

Application

Fall 2017

|  |  |
| --- | --- |
| **Name** |       |

Date Received (official use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Virginia Commonwealth University’s ACE-IT in College program is an inclusive college experience for individuals with intellectual disabilities. The purpose of this qualitative study is to learn about the experiences of students with intellectual disabilities in college. It is understood by submitting this application that ACE-IT in College staff will be collecting information on student progress in classes, time spent with education coaches, work and internship participation, and outcomes achieved after receiving the Certificate of Completion.

Please return applications – pages 8 – 26 by December 1 to:

Hard Copy to: Seb Prohn

 VCU-RRTC

 P.O. Box 842011

 Richmond, VA 23284

Electronic Copy to: aceit@vcu.edu

With the words “Application Packet” in the subject line

# Participation Criteria

**Applicants for Academic & Career Exploration with Individualized Techniques in College at VCU need to meet the following criteria:**

* Be between 18-26 years of age.
* Have a documented intellectual disability, traumatic brain injury, autism, or multiple disabilities as defined by the Virginia Department of Education’s Special Education Regulations 8VAC20-81-10.
* Have completed or will complete high school with a Modified Standard Diploma, an Applied Studies or Special Diploma, or a Certificate of Program Completion.
* Have an interest in going to college as a non-degree seeking student to expand career opportunities and earn a certificate awarded through VCU’s School of Education.
* Be able to commit to a 30 month (5 semesters) program, taking 4 – 6 hours per week of classes.
* Understand that acceptance into ACE-IT in College is not the same as being accepted into VCU on a degree track; students will take most of their courses for audit, not for academic credits, and receive a certificate (not a degree).
* Expect to pay between $11,000 and $14,000 for the 30 month certificate program (dependent upon number of classes, cost of books, meal plans, etc.). Student accounts must be current each semester in order to continue in the program.
* Have experience in a work environment (school, volunteer, and/or paid work).
* Have goals to work competitively upon completion of the college certificate.
* Have experience independently using a clock and calendar to plan activities, exercising rights, and caring for self and belongings.
* Agree to follow VCU’s Student Code of Conduct in class and in the community.
* Be willing to listen and respond to directions from an instructor, education coach, mentor or

work supervisor.

* Have experience in attending and participating in classes for up to 50-90 minutes.
* Be willing to study and meet with education coaches, and others as needed on a weekly basis, to review class work and discuss progress.
* Be willing to apply for services through the Department of Rehabilitative Services and/or with a

Community Services Board/Behavioral Health Authority.

* Pass a criminal background check for internship and employment sites.

# Virginia Department of Education’s Special Education Regulations

## Definitions

## Autism

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in this definition are satisfied.

(34 CFR 3008(c)(1))

## Intellectual Disability

The definition formerly known as “mental retardation” and means significantly subaverage general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child’s educational performance.

(34 CFR 3008(c)(6))

## Multiple Disabilities

Simultaneous impairments (such as intellectual disability with blindness, intellectual disability with orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

(34 CFR 3008(c) (7)

## Traumatic Brain Injury

An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

(34 CFR 3008(c)(12))

<http://www.doe.virginia.gov/special_ed/regulations/state/regs_speced_disability_va.pdf>



 Application Purpose & Guidelines

The purpose of this application packet is to provide information to the VCU *Academic & Career Exploration with Individualized Techniques in College* Selection Committee regarding each applicant’s skills, abilities and background. The Selection Committee may contact the applicant, a parent, case manager, employer, or reference to gather additional information as needed. Our final goal is to select prospective students who will be successful in college, earn a certificate from VCU, and reach the outcome of competitive employment in the career of their choice.

The Selection Process:

1. The completed application must be submitted by December 1, 2016 (12/1/16) to:

Seb Prohn, VCU, P.O. Box 842011, Richmond, VA 23284

OR

Electronically to aceit@vcu.edu with the words “*Application Packet”* in the subject line

1. The Selection Committee will review the applications, interview applicants, determine acceptance, and send letters to all applicants with their decision.
2. If accepted, the applicant must complete an application to VCU through the Office of Undergraduate Admissions, provide any documentation required by the university, and have a plan for paying for college tuition and fees associated with *Academic & Career Exploration with Individualized Techniques in College* (approximately $11,000 to $14,000 for two year program).

