



SEED ACHIEVE Application 2018

Application Packet Should Include:

1. Completed Application
2. High school evaluation report and/or IEP; other documents verifying disability

Please Print

Name: _____ L #: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Email Address: _____ Major: _____

Name of High School: _____

Structure of Your Classes in High School (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> General Education | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Over 20 students in class | <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> 10 or less students in class |
| <input type="checkbox"/> Social skills/Strategies | <input type="checkbox"/> 11-20 students in class | <input type="checkbox"/> Other _____ |

Workshop Experience

Have you ever been employed/worked a paying job? Yes No

Have you ever done volunteer work? Yes No

How do you respond when you are feeling: (Fill responses in boxes)

Feeling	Response	Coping Strategies
Very anxious		
Very frustrated		



Stress What situations trigger stress for you? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Communicating with others | <input type="checkbox"/> Organizing schoolwork | <input type="checkbox"/> Not enough sleep |
| <input type="checkbox"/> Advocating needs | <input type="checkbox"/> Change in routine | <input type="checkbox"/> Meeting new people |
| <input type="checkbox"/> Social events | <input type="checkbox"/> Getting work done on time | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Being late | <input type="checkbox"/> Things not in order/quarterly | <input type="checkbox"/> Unclear directions |
| <input type="checkbox"/> Loud noises/sounds | <input type="checkbox"/> Working in groups | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planning transportation | <input type="checkbox"/> Taking criticism | |
| <input type="checkbox"/> Crowds | <input type="checkbox"/> Parental involvement | |

Social Interaction (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Can initiate a conversation | <input type="checkbox"/> Like to try new things | <input type="checkbox"/> Talk to teachers only when needed |
| <input type="checkbox"/> Avoid talking with others | <input type="checkbox"/> Have no friends outside of school | <input type="checkbox"/> I would like to have more friends |
| <input type="checkbox"/> Make friends easily | <input type="checkbox"/> Get along well with family | <input type="checkbox"/> Prefer to do things with family |
| <input type="checkbox"/> Prefer to be by myself | <input type="checkbox"/> Maintain friendships easily | <input type="checkbox"/> Have 1-2 friends |
| <input type="checkbox"/> Have five or more friends | <input type="checkbox"/> Enjoy talking with teachers before and/or after class | <input type="checkbox"/> Enjoy meeting new people |
| <input type="checkbox"/> Would like to be more social | <input type="checkbox"/> Can end the conversation appropriately | <input type="checkbox"/> Enjoy going to others' homes |
| <input type="checkbox"/> Enjoy going to events with others | <input type="checkbox"/> Can maintain a conversation | |
| <input type="checkbox"/> Prefer to stay home | | |

How did you learn about SEED AACHIEVE?

- | | | |
|--|---|---|
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Conference/Event | <input type="checkbox"/> School _____
name |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Advisor | <input type="checkbox"/> Other _____ |



Lehigh Carbon
COMMUNITY COLLEGE
Disability Support Services
610-799-1190
mmitchell@lccc.edu

I do the following to have fun: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Play on the computer | <input type="checkbox"/> Surf the Internet | <input type="checkbox"/> Ride bicycles/skateboard |
| <input type="checkbox"/> Paint/draw | <input type="checkbox"/> Watch movies | <input type="checkbox"/> Go out to eat |
| <input type="checkbox"/> Exercise/workout | <input type="checkbox"/> Do crafts | <input type="checkbox"/> Hang out with friends |
| <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Read | <input type="checkbox"/> Go to concerts |
| <input type="checkbox"/> Watch sports | <input type="checkbox"/> Watch TV | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Dance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Cook | |

Complete application due three (3) weeks prior to the semester; hand-deliver or email to Michelle Mitchell, Educational Support Services, SH 150, 4525 Education Park Drive, Schnecksville PA 18078 or email mmitchell@LCCC.edu

Signature _____

Date _____

PERM24A-x (AC)