



Special Populations Eligibility Determination and Planning Template

STUDENT INFORMATION		
Student Name: _____	ID #: _____	
Address: _____		
Phone: _____	Email: _____	Date of Birth: _____
Gender Identification: _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
# of Dependent Children: _____	"Other" Dependents (individuals in your care): _____	
Are you, spouse, or immediate family member in the military?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in foster care system, or have aged out of foster care system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received services through Michigan Rehabilitation Services, Bureau of Services for Blind Persons, or Veterans Administration? If yes, list name of agency: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in need of academic accommodations due to a disability? If yes, explain: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your primary language? If no, specify: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No

GOALS
What are your educational goals: <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other – please explain: _____
Are you planning to transfer to a four-year institution or other postsecondary training program? Explain: _____ <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>



What is your program of study? _____

WORK HISTORY

Are you currently employed? Yes No
 If yes: Full Time Part-Time Self-Employed

EDUCATION

Do you have a High School Diploma or GED? Yes No

Highest grade completed: _____	How long have you been enrolled at the college/institution? _____
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Have you attended any other postsecondary institutions or training programs? Yes No

If yes, did you complete the program or receive a certification or degree? Yes No

INCOME

What is your current income? _____	If not employed, what is your source of income and the amount? _____
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If you are a dependent student (under age 24), are your parents/guardians assisting you with your educational expenses? Yes No

FINANCIAL ASSISTANCE

Have you received any scholarships and/or grants this academic year?
 If yes, explain: Yes No

Have you completed the Free Application for Federal Student Aid (FAFSA)? Yes No

Are you receiving any financial/food assistance/rent assistance?
 If yes, what type? Yes No

Are you receiving assistance from the Michigan Department of Health & Human Services (MDHHS)?
 If yes, what type of assistance are you receiving?
 Childcare Supplement Nutrition Assistance Program (SNAP)
 Medicaid Housing
 Other (Describe): _____ Yes No



Describe your needs:

ASSISTANCE REQUESTED/RESOURCES

In what areas are you requesting assistance? (Select as many as are applicable):

- Tuition & Fees
- Personal Counseling
- Internship
- Tutoring
- Other:
- Books & Supplies
- Career Guidance
- Food Assistance
- Disability Services
- Academic Advising
- Transportation
- Child Care (while attending college)

Check the semester for which you are requesting assistance:

- Fall
- Winter
- Spring
- Summer

School Year: _____

Is there anything else you would like to discuss or want to convey which will assist in gaining a better understanding of you and/or barriers that may impact your success?

SPECIAL POPULATIONS CATEGORY

Which category or categories best describe the student?

- Individual with a disability
- Economically disadvantaged
- Individuals preparing for non-traditional field
- Single parent (including single pregnant women; including low-income youth and adults)
- Out-of-workforce individuals
- Youth who are in, or have aged out of the foster care system
- Youth with a parent who is a member of the armed forces and is on active duty
- Migrant student
- English learner
- Homeless individual

Obstacles to Success (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Family responsibilities | <input type="checkbox"/> Job/Work schedule |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Mental Health/Emotional Health | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Lack of Family/Friend Support | <input type="checkbox"/> English as a second language |
| <input type="checkbox"/> Study strategies | <input type="checkbox"/> Learning styles | <input type="checkbox"/> Books and supplies for class |
| <input type="checkbox"/> Test anxiety | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Poor academic skills/preparation | <input type="checkbox"/> Getting along in class with your classmates/instructor |
| <input type="checkbox"/> No current obstacles | | |
| <input type="checkbox"/> Other: | | |

Notes (Please feel free to add additional pages if needed):

Institution Staff Signature:

Date:

Office Use Only: Special Population Determination

Special Population Categories:

- Individuals with a disabilities
- Economically disadvantaged families
- Individuals preparing for non-traditional fields
- Single parents (including single pregnant women; including low-income youth & adults)
- Out-of-workforce individuals
- Youth who are in, or have aged out of the foster care system
- Youth with a parent who is a member of the armed forces and is on active duty*
- Migrant students*
- English Learners
- Homeless individuals

*Student may be eligible, and services provided, but data is not reported for this category.

Special Population Eligibility Category: _____

Refer to the [Special Populations by Gender](#) report on the LEO-WD Perkins Postsecondary website for additional detail on eligibility.

Gender Identification: _____

Career & Technical Program of Study: _____

Needs:

Resources Recommended:

Upon review of the student's education, employment goals, unique needs and barriers; a plan for services has been developed: Yes No