



**Application form for the B.O.L.D program**

**Building Opportunities for students with Learning Disabilities**

In addition to the regularly required application materials, applicants for **B.O.L.D** program must submit:

1. **An evaluation of the student's learning disability** prepared by the school psychologist who serves the student's high school or by a psychologist in private practice. The report must include the following tests administered within the past three years: WAIS-R or WISC-R and achievement tests, i.e. WRAT or Woodcock-Johnson.
2. **The student's Individual Educational Plan (IEP)** for as many high school years as possible.
3. **Three letters of reference.** Letters should address the student's intelligence, strength, weakness, motivation, ability to set realistic goals, interpersonal skills, and readiness for college.
4. Students applying for the B.O.L.D program will be invited for an intake interview.

**STUDENT HISTORY** \_\_\_\_\_

The applicant should complete the following information.

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

GENDER: \_\_\_ Male \_\_\_ Female RU1D#: \_\_\_\_\_

1. What diagnoses have been given for your learning difficulties? \_\_\_\_\_
2. By whom and when? \_\_\_\_\_
3. What is your understanding of how you learn best and of your learning difficulties?

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\_\_\_\_\_  
\_\_\_\_\_

4. Have you received services for your learning disability in public schools?

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\_\_\_\_\_

5. Please indicate grades, 1-12. Contained classroom? \_\_\_\_\_ Grades \_\_\_\_\_ Resource assistance? \_\_\_\_\_ Grades \_\_\_\_\_

6. Have you attended a school that especially addresses learning disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which school did you attend? \_\_\_\_\_ Grades attended? \_\_\_\_\_

\_\_\_\_\_

7. Have you received any tutoring, counseling, or special therapy of any kind? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom? Tutor: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Learning Disabilities specialist: \_\_\_\_\_ Dates: \_\_\_\_\_  
Psychologist/Psychiatrist: \_\_\_\_\_ Dates: \_\_\_\_\_

8. Do you have any medical condition that are significant to your present wellbeing?

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9. Do you take any medication currently? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list the medication and the medical condition for which it is prescribed.

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10. Is your vision normal? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please describe.

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11. Is your hearing normal? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please describe.

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12. Do you have any motor coordination difficulties or physical restrictions? If yes, please describe.

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13. What are your hobbies and/or interests?

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14. Have you declared a major? \_\_\_\_\_ Yes \_\_\_\_\_ No. If No, do you need help in making the decision? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Is there any additional information you would like the A.S.O. advisor to know about as they review your application?

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