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|  | **Center on Disability and Community Inclusion logo** |

Think College Application Packet

# Program Description:

Think College @ the University of Vermont (UVM) is an innovative, inclusive, academic, social, and vocational program for students with developmental and intellectual disabilities seeking a college experience and career path. Participants earn a 12 credit Certificate of College Studies for non-matriculated students designed to include:

|  |
| --- |
| **Academic Enrichment**  *Enroll in UVM classes with peer mentor support* |
| **Social & Recreational Activities**  *Meet new people and participate in social & recreational activities* |
| **Independent Living & Self-Advocacy Skills**  *Improve daily living skills & increase independence and confidence* |
| **Work Experience & Career Skills**  *Explore careers, develop employability skills, & establish a career path* |

|  |  |  |  |
| --- | --- | --- | --- |
| **FALL** | **SPRING** | **FALL** | **SPRING** |
| *Academic*  *Course*  (3 credits) | *Academic*  *Course*  (3 credits) | *Vocational Internship*  (3 credits) | *Course or Internship*  (3 credits) |

Think College @ UVM incorporates student-centered planning, academic advising, and peer mentors for an inclusive, supportive college experience. Think College is a two-year, non-degree certificate program through the University of Vermont Continuing Education Department and the Center on Disability and Community Inclusion.

Think College @ UVM is a tuition and fee-based program based on eligibility criteria and offered within the bounds of reasonable accommodation at the university. Students admitted to the program are non-matriculated Continuing Education students and therefore not eligible for campus-based student housing.

# Major Program Components:

### *Academic Enrichment:*

Students design a non-degree Certificate of College Studies through the UVM’s Continuing Education department. The certificate can be achieved with 9-12 credits. Students work with a UVM Continuing Education Advisor along with the Think College Academic Coordinator to choose courses based on their student-centered plan and career goals. UVM student mentors provide in-class support and help with homework. Students have access to university facilities and resources such as the Learning Cooperative and the Writing Center. The student disability services office (ACCESS) provides consulting and accommodations as needed.

### *Socialization/Recreation:*

Socialization, friendships, and extra-curricular activities are an important aspect of college life. The University of Vermont campus offers a variety of extra-curricular activities. The Davis Center is the student center with activities, game room, dining, and lounges. The Living/Learning Center has an art gallery, computer lab, music practice room, pottery and photography studios, dining facilities, and classrooms. The athletic facility has a swimming pool, indoor track, dance studios, tennis courts, racquetball courts, and fitness center. Think College students are supported to participate in their chosen activities with peer mentors.

### *Independent Living Skills & Self-Advocacy Skills:*

Think College students are responsible for securing and maintaining their own housing. As non-matriculated students they are not eligible for UVM student housing. Independent living skills will be individualized based on their student-centered plan. Instruction and learning will be experiential and community-based. Topics may include time management, banking/finances, personal safety, health and fitness, transportation, and shopping. Green Mountain Self-Advocates (GMSA) is a statewide self-advocacy network run and operated by people with intellectual and developmental disabilities. Green Mountain Self-Advocates partners with Think College and assists with the development of self-advocacy skills.

### *Integrated Work Experience and Career Skills:*

Students have the opportunity to observe, tour, or try-out various employment settings in the university and community. Credit-based vocational internships provide hands-on experiential learning. Students develop resumes and electronic portfolios. The Employment Coordinator works with the UVM Career Services Office, the Vermont Businesses for Social Responsibility, the Division of Vocational Rehabilitation and local supported employment agencies to work toward integrated community-based employment for each student upon completion of the program.

