



## OSD 4 PLUS APPLICATION QUESTIONS

1. Why do you want to attend the 4PLUS Program?
2. What do you expect to learn about in the 4PLUS Program?
3. What skills do you have that will make you successful?
4. What are two of your personal strengths? How will they contribute to your success? *(For example: strengths: I always work hard or I always show up on time for job)*
5. What kind of job do you want?
6. When you look into the future what do you see for yourself?

**Please include 2 teacher references and comments: Teachers: Please fill out the section below. Please refer to the front of the application about the program in which the student is applying. Please give your comments/feedback. Please include positive/negative behavior remarks. Thank you.**

1. Teacher: \_\_\_\_\_

Subject-Grade: \_\_\_\_\_

Concerns/Comments:

2. Teacher: \_\_\_\_\_

Subject-Grade: \_\_\_\_\_

Concerns/Comments:

**Please remit applications and surveys to:**

The Ohio School for the Deaf  
c/o Nancy Swisher: 4PLUS Teacher  
500 Morse Road  
Columbus Ohio 43214

**If you have any further questions please contact us at:**

614-728-1448 (voice)  
614-678-5441 (vp)  
614-738-1080 (voice or text)