**Think College Vermont Application Packet**

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

# Program Description:

Think College at 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 may earn a 12-credit Certificate of College Studies for non-matriculated students designed to include:

Think College at 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 and Distance Education Department and the Center on Disability and Community Inclusion within the College of Education & Social Services. Think College at 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.

Think College at UVM was originally funded through the U.S. Department of Education-Model Comprehensive Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) Grant. TPSID grants were awarded to institutions of higher education or consortia of institutions of higher education to enable them to create or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. Think College at UVM was funded from 2010-2015 and is now maintained through program fees and donations.

# Major Program Components:

*Academic Enrichment:*

Students design a non-degree Certificate of College Studies through the UVM’s Continuing and Distance Education department. The certificate can be achieved with 9-12 credits. Students work with Think College staff and a Continuing Education Advisor to choose courses based on their student-centered plan and career goals. UVM undergraduate 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 and they have the option of auditing or taking the class for a grade. The student disability services office ([Student Accessibility Services](http://www.uvm.edu/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 mentor support as needed.

### *Life 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. Life skills will be individualized based on their student-centered plan. Instruction and learning are experiential and community-based. Topics may include time management, banking/finances, personal safety, health and fitness, transportation, etc.

### *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. Think College staff work with the UVM Career Services Office, the Division of Vocational Rehabilitation and local employment agencies to work toward integrated community-based employment for each student upon completion of the program with the goal of working 20 hours per week.

**Who May Apply?**

Transition-age (generally 18-26 years of age) Individuals with documentation of developmental or intellectual disabilities who have finished high school may apply for the 2-year Think College program at the University of Vermont. Applicants are expected to collaborate with their Division of Vocational Rehabilitation Counselor and Designated/Specialized Agency Service Coordinator during the application process.

Current high school students (generally 18-21 years of age) with Individualized Education Plans (IEPs) may attend Think College at the University of Vermont as a transition program. Students and their IEP team may design a program to meet the transition plan or they may complete the full 2-year certificate program. High school students are eligible for the [Vermont Dual Enrollment Voucher](http://education.vermont.gov/student-learning/flexible-pathways/dual-enrollment) to pay the tuition for two courses.

# Schedules & Support:

Students are generally scheduled to be on campus 3 days per week with 15-20 hours of mentor support, although we encourage greater independence as the student progresses through the program. UVM classes meet Monday-Wednesday-Friday or Tuesday-Thursday. Some evening classes meet once a week. Students are encouraged to complete their homework while on campus with mentor support.

# Mentor Support:

UVM undergraduate students work as peer-mentors providing supports to students in the Think College program. We initially provide 1:1 support with the goal of increasing independence over time. All students are expected to exhibit a degree of independence as 1:1 support cannot always be guaranteed. Peer mentors provide support and guidance, they are not clinical therapists or counselors. Peer mentors are supervised by Think College staff.

**Program Costs:**

* Program fees are $16,000 for the academic year ($8,000 per semester) plus tuition costs.
* Tuition is $1,938 per semester for a standard 3-credit course (based on 2017/2018 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 is optional.
* Overall costs may vary depending on the individualized student plan

**Financial Aid:**

Think College at 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, Flexible Pathways (dual enrollment program for high school students) or other scholarships. Think College staff can assist with options.

# Selection Process:

Think College at 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 at 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.

**Standards of Conduct:**

It is a privilege and not a right to be a Think College student and every student is expected to conduct oneself in a manner that exhibits honor and respect to the University and surrounding community for the duration of one’s tenure in the program. As a member of the campus community at the University of Vermont, each Think College student must act in accordance with all university policies. Failure to do so can result in termination from the program.

# Admissions Criteria:

* Transition age (generally 18-26 years of age)
* Documentation of disability and need of support
* Transportation plan to get to and from campus (the program does not provide or coordinate transportation)
* 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 and increase autonomy and independence
* Students must comply with the UVM Student Code of Conduct
* Family/guardians will support the student’s education, development of independence, and employment outcomes

# Application Checklist:

* 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 (program fees and tuition)
* 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 and signed release form
* Notify Division of Vocational Rehabilitation Counselor and Designated/Specialized Agency Service Coordinator
* References: two 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: Bryan Dague

Center on Disability and Community Inclusion

208 Colchester Ave. Mann Hall

Burlington, VT 05405-1757

For questions contact:

Phone: 802-656-1345

Email: Bryan.Dague@uvm.edu

Website: <https://www.uvm.edu/cess/cdci/think-college-vermont>

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

**Think College Application Form**

## 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)

Must include most recent IEP, Transition Plan, and/or 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.

### 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 (Program Fees & UVM Tuition):

## 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?

What are your career goals?

## 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 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 college?

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 and other service providers 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Division of Vocational Rehabilitation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Designated or Specialized Services Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

\_\_\_\_\_ Registrar’s Office

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

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

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

## 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** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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. |  |  |  |  |  |

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** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using cell phone, email |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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. |  |  |  |  |  |

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.

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| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using cell phone, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1Requirescompleteassistance | 2Needsmoderateassistance | 3Needssomeassistance | 4Needsminimalassistance | 5Completelyindependent |
| 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. |  |  |  |  |  |

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?