# Key Components:

* Enrollment in courses through Continuing Education non-degree program
* Certificate program customized to individual needs
* Social and recreational opportunities with UVM Peer Mentors
* Opportunities to increase independent-living and self-advocacy skills
* Career exploration and support through the Employment Coordinator, Program Manager, and UVM Peer Mentors
* Academic support through Think College Program Manager, Academic Coordinator, and UVM Peer Mentors
* Access to college facilities and CCTA transportation with UVM ID (CATcard)
* UVM email account, internet access and UVM ID card

# Admissions Criteria:

* Documentation of disability
* Transportation plan to get to and from campus (the program does not provide or coordinate transportation)
* Documentation of health insurance
* Student must demonstrate functional communication and basic literacy and math skills
* Student demonstrates moderate level of independence, motivation, and emotional stability
* Moderate flexibility and ability to manage stress
* Student desires to continue learning
* Family/guardians will support the student’s education, development of independence, and employment opportunities

**Tentative Program Costs:**

* Program fees are $8,000 per semester.
* Tuition is $1,803 per semester for a standard 3-credit course (based on 2014/2015 in-state costs and subject to change). For more information on tuition rates [please visit the Continuing Education website](http://www.uvm.edu/~stdfinsv/?Page=ce-tuition.html&SM=tuitionsubmenu.html).
* Tuition and fees do not cover books, supplies, or meals.
* Tuition insurance (optional, but recommended)
* Overall costs may vary depending on the individualized student plan
* Scholarships may be available.

**Financial Aid:**

Think College @ UVM students do not qualify for traditional financial aid or student loans at this time. However, possible funding options/financial assistance may be available through Vermont Student Assistance Corporation (VSAC) non-degree grant, the Division of Vocational Rehabilitation, Medicaid, IDEA funds, or other scholarships. Think College staff can assist with options.

# Selection Process:

Think College @ UVM program staff review applications. If the student is determined eligible the review committee will conduct interviews with the applicant and family/guardian. Please note that a limited number of students will be enrolled in the Think College @ UVM program at any given time. The decision to offer or deny admission to the program is made by the admissions review committee in their best judgment and in the best interest of the applicant.  Admitted students and their family/guardians will be required to attend orientation sessions at UVM. The orientation may include:

* Campus tour of buildings and facilities
* Meet fellow students, staff, and peer mentors
* Attend a student-centered planning session
* Attend a Continuing Education advisement session
* Register for courses
* Acquire UVM CATcard
* Review student code of conduct and other university policies
* Technology orientation (internet use, social networking, etc.)
* Family/guardian orientation
* Review of FERPA and HIPAA regulations

# Application Checklist:

* Student Portfolio: include most recent IEP and/or Transition Plan if applicable
* Copy of the most recent psychological-educational evaluation (documentation of disability is needed)
* Financial Plan: address your plan to finance the program (tuition and fees)
* Family/guardian off-campus support: provide an overview of the support that will be available to the student outside of the program through the duration of the program
* Living arrangements and transportation: describe the planned living arrangements and transportation (tell us how the student will get to and from campus) during student’s time in the Think College program
* COMPLETED release forms (Release for UVM internal communications AND release for agency communications)
* References: three letters of reference from current or former teachers, employers, or others. Each letter needs an attached completed *Personal Support Inventory Form*

# Application Packet:

Please return the completed application to:

Think College @ the University of Vermont

Attn: Cassandra George

Center on Disability and Community Inclusion

208 Colchester Ave. Mann Hall

Burlington, VT 05405

For questions contact Think College Program Manager at:

Phone: 802-656-1126

Email: [Cassandra.George@uvm.edu](mailto:Cassandra.George@uvm.edu)

Website: <http://www.uvm.edu/~cdci/thinkcollege/>

Facebook: <https://www.facebook.com/ThinkCollegeVT>

Twitter: <https://twitter.com/ThinkCollegeVT>

## STUDENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | | |
| First Name |  | | |
| Home Phone: |  | Cell Phone |  |
| Address: |  | | |
|  | City: | State: | Zip code: |
| Birth date: |  | Email Address: |  |

Student Applicant’s Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student receives support or services from: (please check those that apply)

\_\_\_Supplemental Security Income

\_\_\_Division of Developmental Disabilities

\_\_\_Medicaid Waiver

\_\_\_Social Security Disability Insurance

\_\_\_Division of Vocational Rehabilitation

\_\_\_Special Education Services (IDEA funding)

