

Starting Wright

Participant Information

Date: _____

Student's Name: _____

Student's Address: _____

Student's Birth Date: __/__/____

Gender: Male _____ Female _____

Grade: _____

School: _____

Email address: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Home Phone: _____

Email Address: _____

Additional Email Address: _____

1. Please describe the nature of your disability:

2. What are the **two subjects** you like most in school now?

- _____ Math
- _____ Science
- _____ English
- _____ Social Studies/History
- _____ Physical Education
- _____ Art or Music
- _____ Other

3. What would you **most like to do** after finishing high school?

- _____ Go directly to work
- _____ Attend a job training program
- _____ Get a 2-year college degree
- _____ Get a 4-year college/university degree

4. How would you describe your interest in careers involving science, technology, engineering, math or medicine?

- No Interest
- Some interest
- Very Interested

5. Do you use any special accessible software for your computer?

- Screen Readers (e.g. JAWs),
- Screen Magnifiers (e.g. ZoomText)
- Others – Please describe

6. Will you need closed captioning for the audio portion of the programs?

- Yes No

7. How did you learn about Starting Wright? (check all that apply)

- Newspaper
- Email
- Teacher/counselor
- Brochure
- Flyer
- Website
- Transition/college fairs
- Other (Please List) _____