

# Project EXCEL

## GENERAL INFORMATION FORM

(to be completed by the parent or guardian)

Applicant's Name: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

### EDUCATIONAL HISTORY

What learning difficulties has the applicant experienced? \_\_\_\_\_  
\_\_\_\_\_

Has the applicant had frequent absences from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the applicant self-advocate or communicate needs properly? \_\_\_ Yes \_\_\_ No

Is the applicant's speech understandable to family members? \_\_\_\_\_

Do other people have difficulty understanding his/her speech? \_\_\_\_\_

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