

College Autism Readiness Retreat (CARR)
@Kutztown University

PERSONAL INFORMATION

Date	
Full Name	
Birthdate (mo/day/year)	
Phone number (that you check daily)	
Email address (that you check daily)	
Address	Number and street _____ City _____ State _____ Zip code _____

EDUCATIONAL INFORMATION

High School Information

Name of High School	
What year in High School?	
How did you find out about CARR?	

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 receive 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 out 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"/>	

Are there any accommodations that you will need at the camp?

WORK EXPERIENCE

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

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

2. Have you ever done volunteer work ? (check box)

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

Living arrangements

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 designated space
<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"/>	

STRESS

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

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

How do you respond when you are:

	Responses	Coping strategies
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 teachers before/after class/ school
	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 _____