



School Questionnaire

Shenandoah School of Hope, Inc. is a nonprofit organization that will provide vocational training and education to young adults with developmental disabilities. The program forms partnerships with local businesses, universities, civic organizations and churches. Shenandoah School of Hope offers a vocation to high functioning adults with developmental and intellectual disabilities that will allow for independence, promote pro-social friendships, strong interpersonal skills and assert a sense of hope in the future.

Name of Applicant: _____

School: _____

The student whose name appears above is a candidate for admission to Shenandoah School of Hope, Inc. Any information and insight you can provide will be greatly appreciated and will be held in strictest confidence. Please return this form to the Shenandoah School of Hope, Inc.'s Admissions Office at your earliest convenience. Thank you for your help.

Please place a check in the box which most accurately describes the applicant in relation to other students of the same age:

	Excellent	Average	Poor	Insufficient Evidence
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care (hygiene, grooming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Academically, what has worked well with this student? What does not work well?

2. What kind of relationships does the student maintain with adults and peers?

3. Describe the student's academic level: reading, writing, math.

4. Is the student independent in self-care? Note any special needs in relation to dressing, grooming, hygiene, or feeding.

5. Does the student have a behavior plan, or has the student experienced any disciplinary problems? If so, please explain.

We welcome any additional information you feel would be helpful to the Shenandoah School of Hope in evaluating this candidate's application. Please use a separate sheet of paper.

Signature _____ Date _____

Printed name of person completing this form _____

Position held _____

School _____

Address _____

Telephone _____ Email _____

Please return to:

Admissions Office

Shenandoah School of Hope, Inc.

P.O. Box 10

Linden, VA 22642

Phone: (540) 642-1200

Fax: (540) 486-5646