Meet professors during office hours and/or before/after class
Make friends easily	Will do things with others if preferred	Just do work for class, do not engage with professor/teacher unless need something
Maintain friendships	Will do things with others if non-preferred	Get along well with family
Can initiate conversation	Enjoy going to events with others	Prefer to do things with family members only
Can maintain conversation	Enjoy going to others' houses	Seek out social situations
Can end a conversation appropriately	Would prefer to stay home	Would like to be more social

**What do you do to have fun?**

Video games	Program computers/games	Watch tv
Computer games	Hang out with friends	Do crafts
Watch sports	Listen to music	Watch Youtube
Play sports	Go to concerts	Go for walk
Watch movies	Go out to eat	Outdoor adventure (hiking/canoeing)
Read	cook	Other _____
Paint	dance	Other _____