



APPLICATION CHECKLIST – Deadline August 15, 2016

Thank you for your interest in the Gottschall Access Program.

Please keep this checklist for your reference. It is essential to submit ALL of the specified information directly to the Gottschall Access Program address. Once all information has been received, qualified applicants and their parents will receive acceptance letters. Personal interviews will be arranged by the GAP Director. Application may be mailed or emailed. If emailing, please **do not** follow up with a hardcopy in the mail. You may submit information as it becomes available **or** wait until the application is complete as long as the August 15th deadline is met.

Gottschall Access Program
Community Autism Resources
33 James Reynolds Rd. Unit C
Swansea, MA 02777
508-379-0371 x: 15

Email: katedansereau@community-autism-resources.com

- ___ Completed Gottschall Access Program Application (**included**)
- ___ High School transcripts and/or any transcript of college level work. Transcripts can be forwarded to us from the sending school or from the student/parent.
- ___ Most recent ISP (Individual Support Plan) including most recent assessment reports. Also include behavioral support plans (if applicable)
- ___ Family Profile/Medical History to be completed by Parent or Student (**included**). **THIS IS IN ADDITION TO THE PHYSICIAN'S EXAM FORM**
- ___ Dr.'s Physical Exam Report from the Dr.'s office **within the past 12 months**. The Gottschall Access Program **does not** provide a form for the Dr.'s office to complete.
- ___ A written recommendation (**included**). The reference writer must be the DDS Adult Service Coordinator. If you wish to include an additional reference, please include someone from a different organization/agency.
- ___ Brief autobiographical essay or paragraph written or typed by the student; can be dictated
- ___ Recent photo (school photo, candid picture, etc.)
- ___ Proof of Court-ordered Guardianship if applicable

**BE SURE TO INCLUDE 'GOTTSCHALL ACCESS PROGRAM'
IN THE MAILING ADDRESS!**