Applicant Name: _____



Parent / Caregiver Information Form On Your Marq (OYM) Neurodiversity Support Program

Parent /Caregiver: Please answer the questions below regarding the On Your Marq applicant. Please answer honestly, providing details/explanations where requested. These questions are intended to give us a better picture of the young adult and to determine if On Your Marq is a good fit. We know that you have likely been completing many forms as you go through this process, but we appreciate if you share as many relevant details as possible. If you have any questions or need clarification, please email the On Your Marq team at oym@marquette.edu.

Name of Applicant:	Applicant's Date of Birth:
Y7 Y7	
Your Name:	Your relationship to Applicant:
Please describe any classroom supports	that the annlicant received in high
school. In your opinion, what was helpfu	

Applicant Name:	2
Based on your observations, please describe how the applicant studied or completed homework. What seemed to work best and what did not seem to work?	
What kinds of academic supports do you think the applicant may need in college?	

Applicant Name:	3
Please describe the applicant's current friendships and social activities base	d on
your observations. For example, whom does your young adult like to hang o	
with and how often? What do they like to do together?	
What type of supports do you think the applicant may need with social issue such as friendships/relationships, communication, and interaction with other students and faculty/staff?	
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What kinds of supports do you think the applicant may need to manage dail living tasks such as personal hygiene, eating well, doing laundry, managing	y
money?	

Applicant Name: 4		
For each of the following areas, please indicate if you feel that the applicant would request help, if it was needed. If you feel that it would be uncomforted or difficult for them to reach out for help in any particular area, please indicated that.		
Help with academics:		
Help with social issues:		
Help with daily living skills:		
Help with emotional needs/ stress management:		
Any other areas:		

Applicant Name:	5
What do you see as the applicant's strengths?	
What are some areas of current difficulty for the applicant?	

Applicant Name:	6
If you have any particular areas of concern about this applicant attending college / Marquette, please describe them here.	
What do you hope the applicant gets out of participating in OYM?	
Why do you think Marquette will be a good fit for the applicant?	