



**Thank you for your interest in Aspirations!**

The following is the enrollment packet for all Aspirations programs including forms for both the individual and caregivers to complete.

**Please return completed forms to...**

Erin Powers, MSW, LISW-S

By Mail: Attn: Erin Powers

285C McCampbell Hall

1581 Dodd Drive

Columbus, OH 43210

By Fax: (614) 366.6373

-OR-

By Email: [Erin.Powers@osumc.edu](mailto:Erin.Powers@osumc.edu)

If you have any questions or need more information, please contact Erin Powers at (614) 366-3276 or [Erin.Powers@osumc.edu](mailto:Erin.Powers@osumc.edu).



Date: \_\_\_\_\_

**Participant's Demographics:**  
(To be completed by participant)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Participant's Email Address: \_\_\_\_\_  
Diagnoses: \_\_\_\_\_  
Date of diagnoses: \_\_\_\_\_ Diagnosed by: \_\_\_\_\_  
Current medications: \_\_\_\_\_

Are you your own Guardian? Check One: Yes No

**Participant's Service History:**

Do you receive county board of DD services? Check One: Yes No

If yes, name of SSA \_\_\_\_\_

Are you currently receiving SSI? Check One: Yes No

Any current therapists/counselors: Check One: Yes No

If yes, with who: \_\_\_\_\_

**Participant's Education/Vocational Training History:**

1.) Name and Location of School: \_\_\_\_\_

Year (s) Attended: \_\_\_\_\_

Average Grade(s) Achieved: \_\_\_\_\_

2.) Name and Location of School: \_\_\_\_\_

Year (s) Attended: \_\_\_\_\_

Average Grade(s) Achieved: \_\_\_\_\_

3.) Other Education/Training: \_\_\_\_\_

Year (s) Attended: \_\_\_\_\_

Average Grade(s) Achieved/Certificate: \_\_\_\_\_

**Emergency Contacts:**

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_



**General history of activities:** (including work, volunteering, and extracurricular experiences)

- 1.) Name and Location of Activity: \_\_\_\_\_  
Brief Description of your Role: \_\_\_\_\_  
Period of Involvement: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
- 2.) Name and Location of Activity: \_\_\_\_\_  
Brief Description of your Role: \_\_\_\_\_  
Period of Involvement: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
- 3.) Name and Location of Activity: \_\_\_\_\_  
Brief Description of your Role: \_\_\_\_\_  
Period of Involvement: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Participant's Family Information:** (to be completed by parent/caregiver)

Name of Primary caregiver: \_\_\_\_\_ Email: \_\_\_\_\_  
Address of Primary caregiver: \_\_\_\_\_  
Telephone # of Primary caregiver: \_\_\_\_\_  
Name of Primary caregiver place of employment: \_\_\_\_\_

Name of Secondary caregiver: \_\_\_\_\_ Email: \_\_\_\_\_  
Address of Secondary caregiver: \_\_\_\_\_  
Telephone # of Secondary caregiver: \_\_\_\_\_  
Name of Secondary place of employment: \_\_\_\_\_

Parent's marital status: Single    Married    Divorced    Separated    Widowed

Siblings (age and names): \_\_\_\_\_  
Some activities our family is involved in: \_\_\_\_\_  
I am/we are most proud of our son/daughter for: \_\_\_\_\_  
Someday, I/we hope our son/daughter: \_\_\_\_\_  
This is what I/we, the parent/caregiver(s), would like to gain from being in Aspirations:

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



## Pre/Post Participant Survey

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pre

Post

**Directions:** Check the answer that best describes how you feel. Please answer all the questions. If you do not know what a word or phrase means, please ask.

There are no right or wrong answers. Choose the response that comes closest to how you feel.

		 Strongly Agree	 Agree	 Neither	 Disagree	 Strongly Disagree
1.	I feel comfortable in a group setting.					
2.	People form positive opinions about me within seconds of meeting me.					
3.	I feel like I belong when I participate in a social event or a group activity.					
4.	My problem-solving skills are strong.					
5.	I have clear goals for becoming <b>more independent</b> .					
6.	I want to practice skills that will help me be more independent.					
7.	I feel self-confident.					
8.	I am aware of my personal strengths and how to use them in my life.					



		 Strongly Agree	 Agree	 Neither	 Disagree	 Strongly Disagree
9.	I am aware of my diagnosis.					
10.	I understand how my diagnosis effects my life.					
11.	I understand that my body language sends messages to others.					
12.	I have developed skills to resolve conflict in relationships.					
13.	I am able to communicate with others in a group.					
14.	I understand that my personal appearance and hygiene are an important part of building relationships with others.					
15.	Connecting with other people is easy for me.					
16.	Other people see me as rude and socially inappropriate.					
17.	I understand the difference between relationships with people I am close with and relationships with acquaintances.					
18.	My social media accounts send a positive message to others (employers, teachers, and friends).					
19.	I am satisfied with the services I received so far from the Nisonger Center.					



## Pre/Post Parent Survey

(To be completed by parent/caregiver)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

YPre

YPost

**Directions:** Check the answer that best describes how you feel. Please answer all the questions. If you do not know what a word or phrase means, please ask.

There are no right or wrong answers. Choose the response that comes closest to how you feel.

						
		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1.	My young adult is comfortable in a group setting.					
2.	People form positive opinions about my young adult within seconds of meeting them.					
3.	My young adult feels like they belong when they participate in a social event or a group activity.					
4.	My young adult's problem-solving skills are strong.					
5.	My young adult has clear goals for becoming <b>more independent</b> .					
6.	My young adult <b>wants to practice</b> skills that will help them be more independent.					
7.	My young adult is self-confident.					
8.	My young adult is aware of their personal strengths and how to use them in their life.					



		 Strongly Agree	 Agree	 Neither	 Disagree	 Strongly Disagree
9.	My young adult is aware of their diagnosis.					
10.	My young adult understands how their diagnosis effects their life.					
11.	My young adult understands that their body language sends messages to others.					
12.	My young adult has developed skills to resolve conflict in relationships.					
13.	My young adult is able to communicate with others in a group.					
14.	My young adult understands that their personal appearance and hygiene are an important part of building relationships with others.					
15.	Connecting with other people is easy for my young adult.					
16.	Other people see my young adult as rude and socially inappropriate.					
17.	My young adult understands the difference between relationships with people they are close with and relationships with acquaintances.					
18.	My young adult's social media accounts send a positive message to others (employers, teachers, and friends).					
19.	I am satisfied with the services I received so far from the Nisonger Center.					