

# OLS-Venture Parent/Guardian Questionnaire



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

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

**OLS-Venture is an associate degree program designed for postsecondary highly motivated adults with mild developmental delays. This degree prepares students to become self-determined, responsible citizens. Students develop a career pathway, interpersonal skills, and participate in related internship experiences. Admission information is available at [www.bellevuecollege.edu/ols](http://www.bellevuecollege.edu/ols).**

Please fill out all items on this application. Use additional pages if more writing space is needed. Your answers will help us determine the applicant's suitability for OLS-Venture and will help us better serve the student if accepted for admission.

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Please mail the completed form to: **Bellevue College, OLS-Venture, 3000 Landerholm Circle, Bellevue, WA 98007-6484.** For more information or additional forms please inquire at [ols-venture@bellevuecollege.edu](mailto:ols-venture@bellevuecollege.edu) or 425.564.2844 or visit [www.bellevuecollege.edu/ols](http://www.bellevuecollege.edu/ols). Fax: 425.564.3094

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## PLEASE TYPE OR PRINT LEGIBLY

### APPLICANT'S FAMILY

Mother's name: \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Home fax \_\_\_\_\_

Home fax \_\_\_\_\_

Email address \_\_\_\_\_

Email address \_\_\_\_\_

Nature of employment \_\_\_\_\_

Nature of employment \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Business name/address \_\_\_\_\_

Business name/address \_\_\_\_\_

Business phone \_\_\_\_\_

Business phone \_\_\_\_\_

Business fax \_\_\_\_\_

Business fax \_\_\_\_\_

Business email \_\_\_\_\_

Business email \_\_\_\_\_

Which address/phone above should be used for communication in case of an emergency?

\_\_\_\_\_



Bellevue College reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit <http://www.bellevuecollege.edu/equal.asp>.

Please list names and ages of siblings. (Note here any relevant comments about siblings.)

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Why are you interested in OLS-Venture for the applicant?

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Applicant's present place of employment. If none, please indicate: \_\_\_\_\_

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Work phone \_\_\_\_\_

Title and occupation \_\_\_\_\_

Will this be the first program the applicant will have attended after high school? Yes  No

If no, what other programs(s) have been attended? \_\_\_\_\_

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### SCHOOL HISTORY

High School(s) and any post-secondary educational institutions attended (Name, city, state, country)	Dates of attendance (From – To)	Reason For Leaving

When did/will the applicant receive a high school diploma or certificate of completion? \_\_\_\_\_

From which school listed above was/will the diploma or certificate be granted? \_\_\_\_\_

If no diploma/certificate, please explain: \_\_\_\_\_

Please describe the applicant's academic strengths and weaknesses: \_\_\_\_\_

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Please describe the applicant's learning style, including how he/she approaches tasks and compensates for learning disabilities. \_\_\_\_\_

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Please rate the applicant on the following characteristics on a scale of one to five (with one being the lowest and five being the highest). Enter ratings ONLY under the categories to which you feel qualified to respond.

<b>Examples:</b>	School	Job	Home/Leisure
Initiative	<u>4</u>	<u>N/A</u>	<u>3</u>
Motivation	<u>3</u>	<u>N/A</u>	<u>2</u>

<b>GENERAL</b>	School	Job	Home/Leisure
• Initiative	_____	_____	_____
• Motivation	_____	_____	_____
• Reliability	_____	_____	_____
• Perseverance	_____	_____	_____
• General Attitude	_____	_____	_____

Comments: \_\_\_\_\_

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<b>INTERPERSONAL</b>	School	Job	Home/Leisure
Ability to relate to:			
• Peers with LD	_____	_____	_____
• Peers without LD	_____	_____	_____
• Teachers	_____	_____	_____
• Work supervisors	_____	_____	_____
• Young children	_____	_____	_____
• Elderly people	_____	_____	_____
• People w/disabilities	_____	_____	_____

Comments on style of interaction and specific strengths and weaknesses in social situations:

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**JUDGMENT/DECISION-MAKING**

Ability to:	School	Job	Home/Leisure
• Make everyday decisions using good judgment	_____	_____	_____
• Act in an emergency using good judgment	_____	_____	_____
• Use people as resources (asking for help when necessary, asking questions/clarification when appropriate)	_____	_____	_____

Comments: (Use examples, if possible.) \_\_\_\_\_

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**EMOTIONAL ADAPTABILITY**

Ability to:	School	Job	Home/Leisure
• Cope with stress	_____	_____	_____
• Adjust well to new situations	_____	_____	_____
• Separate own problems from problems of others (avoid taking everything personally)	_____	_____	_____

Comments: (Be specific: what types of situations does the applicant find stressful? What coping mechanisms are used?) \_\_\_\_\_

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**TIME MANAGEMENT & ORGANIZATION**

Ability to:	School	Job	Home/Leisure
• Attend to daily schedule (on time, etc.)	_____	_____	_____
• Plan and carry out activities	_____	_____	_____
• Prioritize	_____	_____	_____
• Keep track of belongings	_____	_____	_____

Comments: (Be specific about the nature of any difficulties and the kind of supervision required to cope.) \_\_\_\_\_

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How did you find out about OLS-Venture? (Please be as specific as possible.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATION FORMS:**

Two recommendations are required as part of the application process. Recommendations must be from an educator, employer or work supervisor, school counselor, psychotherapist, social worker, or physician who has known the applicant for six months or longer. **Please indicate who will be writing recommendation forms on behalf of the applicant:**

1. \_\_\_\_\_ Title \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

2. \_\_\_\_\_ Title \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**SIGNATURE**

\_\_\_\_\_  
Mother/Father/Guardian (please circle all that apply) Date