



**Student Information Form  
On Your Marq (OYM) Autism Support Program**

Student: Please fill out these forms to the best of your ability, answering every question. Please answer honestly, providing details/explanations where needed. These questions are meant to give us a better picture of who you are and if On Your Marq is a good fit for you! We know that you have just completed the long and strenuous college application process and have no doubt answered these questions on other forms, but please provide us with as much detail as you can. If you have any questions or need clarification, please email the On Your Marq team at [oym@marquette.edu](mailto:oym@marquette.edu).

**Student Information**

Name of Applicant:	Date of Birth:
Mailing Address:	Phone:
	Email:
	MUID/ID number:

Parent/Guardian #1 Name:	
Mailing Address (if different):	Phone:
	Alternate Phone:
	Email:

Parent/Guardian #2 Name:	
Mailing Address (if different):	Phone:
	Alternate Phone:
	Email:



Did you receive any classroom supports in high school? If yes, what was helpful and what was not? Why?

What are your favorite and least favorite things about school?

Describe how you like to study. What has worked best and what has not worked for you in the past?

Do you feel comfortable reaching out for academic help if needed? If yes, how would you normally do so? And to whom would you reach out? If no, what makes it uncomfortable or difficult to do so?

What kinds of academic supports do you think you'll need in college?

Have you decided on a major and/or minor? If yes, what are you considering? If no, what are your favorite subjects? Any career ideas?

### General Questions

Please answer the following questions to the best of your ability. We recognize that you may not know how to answer or predict the answer to all of these questions, but we ask that you give us your best guess or note that you do not know.

Do you feel comfortable reaching out for help with social issues? To whom would you reach out?

What kinds of social supports do you think you'll need in college?

Tell us about your current friends. What do you like to do with them? How often do you hangout together?

Do you feel comfortable reaching out for help in taking care of yourself, if needed; for example, doing laundry, taking care of hygiene, eating regularly, getting up on time, keeping your room clean? To whom would you reach out?

What kinds of supports do you think you'll need to manage the above in college?

What are some of your personal strengths?

What are some areas of difficulty for you?

What are some of your favorite things to do and/or interests outside of school?

What clubs, teams, and/or activities are you currently a part of outside of regular academic classes?

What kinds of activities or clubs do you want to be a part of in college?

What are you most excited for in college?

What are you most worried about in college?



Are you comfortable talking about and/or disclosing your diagnosis? Do you want your peers and/or professors to know about your diagnosis?

Have you participated in intervention/therapy/social skills classes, etc. in the community that you found helpful? If yes, please list them and describe.

Will any of the above therapies/interventions continue if you are enrolled in OYM? Please list the ones that might continue.

What do you hope to get out of participating in OYM?

Why did you choose to come to Marquette?

What would you like the OYM staff to know about you?