



GOTTSCHALL ACCESS PROGRAM

APPLICATION CHECKLIST

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.

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) or IEP including most recent assessment reports. Also include any ___ additional support plans.

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

___ Emergency Fact Sheet (included)

___ Photo Release Form (included)

___ Medical Release Form (included)

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