Student Portfolio: include most recent IEP, Transition Plan, most recent psychological evaluation and any other relevant information from past or current portfolios

## FAMILY INFORMATION

### Student lives with:

\_\_\_ Both Parents

\_\_\_ Mother

\_\_\_ Father

\_\_\_ Guardian(s)

\_\_\_ Other, explain:

### Mother/Guardian:

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | | |
| First Name |  | | |
| Home Phone: |  | Cell Phone |  |
| Address: |  | | |
|  | City: | State: | Zip code: |
| Occupation/ Employer: |  | Email Address: |  |
| Work Phone: |  | + Email Address: |  |

### Father/Guardian:

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | | |
| First Name |  | | |
| Home Phone: |  | Cell Phone |  |
| Address: |  | | |
|  | City: | State: | Zip code: |
| Occupation/ Employer: |  | Email Address: |  |
| Work Phone: |  | + Email Address: |  |

Siblings (Name/Age):

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (phone) (relationship to student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name) (phone) (relationship to student)

## MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnoses that you may have:

Please list any significant medical or physical conditions that may affect your participation in classroom, social, or recreational activities on campus, including severe allergies:

Please list any current medications and indicate for what the medications are taken:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. University of Vermont and Think College @ UVM does not have the personnel or facility to administer medications. This capability is not included in any of the programs or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If so, please indicate which services:

Are you independent in self-care such as toileting, and basic hygiene?

List any limitations:

Note: If not, the applicant will need to arrange for personal assistance services in order to attend the Think College program. This is not included in any of the program or college services.

### Medical Insurance

Name:

Policy Number:

Attach copy of the most recent psychological-educational evaluation.

Please provide any other medical information that you feel would be important regarding your participation in this program.

## FINANCIAL PLAN

Please address your plan to finance the Think College @ UVM program.

## EDUCATION HISTORY

Schools Attended

(Name, City, State) Years attended and/or Reason for Leaving

1.

2.

3.

4.

Did you receive a high school diploma or equivalent?\_\_\_ No \_\_\_ Yes

From (school and address):

Date:

In a few words, please describe your academic strengths and weaknesses.

In a few words, how do you think you learn best? (small groups, extra time, etc.)

In the following areas, describe what skills you would like to learn:

Independent living:

Academics:

Social/recreational/leisure:

Employment:

Have you participated in general education classes in your home school?

\_\_\_ Yes \_\_\_No

If yes, list subjects:

Were any accommodations used? \_\_\_ Yes \_\_\_ No

If yes, what kind?

## EMPLOYMENT HISTORY

Please complete the following.

Note: Prior work experience is not a requirement for admission into this program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of employer** | **Paid or unpaid?**  (*Please include exact wage, if paid*) | **Job responsibilities** | **Reason for leaving** | **Start and End Dates at Job** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

Are you currently participating as a volunteer? \_\_\_ Yes \_\_\_ No

If yes, please list details:

What work experiences do you enjoy, or interest you?

## LIVING ARRANGEMENTS AND TRANSPORTATION

Think College Vermont **does NOT** provide living arrangements or transportation. It is the responsibility of the student/family/guardians.

Please describe in detail the living arrangements for the student while attending the Think College @ UVM program:

Please describe the transportation the student will use during the Think College @ UVM program:

Are there any limitations, support needs, or other related issues to living arrangements or public transportation? (Please list)

## STUDENT QUESTIONNAIRE

This section is **to be filled out by student applicant** and may include additional pages. This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity!

Why do you wish to be considered for Think College Vermont?

What would you like to study in a college class?

What do you want to learn that you have not learned in high school?

What kind of jobs interest you after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or favorite singer?

Do you spend time with friends outside of school? (Circle one) YES NO

If yes, what do you like to do with your friends?

Discuss two or more of your goals for the future upon completion of this program?

Please use this page to provide us with any additional information about yourself that you wish to share.