\*Please note that we strongly encourage ALL families to complete the Free Application for Federal Student Aid (FAFSA) by going to <https://fafsa.ed.gov/>

**The ACE-IT in College program at VCU is designed to:**

1. serve students with ID/DD and provide individual supports and services for their academic and social inclusion in courses, extracurricular activities, and other aspects of VCU campus life;
2. focus on students’ academic enrichment; social and interpersonal skills; independent living skills, including self-advocacy; and integrated work experiences and career skills that lead to gainful employment; and
3. integrate person-centered planning in the development of each student’s course of study and career exploration activities.

##

 Application Packet Checklist

**\*PLEASE NOTE\*** ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND Submitted TOGETHER FOR THE SELECTION COMMITTEE TO CONSIDER THE APPLICATION.

* **Completed Application Packet**
	+ **Application (pages 8 – 13)**
	+ **Identification of Skills and Support Needs (pages 14-19)**
	+ **Three Reference Forms (pages 20-24)**
* **Most Recent Transition Individualized Education Program (IEP), Individualized Service Plan (ISP), Individualized Plan for Employment (IPE), *OR* any combination thereof**
* **Minutes from Most Recent Eligibility Determination with Specified Disability Diagnosis or Psychoeducational Testing Results**
* **High School Transcript**
* **Attendance Record and Disciplinary Record** (if a current high school student)
* **Results from Career Assessments and/or Transition Assessments** (if available)

Return completed Packet by December 1, 2016 to:

Seb Prohn

VCU

P.O. Box 842011

Richmond, VA 23284-3020

OR

Electronically to aceit@vcu.edu with the words “*Application Packet”* in the subject line

Questions?

aceit@vcu.edu or (804) 828-2315

#

 Recruitment Timeline for

 Fall Semester 2017

* Applications Due: December 1, 2016
* Student Interviews: February 2017
* Student Selection: by March 1, 2017
* Person-Centered Plans: March/April 2017
* VCU & Disability Services April 1, 2017

Applications Due:

* Student Orientations: May/June 2017
* Classes Begin: August 2017



 **Application for Admission**

 **To be completed by individual (and family)**

|  |  |  |
| --- | --- | --- |
|  | **Personal Data** |  |
|  | Name |       |       |       |  |
|  |  | Last | First | Middle |  |
|  |  |  |
|  | Address: |       |       |       |  |
|  |  | Street | City | Zip Code |  |
|  |  |  |  |  |  |  |  |
|  | County/City of Residence: |       |    | Email     | Telephone |  |
|  | Name of High School you attend/attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Date of Birth: |  |   |  |  Male \_\_\_ |  Female \_\_\_  |
|  |  |  |
|  | Parent/Guardian Name: |       | Parent/Guardian e-mail: |       |  |
|  |  |  |
|  | Address: |       |  |       |       |  |
|  |  | Street | City | Zip Code |  |
|  |  |  |
|  | Parent/Guardian  Home Phone: |       |  Cell Phone: |       |  |  |
|  |  Work Phone: |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Have you ever been convicted of a misdemeanor? \_\_\_\_ yes \_\_\_\_ noHave you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_ no**Parent/Student Information:** |
|  |  |  |
|  | **1.** | If accepted, a Consent to Exchange Information must be signed to share relevant information with participating agencies and businesses.  |
|  | **2.** | If accepted, current medical documentation of your disability will need to be provided to the Disability Support Services Office to request accommodations. |
|  | **3.** | A one semester trial period will be required of all accepted enrollees.  |
|  | **4.** | Equal Opportunity: Acceptance will be made without regard to race, color, religion, national origin, age, gender, political affiliation, veterans’ status, sexual orientation, or disability. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |       | Date: |       |
|  |
| Parent/Guardian Signature |       | Date: |       |





