SCHOOL RECORD FORM
(to be completed by a school representative)

The student for whom this form is being completed has applied to Project EXCEL, a program at the College of Mount St. Joseph for students with specific learning disabilities. Students accepted into the program must be highly motivated and demonstrate potential for earning an academic degree. Your assessment of the applicant’s abilities and your comments are very significant in our evaluation of the applicant.

STUDENT NAME: _________________________________________________________

SCHOOL: __________________________  Expected Graduation Date: ________________

SCHOOL’S ADDRESS: _________________________________________________________

FORM COMPLETED BY: _______________________________________________________

TELEPHONE: ________________________  TITLE: ________________________________

SPECIFIC LEARNING DISABILITY (SLD) DOCUMENTATION  _____ YES  _____ NO

Does the applicant have an IEP or 504 Plan?  _____ YES  _____ NO

Has student been an active participant in the IEP Transition planning process?  _____ YES  _____ NO

Has the applicant had frequent absences from school?  _____ YES  _____ NO

If yes, please provide the reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In compliance with Section 504 of the Rehabilitation Act of 1973, the College of Mount St. Joseph provides at no charge, reasonable academic adjustments and auxiliary aids to meet the individual needs of eligible students. Eligibility depends on the nature of the impairment and its impact on the particular individual, and is based on documentation from a qualified professional.
Below is a series of student characteristics. Please choose the category that describes the student most directly. Use the comment section to clarify anything you feel needs more discussion/description.

<table>
<thead>
<tr>
<th>The student......</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Generally</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Maintains good attendance (90% or better)</td>
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<td>Manages time well, assignment completion is timely and efficient</td>
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<td>Self-monitors time – appropriately balances, school, work, social time</td>
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<td>Uses organizational tools (Daily plan book, electronic reminders, etc.)</td>
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<td>Sets reasonable goals and prioritizes well</td>
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<td>Accepts directions and advice from others</td>
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<td>Independently initiates assignments in a timely manner</td>
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<td>Independently completes assignments in a timely manner</td>
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<td>Completes assignments without reminders</td>
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<td>Gets help from others (parents, peers) on assignments</td>
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<td>Approaches teachers for assistance when needed</td>
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<td>Demonstrates appropriate interaction with peers &amp; instructors</td>
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<td>Contributes relevant information to the class and asks pertinent questions</td>
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<td>Can concentrate on texts or assignments for at least an hour</td>
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<td>Readily recognizes the main idea of a reading selection</td>
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<td>Is capable of recalling lecture material for examinations</td>
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<td>Can grasp abstract concepts adequately</td>
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<td>Takes responsibility for his/her actions</td>
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<td>Is a confident individual</td>
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<td>Demonstrates self-discipline</td>
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<td>Works diligently to complete work accurately</td>
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<td>Self-advocates</td>
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Additional Comments: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Revised 07/08/14
What **mathematics course work** has student successfully completed?

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade Achieved</th>
<th>Track Level (general, college prep 1, 2, honors)</th>
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Has the student completed **computer course work**? (Please specify skill levels.)

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please comment on student’s **written language skills**:

- Clarity of thought: ________________________________________________________________

- Language formulation: _____________________________________________________________

- Application of writing mechanics: _________________________________________________

- Syntax: _______________________________________________________________________

- Use of higher level vocabulary: _________________________________________________

Is the student using any special programs? (reading clinic, resource room, inclusion model, language therapy, etc.)

Please explain:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Is student receiving **accommodations**?

- _____ Extended Time on Tests
- _____ Note Taker
- _____ Distraction Reduced Testing Area
- _____ Alternate Text Formats
- _____ Test Reader (Computer or Human)
- _____ Other ____________________________
What do you consider this student’s primary strengths related to learning?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What do you consider the main difficulties this student may encounter in a college curriculum?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

What instructional strategies and accommodations have been most effective in promoting the student’s learning and performance?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please feel free to add any information which you feel may help us in our evaluation of this applicant.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Thank you for your observations and input regarding this student.

Please return to: Stacy Mueller Director, Project EXCEL
Mount St Joseph University
5701 Delhi Road Cincinnati, OH 45233-1670
(513) 244-4623

The Mount St. Joseph University ("the University") is committed to providing an educational and employment environment free from discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, or other minority or protected status. This commitment extends to the University’s administration of its admission, financial aid, employment, and academic policies, as well as the University’s athletic programs and other university-administered programs, services, and activities.

The University has designated the Chief Compliance and Risk Officer, (513) 244-4393, Office of the President, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The University has designated the Director of the Learning Center & Disability Services, (513) 244-4524, the Learning Center, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973.

Revised 07/08/14