



Mount Saint Vincent University
Faculty of Education
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IPSE - MountAbility Application for Admission

Application Date:

Year Applying For:

This application completed in full is necessary for admission.

Applicant's Information:

Last Name: First Name: Middle Name:

Date of Birth: Social Insurance Number:

Country of Citizenship:

Applicant's Contact Information:

Primary Phone Number:

Email:

Application Home Address:

Address 1

Address 2

City Province Postal Code

Country

Primary Contact Information (Parent, Guardian, Caregiver):

Relationship to applicant:

Last Name: First Name: Middle Name:

Date of Birth: Primary Phone Number:

Email:

Occupation:

Address 1

Address 2

City Province Postal Code

Country

Emergency Contact Information

Primary Contact:

Name

Home Phone

Work Phone

Cell Phone

Second Contact:

Name

Home Phone

Work Phone

Cell Phone

Applicant currently lives with:

Parent Caregiver Other Please specify:

Education History (Please complete the following beginning with elementary school)

Name of School Please provide full school name	Years Completed Example: 2000-2012
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Employment History (Prior work experience is not a requirement for admission into this program)

Name of Company	Job Responsibilities
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Medical Information

Please give a brief description of applicant's medical history, including any disability diagnoses:

Please list any significant medical conditions that may impact the applicant's functioning on campus, including severe allergies:

Is the applicant currently taking any medications? Please indicate what the medications are taken for:

Does the applicant currently receive therapeutic services, such as physical therapy, OT, psychiatry, speech therapy? If yes, please indicate which services.

Is the applicant independent in administering their medications? Yes No

Is the applicant independent in self care, such as toileting and basic hygiene? Yes No

Is the applicant independent in mobility (can use cane, wheelchair without assistance)? Yes No

Please select the option that best fits the applicant's needs.

1 requires personal assistant	2 needs assistance that can be provided by a peer	3 needs ongoing coaching and supports	4 needs initial orientation but then independent	5 completely independent
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Independent Living Skills	1	2	3	4	5
Finding way around campus environment					
Ordering and purchasing from a restaurant/cafeteria/store					
Handling personal affairs and managing personal belongings					

Social Skills and Communication	1	2	3	4	5
Ability to communicate needs					
Ability in engaging in social interaction					
Using a phone, email					

Academic Skills	1	2	3	4	5
Handling Money (understanding values, using debit/credit cards, staying within budget)					
Math Skills (addition, subtraction, multiplication, division)					
Reading and Writing Skills (reading, writing, listening, comprehension)					
Computer Skills (word processing, using the internet)					
Motivation to learn and continue with new tasks					
Verbalize and/or write personal information (name, address, phone, SIN)					
Following verbal directions					
Following written directions					
Tracking assignments and due dates					

What recreational or leisure activities would the applicant be interested in at Mount Saint Vincent University?

What work experiences does the applicant express an interest in or enjoy?

Additional Remarks: Please discuss any physical, intellectual, social or emotional conditions that may need to be considered when planning a post secondary experience for the applicant.

Applicant or Parent/Guardian Signature Consent:

I hereby, declare, my name is on this date,

the applicant, and applicant related information to be correct as completed on this form and consent to this becoming part of the applicants official university record. All data is confidential, except name and student number, and I hereby confirm that the information provided is correct to the best of my knowledge.

Additional Information

Upon request please have the following relevant documents available:

- _____ Most recent psychological evaluation/assessment
- _____ Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc.)
- _____ Most recent Individualized Program Plan (IPP)
- _____ Most recent Educational Evaluations
- _____ Teacher or service provider letter of recommendation

Please consider the following questions, as they will be asked during the interview:

Why does the applicant wish to be considered for the IPSE - MountAbility program?

What are the learning goals of the applicant?

What is the applicant's vision for the future upon completion of the program?

Understanding that the IPSE-MountAbility program and participants' families must work together, what role will the applicant's family play in helping the applicant achieve their vision?