

# University of Arkansas Autism Support Program Application

Applicant name: \_\_\_\_\_

Nickname or name you prefer to be called: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 1 name: \_\_\_\_\_

Parent 1 email: \_\_\_\_\_ Parent 1 cell: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_

Parent 2 email: \_\_\_\_\_ Parent 2 cell: \_\_\_\_\_

Siblings' names and ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List each school that you have attended (elementary through high school or postsecondary) with dates of attendance, beginning with your current school. Please include address and contact person for high school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT scores: \_\_\_\_\_

**Diagnostic Information**

Please list all diagnoses you have received:

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

Please list the name and contact information of the licensed professional who provided these diagnoses:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

What kinds of support services do you currently receive? (For example: tutoring, note taker, extra time on tests, speech/language, occupational therapy, social skills, counseling, etc.)

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

## Personal Statements

I learn best when:

—

—

—

—

My academic preferences and strengths are:

—

—

—

—

My academic challenges are:

—

—

—

—

My academic interests include:

—

—

—

—

In my free time, I like to:

—

—

—

—

What have you accomplished that has made you feel very proud of yourself?

—

—

—

—

I am excited about attending the University of Arkansas because:

—

—

—

—

I am nervous about attending the University of Arkansas because:

—

—

—

—

If I enroll at the University of Arkansas, I think I will need help with:

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

What else would you like us to know about you?

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

Your completed application package should include:

- U of A Autism Support Program Application Form
- Most recent IEP
- Two Recommendation Letters
- Neuropsychological Report stating all diagnoses

Please send your completed application package to:

Dr. Aleza Greene  
University of Arkansas Autism Support Program  
410 Arkansas Ave.  
University of Arkansas  
Fayetteville, AR 72701

Once we receive these materials, we will contact you to schedule an interview. In addition, students must apply directly to the University of Arkansas:

[admissions.uark.edu](http://admissions.uark.edu)

For more information, please contact Dr. Aleza Greene, 479-595-6071,  
[asgreene@uark.edu](mailto:asgreene@uark.edu).