Think College @ UVM

University of Vermont, Center on Disability & Community Inclusion

Release and Exchange of Information Form

University of Vermont treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of Vermont faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below.

**Name:**

I give permission, **indicated with my initials next to each item**, to exchange information (including financial information) about me with the offices/individuals below:

\_\_\_\_\_ School District(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ School Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Department of Vocational Rehabilitation Office

\_\_\_\_\_ Department of Disability and Special Needs Office

\_\_\_\_\_ Admissions Office

\_\_\_\_\_ Course Instructors

\_\_\_\_\_ Student Financial Services Offices

\_\_\_\_\_ Parents/Guardians

\_\_\_\_\_ Registrar’s Office

\_\_\_\_\_ Tutor/Mentor

\_\_\_\_\_ Other (Specify):

\_\_\_\_\_ I agree, as part of the application process, to waive my right to access the student recommendation form. (Initial this item, if you agree)

\_\_\_\_\_ Additionally, I hereby give permission for the Think College @ UVM program the right to use photographs and videotapes of me and quotes from me for public relations, program dissemination, and /or training purposes. (Initial this item, if you agree)

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Think College Vermont @ UVM/CDCI Agency Release Form

Authorization to Disclose Information

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of person whose information is being requested)

authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Think College Vermont\_\_\_\_\_\_\_\_\_\_\_\_

(Name & Address of person/agency making the disclosure)

to disclose to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Think College Vermont \_\_\_\_\_

(Name & Address of person/agency receiving the disclosure)

the following information (circle Y for Yes or N for No for each type of information):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Information Type** |  | **Information Type** |  | **Information Type** |
| Y  N | Attendance | Y  N | Diagnosis/Presenting Problem | Y  N | Assessment Summaries/Evaluations |
| Y  N | Treatment recommendations | Y  N | Medication Prescribed | Y  N | AIDS/HIV Diagnosis or Treatment Information |
| Y  N | Treatment Plan/Support Agreement | Y  N | Behavioral Support Plans | Y  N | Progress Report on Treatment/Support |
| Y  N | Test Results | Y  N | Discharge Summary/Plan | Y  N | Entire Record |
| Y  N | Drug and Alcohol Information | Y  N | Other (Specify): | Y  N | Other (Specify): |

Time period or other specifics related to the information to be disclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose for this disclosure is: Think College Vermont @UVM/CDCI Support Program

Top of Form

Means of Disclosure (check all that apply):

Check boxWritten Check boxOral Check boxElectronic Check boxVideo Check boxAudio Tape

I understand that federal regulations (42 CRF part 2) prohibit the re-disclosure of drug & alcohol treatment information without my written consent or as allowed by regulations. I understand that under Vermont statue, my health information can only be disclosed with my authorization or as mandated by an express provision of law. For disclosures of information made to organizations outside of the State of Vermont, all other health information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by this rule (Privacy Standards of the Health Insurance Portability and Accountability Act of 1996).

I understand that my treatment/support is not conditioned upon authorizing this disclosure. I understand I may revoke this authorization at any time except to the extent that the Agency, or other agency making the disclosure, has already acted in reliance on it. In general, revocation should be submitted in writing and sent to the Agency.

Date or event upon which this authorization will expire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand if I do not note a date or event, then this authorization will expire one year from the date it was signed below.

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

Or

Legal Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| I hereby revoke this authorization on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time). Do not release further information under this authorization.  Signature: |

## PERSONAL SUPPORT INVENTORY

**To be filled out by Parent/Family/Guardian.**

Name/Role of person completing form:

\*\*Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for the applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Negotiating/finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant, cafeteria, or store |  |  |  |  |  |
| Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |
| Interpersonal Skills:  Ability to relate to others |  |  |  |  |  |
| Asks for help, clarification, or questions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
| Emotional: copes with stress |  |  |  |  |  |
| Adjust to new situations |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Social and Communication Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using pay phone, cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget |  |  |  |  |  |
| Motivation to learn and persist on new tasks |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc. |  |  |  |  |  |
| Ability to follow verbal directions |  |  |  |  |  |
| Ability to follow written directions |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |
| Computer Skills:  Word-processing,  Internet, etc. |  |  |  |  |  |

Math Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtraction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Multiplication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division

Reading and Writing Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading

\_\_\_\_\_\_\_\_\_\_\_\_\_ Writing

\_\_\_\_\_\_\_\_\_\_\_\_\_ Listening Comprehension

Has applicant utilized any assistive technology? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

Do you have any questions about the program?