 **Application for Admission**

 **To be completed by individual (and family)**

**EDUCATION EXPERIENCE:**

What year will you or did you graduate high school? \_\_\_\_\_\_\_\_\_

What type of diploma will you or did you earn?

|  |  |
| --- | --- |
|  | 🞎 Advanced 🞎 Standard 🞎 Modified 🞎 Applied Studies 🞎 Certificate 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_  |

Have you attended college or a training program before? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  If yes, where? |       | How long?  |       |  Completed  program? | Yes | \_\_\_ |  No | \_\_\_ |

**EMPLOYMENT/WORK EXPERIENCE:**

Are you currently employed? \_\_\_ Yes \_\_\_ No. If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you maintain current employment during the academic semester, in addition to taking classes? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_\_

If you are not currently employed, do you want to work part time on campus? \_\_\_\_ Yes \_\_\_ No

Describe two of your most recent jobs. If no paid work experiences, then describe a volunteer work at school or in the community. Attach a resume if you have one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Site** | **Job Duties** | Dates | Hours/week |  Was this a Paid Position? |
|       | *
*
 |  |  | YesNo |
|       | *
*
*
 |  |  | YesNo |

If no longer employed, why did you leave your job(s)?

|  |
| --- |
|       |
|  |
|  |

**SERVICE AGENCIES:** (This information will be used to assist the Selection Committee in determining

Application for Admission

 To be completed by individual (and family)

if financial assistance for VCU tuition and fees is available.)

|  |
| --- |
| Do you receive services or supports from the following agencies? |
| **Agency** | **Yes/No** | **Counselor or Case Manager Name** | **Phone or email address** |
| Department for Aging and Rehabilitative Services (DARS) | \_\_\_No \_\_\_\_Yes |  |  |
| Career Support Vendors | \_\_\_No \_\_\_\_Yes |  |  |
| Community Services Board | \_\_\_No \_\_\_\_Yes |  |  |
|  |  |  |  |
| I give permission to inform my service providers (DARS, CSB, Career Support Vendor) that I am applying to ACE IT in College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date  |
| Do you have a Medicaid Waiver? | \_\_\_\_ No \_\_\_ Yes |
| Do you receive benefits from Social Security Administration? | \_\_\_\_ No \_\_\_ Yes | Describe: |

**HEALTH SUPPORTS:**

List any health or medical supports needed for full participation in *Academic & Career Exploration with Individualized Techniques in College* at VCU*:*

|  |
| --- |
|    |
|       |
|  |

**OTHER SUPPORT SUMMARY:**

Do you need any supports or accommodations, including positive behavioral supports, to be successful in the classroom, on campus, or on a job?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | \_\_\_ |  No | \_\_\_ |

 If yes, please explain:

|  |
| --- |
|       |
|       |
|       |

Will you have access to a home computer or laptop?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | \_\_\_ |  No | \_\_\_ |

If yes, please describe briefly what type of computer you use and the capability to access the internet:

|  |
| --- |
|       |
|       |

##

 Application for Admission

 To be completed by individual (and family)

# APPLICANT ESSAY QUESTIONS

(Complete in your own words with or without a person assisting you to write your responses.)

Why do you want to be a student in *Academic & Career Exploration with Individualized Techniques in College* at VCU?

|  |
| --- |
|       |
|       |
|       |
|       |
|  |

Describe your disability in your own words:

|  |
| --- |
|       |
|       |
|       |
|       |
|  |

|  |
| --- |
| Describe your learning style, how you like to receive directions, how you take tests, what accommodations you have found to be most helpful, and anything else you would like to add: |
| List individuals in your life who could assist with making the *Academic & Career Exploration: Individualized Techniques in College* at VCU experience successful:▪▪▪ |

**15. POSTSECONDARY GOALS**:

|  |
| --- |
| List the desired **postsecondary** goals from most recent transition planning meeting (IEP, ISP, IPE, etc.): |
| Education: |
| Training: |
| Employment: |
| Independent Living: |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |       | Date: |       |

 **Applicant Contract**

ACE-IT

in College

Read the applicant contract below and sign and date.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that college students in the *Academic & Career Exploration: Individualized Techniques in College* at VCU must abide by the following terms and conditions:

* I will complete five semesters in the certificate program at VCU (including completing my one semester trial period).
* I will follow my course schedule, attend classes, and complete course assignments to the best of my ability.
* I understand I will use a cell phone for communication with program staff on campus.
* I will join and participate in one student organization each year.
* I will participate in 8 hours of campus volunteer or service activities each semester.
* I will work part time in the community or on campus while taking classes
* I will participate in an internship on or off campus during my last semester.
* I will call my education coach when I will be absent or late.
* I will, if necessary, apply for academic accommodations with the Disability Support Services Office at VCU.
* I understand that I am responsible for all tuition, fees, and related expenses.
* I understand if I have a documented intellectual disability, I can apply for federal financial aid.
* I understand that I am responsible for transportation to and from VCU.
* I will follow all the rules established by *Academic & Career Exploration: Individualized Techniques in College* at VCU.
* I will attend scheduled meetings with my advisor, education coach and program staff, and understand that I can invite others to participate in the meetings.
* I will be an active participant and communicate any issues at our meetings.
* I will actively pursue employment as part of the certificate program.

I have read the above and understand that this program is voluntary and I must agree to these terms if I am accepted into *Academic & Career Exploration: Individualized Techniques**in College* at VCU. I understand that I may be asked to leave if I fail to follow the terms and conditions.

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

 Applicant Signature Date

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

 Parent/Guardian Signature Date



 **Identification of Skills and Support Needs**

ACE-IT

in College ACE-IT

in College

To be completed by the applicant and others as needed (family, teacher, support coordinator, case manager, transition coordinator, advocate, etc.)

**Instructions:** Please use the following scale to represent level of functioning in each section

* (3) Student is independent
* (2) Student requires some/moderate support
* (1) Student requires complete support

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual completing form (if different than Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRANSPORTATION**

|  |  |
| --- | --- |
| Independent (provides own transportation via car, scooter, bike, walking) | Current Level of Functioning3 2 1 |
| Makes own transportation arrangements | Current Level of Functioning3 2 1 |
| Routinely uses public transportation  | Current Level of Functioning3 2 1 |
| Uses special transportation (if yes, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 NAIntentionally Blank |
| Family provides all transportation | Current Level of Functioning3 2 1 NA |

**2. TRAVEL SKILLS**

|  |  |
| --- | --- |
| Travels in familiar settings | Current Level of Functioning3 2 1 |
| Travels in unfamiliar settings | Current Level of Functioning3 2 1 |
| Crosses streets safely  | Current Level of Functioning3 2 1 |
| Uses public transportation  | Current Level of Functioning3 2 1 |
| **Orienting Skills*** identifies signs
* carries identification
* asks for help
* responsible for possessions
* uses cautions with strangers
* reads maps
 | Current Level of Functioning3 2 1Comments: |

**3. SAFETY SKILLS**

|  |  |
| --- | --- |
| Applicant is alone at home and/or other settings for up to \_\_\_\_ hours and displays age appropriate safety skills | Current Level of Functioning3 2 1 |
| Uses phone to dial emergency or familiar numbers | Current Level of Functioning3 2 1 |
| Asks for assistance if in need of help or if lost | Current Level of Functioning3 2 1 |
| Is aware of basic responses to fire, accidents, inclement weather and emergency alerts  | Current Level of Functioning3 2 1 |

**4. PHYSICAL MOBILITY/ORIENTATION/MOVEMENT**

|  |  |
| --- | --- |
| No physical limitations | Current Level of Functioning3 2 1 NA |
| Navigates stairs, minor obstacles, classrooms, and campus grounds | Current Level of Functioning3 2 1 |
| Uses walker or wheelchair | Current Level of Functioning3 2 1 NA |
| Other considerations |

