



STUDENT APPLICATION QUESTIONNAIRE

****PLEASE ATTACH A PHOTO OF THE APPLICANT****

APPLICANT NAME: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

How did you hear about Triform?

Where and with whom does the applicant now live?

Current school placement and/or program?

When is placement needed?

Primary Diagnosis:

Secondary Diagnosis:

Seizures? Yes/No Please describe:

Current medications and reasons for usage:

Current or past therapies:

Education history and experiences:

Describe self-care skills and needs:

Communication skills and needs (speech, hearing, vision):

Relationship to others, social skills and needs:

Relationship with children—Can the applicant live and be around small children?

Enjoy participation in group activities?

Describe level of sexual awareness including behavior disorders or problems, if any:

Has the applicant been assessed for ability to consent to a relationship?

Relation to work (work interests, attitudes and habits, work tolerance, skills and limitations):

Response to direction when undertaking tasks?

Describe any hobbies, strengths, interests, special abilities, talents and free time activities:

Orientation in space and time:

Idiosyncrasies, taboos, obsessions, fears?

Response to frustration and/or emotional distress?

Tempers? Outbursts? Violence to self and/or others?

How are anger and frustration exhibited?

Are there other forms of antisocial or aggressive behavior?

Sense of danger?

Tendency to wander off or run away?

Able to read and write? Tell time? Use of telephone? Deal with money?

General health?

Sleep habits? Please describe any difficulties or problems, if any:

Allergies? Yes/No Please describe:

Special diet? Yes/No Please describe:

Any eating disorders/obsessions?

Relation to food in general?

Relationship to pain and illness:

Any special medical conditions we should know about:

Please let us know any other relevant information that may help us to know and understand the applicant on separate paper. Thanks you!

Fee Statement: *Please note that Triform is a private, residential therapeutic community with a current annual tuition of \$60,765.00. Our four week trial visit fee is \$5,500. Eligible New York State residents may apply for Triform's Medicaid funded Group Day Habilitation program (non-residential) offered Monday-Friday, 9:00am-4:00 pm.*

Signed: _____

Date: _____

Name: _____

Cell Phone: _____

Telephone: _____

E-Mail: _____

Address: _____

Relation to the applicant: _____

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