## PERSONAL SUPPORT INVENTORY

**To be filled out by the individual who completed a letter of reference (#1).**

Name/Role of person completing form:

\*\*Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for the applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Negotiating/finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant, cafeteria, or store |  |  |  |  |  |
| Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |
| Interpersonal Skills:  Ability to relate to others |  |  |  |  |  |
| Asks for help, clarification, or questions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
| Emotional: copes with stress |  |  |  |  |  |
| Adjust to new situations |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Social and Communication Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using pay phone, cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget |  |  |  |  |  |
| Motivation to learn and persist on new tasks |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc. |  |  |  |  |  |
| Ability to follow verbal directions |  |  |  |  |  |
| Ability to follow written directions |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |
| Computer Skills:  Word-processing,  Internet, etc. |  |  |  |  |  |

Math Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtraction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Multiplication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division

Reading and Writing Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading

\_\_\_\_\_\_\_\_\_\_\_\_\_ Writing

\_\_\_\_\_\_\_\_\_\_\_\_\_ Listening Comprehension

Has applicant utilized any assistive technology? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

Do you have any questions about the program?

## PERSONAL SUPPORT INVENTORY

**To be filled out by the individual who completed a letter of reference (#2).**

Name/Role of person completing form:

\*\*Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for the applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Negotiating/finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant, cafeteria, or store |  |  |  |  |  |
| Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |
| Interpersonal Skills:  Ability to relate to others |  |  |  |  |  |
| Asks for help, clarification, or questions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
| Emotional: copes with stress |  |  |  |  |  |
| Adjust to new situations |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social and Communication Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using pay phone, cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget |  |  |  |  |  |
| Motivation to learn and persist on new tasks |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc. |  |  |  |  |  |
| Ability to follow verbal directions |  |  |  |  |  |
| Ability to follow written directions |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |
| Computer Skills:  Word-processing,  Internet, etc. |  |  |  |  |  |

Math Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtraction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Multiplication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division

Reading and Writing Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading

\_\_\_\_\_\_\_\_\_\_\_\_\_ Writing

\_\_\_\_\_\_\_\_\_\_\_\_\_ Listening Comprehension

Has applicant utilized any assistive technology? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

Do you have any questions about the program?

## PERSONAL SUPPORT INVENTORY

**To be filled out by the individual who completed a letter of reference (#3).**

Name/Role of person completing form:

\*\*Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for the applicant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Negotiating/finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant, cafeteria, or store |  |  |  |  |  |
| Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |
| Interpersonal Skills:  Ability to relate to others |  |  |  |  |  |
| Asks for help, clarification, or questions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
| Emotional: copes with stress |  |  |  |  |  |
| Adjust to new situations |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social and Communication Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using pay phone, cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1  Requires  complete  assistance | 2  Needs  moderate  assistance | 3  Needs  some  assistance | 4  Needs  minimal  assistance | 5  Completely  independent |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget |  |  |  |  |  |
| Motivation to learn and persist on new tasks |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc. |  |  |  |  |  |
| Ability to follow verbal directions |  |  |  |  |  |
| Ability to follow written directions |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |
| Computer Skills:  Word-processing,  Internet, etc. |  |  |  |  |  |

Math Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtraction

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Multiplication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division

Reading and Writing Skills (approximate grade levels):

\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading

\_\_\_\_\_\_\_\_\_\_\_\_\_ Writing

\_\_\_\_\_\_\_\_\_\_\_\_\_ Listening Comprehension

Has applicant utilized any assistive technology? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

Do you have any questions about the program?