**5. PERSONAL CARE**

|  |  |
| --- | --- |
| Takes responsibility for personal care | Current Level of Functioning3 2 1 |
| **Grooming:*** Brushes teeth
* Uses mouthwash
* Brushes/combs hair
* Styles hair
* Skin care
* Uses make-up
* Cleans eyeglasses
 | Current Level of Functioning3 2 1Comments: |
| **Dressing*** Dresses self
* Chooses appropriate clothes
* Dresses appropriately for season/weather conditions
 | Current Level of Functioning3 2 1Comments: |
| **Hygiene*** Showers/ bathes daily
* Uses deodorant daily
* Washes hands with soap after using the restroom
* Managing menstrual care (females)
 | Current Level of Functioning3 2 1Comments: |

**6. COMMUNICATION/BEHAVIOR**

|  |  |
| --- | --- |
| Communication is clearly understood | Current Level of Functioning3 2 1 |
| Uses key words/phrases | Current Level of Functioning3 2 1 |
| Uses sounds, gestures, pictures, or sign language | Current Level of Functioning3 2 1 NA |
| Uses augmentative communication device (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 NAComments: |
| Engages in socially appropriate interaction | Current Level of Functioning3 2 1 |
| Appropriately deals with conflict | Current Level of Functioning3 2 1 |
| Knows difference between friends, acquaintances, and strangers | Current Level of Functioning3 2 1 |
| Demonstrates listening skills (Can retell an event or story) | Current Level of Functioning3 2 1 |

**7. READING**

|  |  |
| --- | --- |
| Reads at \_\_\_\_\_ grade level | Current Level of Functioning3 2 1 |
| Uses sight words | Current Level of Functioning3 2 1 |
| Uses symbols (specify) | Current Level of Functioning3 2 1 NA |
| Does not read | Current Level of Functioning3 2 1 NA |

**8. MATHEMATICS**

|  |  |
| --- | --- |
| Completed math at \_\_\_\_grade level  | Current Level of Functioning3 2 1 |
| Uses basic addition / subtraction | Current Level of Functioning3 2 1 |
| Counts \_\_\_\_number of objects and/or identifies numbers to \_\_\_\_\_ | Current Level of Functioning3 2 1 |
| Identifies coins and bills and/or can make change up to a dollar | Current Level of Functioning3 2 1 |
| Manages saving/checking account | Current Level of Functioning3 2 1 |
| Uses ATM, debit card/credit card | Current Level of Functioning3 2 1 |
| **Handling Money/Budgeting*** makes shopping lists
* knows budget constraints
* handles money exchanges
* Tallies tip at restaurants
 | Current Level of Functioning3 2 1Comments: |

**9. USE OF ASSISTIVE AND OTHER TECHNOLOGY (CELL, OTHER)**

|  |  |
| --- | --- |
| Uses cell phone routinely for calls, scheduling, texting, etc. | Current Level of Functioning3 2 1 |
| Uses assistive technology on routine basis (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 |
| Uses social networking (Facebook, Twitter, email, etc.) | Current Level of Functioning3 2 1 |
| Uses desktop or laptop computer, iPad, iTouch or similar device (\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 |

**10. PLANNING/SCHEDULING**

|  |  |
| --- | --- |
| **Following daily routines*** shows up on time
* finds meeting locations
* adapts to changes in routine
* tells time
 | Current Level of Functioning3 2 1Comments: |
| **Scheduling weekly activities**uses a time management system (e.g..,calendar/day planner- paper or electronic) | Current Level of Functioning3 2 1 |
| **Preparing for special outings*** arranges special things to do
* handles logistics involved in planning an event
 | Current Level of Functioning3 2 1Comments: |
| **Handling Time Management*** plans homework time
* arranges study area
* attends to homework
* plans for chores, meetings, leisure time
* arranges transportation
 | Current Level of Functioning3 2 1Comments: |

**11. Social**

|  |  |
| --- | --- |
| **Social and Behavior Skills*** introduces self
* follows instructions
* accepts criticism or consequence
* accepts no for an answer
* greets people
* gets people’s attention appropriately
* makes requests appropriately
* disagrees appropriately
* gives negative feedback appropriately
* resists peer pressure
* apologizes
* engages in conversation
* gives compliments
* reports peer behavior appropriately
 | Current Level of Functioning3 2 1Comments: |

