

**EXPRESS INFORMATION FORM**  
**M.Ed. in Special Education, Emphasis in Severe Disabilities and Autism**  
**Autism Specialist Grant**

Complete this form and mail it directly to the Department of Special Education (1776 University Ave., Honolulu, HI 96822). **Mail this form at the same time you mail your application to the Graduate Division.**

Did you apply to the M.Ed. in Special Education Program before?  Yes  No When? \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Family/Last First Middle

UH Student ID # (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Are you a U.S.A. citizen or national of U.S.?  Yes.  No

Current Employer: \_\_\_\_\_ Employment Location: \_\_\_\_\_

How long have you lived in Hawaii?: \_\_\_\_\_

**Degrees Awarded:**

| University/College | State/<br>Country | Degree | Date<br>Awarded | Grade Point<br>Average |
|--------------------|-------------------|--------|-----------------|------------------------|
|                    |                   |        |                 |                        |
|                    |                   |        |                 |                        |

**Teaching/Skills Training/Other Experience working with children with autism spectrum disorders:**

| School or Agency/City/State | Years | Grade<br>Level(s) | Type of Position |
|-----------------------------|-------|-------------------|------------------|
|                             |       |                   |                  |
|                             |       |                   |                  |
|                             |       |                   |                  |
|                             |       |                   |                  |

How did you hear about this program/grant opportunity: \_\_\_\_\_

Do you have access to a high speed cable internet connection?  Yes  No

On a scale of 1 (lowest) to 10 (highest) rate your technology comfort level: 1 2 3 4 5 6 7 8 9 10  
Circle your rating

**Name of one academic reference:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I CERTIFY THAT THE ABOVE ANSWERS AND RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date