



Services Enrollment Application

Student First & Last Name: _____

If not the student, person completing this application and relationship to student:

Email address: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Student's Date of Birth: _____

When were you looking for services to start? (Month/year): _____

Are you/student currently in school (high school or post-secondary)?

Yes _____ No _____

Are you seeking help to enroll in school? Yes _____ No _____

If you are currently in school, what level are you in?

High School _____ Post-Secondary (college, trade school, etc.) _____ Graduate _____

If you are in school, what grade or year are you in? _____

What are your academic or career goals?

What are your strengths and challenges to reaching those goals?

What services are you interested in?

Coaching ____ Tutoring ____ Social Activities ____ Unsure ____

Other: _____

Coaching Services

Skip if not applicable

What life areas for coaching are you looking for? (Select all that apply)

Help with school or online learning ____

Help with finding a career or maintaining a job ____

Help with independent living or life goals ____

Help with social skills and making friends ____

Help with managing stress ____

Is there anything you'd like us to know about your coaching needs? (Goals, challenges, preferences, etc.)

Tutoring Services

Skip if not applicable

What subjects are you looking to be tutored in?

If there is a specific college, graduate level, or AP level class or subject areas, please list them here:

Is there anything you'd like us to know about your tutoring needs? (Goals, challenges, preferences, etc.)

Funding Eligibility Based on Disability

You do not have to have a disability to use our services. But, if you do have a disability, then it is helpful for us to know so we can help you seek funding for our services.

Do you have a diagnosed disability? Yes _____ No _____

Are you eligible for OPWDD services? Yes _____ No _____ Pending approval _____

Have not applied _____

If you are OPWDD eligible, are you using self-direction? Yes _____ No _____

Pending approval _____ Don't know _____

Are you eligible for ACCES-VR services? Yes _____ No _____ Pending approval _____

Have not applied _____

Thank you for completing this form. Someone from our team will contact you soon to finish your registration. If you have a documented disability and are eligible for OPWDD Self-Direction or ACCES-VR services, we may be able to assist you in providing services for free or with reimbursement!