**12. FLEXIBILITY/STRESS**

|  |  |
| --- | --- |
| Adapts to change easily | Current Level of Functioning3 2 1 |
| Accepts feedback or changes behavior | Current Level of Functioning3 2 1 |
| Identifies and responds effectively to authority figures  | Current Level of Functioning3 2 1 |
| Uses stress management strategies | Current Level of Functioning3 2 1 |

**13. Health and Sexuality**

|  |  |
| --- | --- |
| **Awareness of sexuality issues*** Awareness of public vs. private activities
* Closes bathroom stall door
* Appropriate show of affection
* Appropriate control of sexual needs
* Awareness of bodily and sexual functions
* Knowledge and use of birth control methods
* Knowledge of sexually transmitted disease
 | Current Level of Functioning3 2 1Comments: |
| **Knowledge of general health concerns*** Disease transmission (i.e., covers mouth when sneezing/coughing, blows nose, etc.)
* Health concerns specific to disability (i.e., skin care, range of motion, positioning of weight)
* Manages medication (i.e., knows medication schedule, ability to swallow)
* Cares for minor injury and/ or illness
* Seeks assistance for medical needs
 | Current Level of Functioning3 2 1Comments: |

##### List Three References and have each of them complete the attached reference form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Type of Reference | Phone Number | Email Address |
| 1. |       | Personal Reference (not a family member) |       |       |
| 2. |       | School or Work Reference |       |       |
| 3. |  | Community or Agency Reference |  |  |

##### The person assisting the student to complete this application is:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Name | Title | Phone Number | Date |
| Organization (if applicable) | Phone Number | Email contact |  |
|  |
| Applicant Signature |

 **Personal Reference Form**

ACE-IT

in College

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to *Academic & Career Exploration: Individualized Techniques in College* at Virginia Commonwealth University. VCU and the program promote a supported education model that provides individualized supports to students with intellectual disabilities seeking postsecondary education to enhance their skills for employment. This model provides opportunities for career development using person-centered approaches, enrollment in college courses, internships, and participation in typical college experiences. Each student will complete four (4) semesters of course work, earning a VCU certificate, and a one (1) semester employment internship. Please answer the following questions to the best of your ability and return the form to the applicant or scan and email to aceit@vcu.edu. Questions, contact aceit@vcu.edu or (804) 828-2315.

Name:

Relationship to applicant:

Address:

Email: Phone:

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from *Academic & Career Exploration: Individualized Techniques* *in College* at VCU?

Describe the strengths that the applicant has that will make him/her a strong candidate for the VCU certificate program. Think in terms of character traits such as honest, considerate, and dependable as well as personal skills such as communication, ability to work as a team, and initiative.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

Intentionally Blank

**School/Work Reference Form**

ACE-IT

in College

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to *Academic & Career Exploration: Individualized Techniques* *in College* at Virginia Commonwealth University. VCU and the program promote a supported education model that provides individualized supports to students with intellectual disabilities seeking postsecondary education to enhance their skills for employment. This model provides opportunities for career development using person-centered approaches, enrollment in college courses, internships, and participation in typical college experiences. Each student will complete four (4) semesters of course work, earning a VCU certificate, and a one (1) semester employment internship. Please answer the following questions to the best of your ability and return the form to the applicant or scan and email to aceit@vcu.edu. Questions, contact aceit@vcu.edu or (804) 828-2315.

Name: Title:

Organization: Phone:

Address:

Email:

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from *Academic & Career Exploration: Individualized Techniques* *in College* at VCU?

Describe the strengths that the applicant has that will make him/her a strong candidate for the VCU program. Think in terms of attendance, punctuality, perseverance, motivation, positive attitude, response to instruction, solving conflict, and the quality of academic or work skills).

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

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**Community/Agency Reference Form**

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Name: Title:

Organization: Phone:

Address:

Email:

How long have you known the applicant and in what capacity?

What evidence do you see that the applicant is motivated to work and pursue career goals?

Describe the strengths that the applicant has that will make him/her a strong candidate for the VCU certificate program. Think in terms of punctuality, perseverance, motivation, positive attitude, solving conflict, and academic or work skills. Specific examples are appreciated.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

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