**Your completed application packet needs to include the following:**

◻ Student Application (7 pages, available online as a PDF)

◻ Individualized Education Program (IEP)

◻ Educational Evaluation

◻ Psychological Evaluation

◻ Two (2) Letters of Recommendation

◻ Proof of Legal Guardianship (if student is not a self-guardian)

 Please send the completed Student Application and all additional documents to:

Patricia Gerke, RCBC ACT Program/ Assistant Director

900 College Drive, Mount Laurel, NJ 08054

Deadline for Submission: **June 16, 2024**

Interviews will be scheduled in **July, 2024**

 Admission will be based on the following criteria:

 • The applicant must be between the ages 18–24 at the start of the program.

 • The applicant must demonstrate the desire to attend college and the Center for Adults in Transition program independent of family or parent encouragement, and adhere to the policies regarding attendance and participation in all aspects of the program.

 • The applicant must have paid, integrated, competitive employment as a primary desired outcome upon graduation.

• The applicant must demonstrate sufficient social/emotional skills to navigate the demands of a college environment.

 • The applicant must demonstrate the ability to follow reasonable rules and expectations and treat others (staff, students, and faculty) with dignity and respect. Note: The program does not have the personnel to supervise students with difficult and challenging behaviors or to dispense medications.

• The applicant must have the potential to successfully achieve his/her goals within the context of the Center for Adults in Transition program’s content and setting.

• The applicant must have graduated with a high school diploma or special certificate.

Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive a letter letting you know our final decision

**Release of Information**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release, exchange and/or discussion of my educational and vocational records or other pertinent information relevant to the Center for Adults Transition at Rowan College of Burlington County. These records are required to develop individualized programming and assistance and may include but are not limited to; my last IEP, psychological, educational and social evaluation and medical records, as well as communication with the following agencies.

Name of School, Program or Agency:

Signature of requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. APPLICANT INFORMATION (It is preferred student complete application)

 Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_M.I.\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street, City, ZIP code, County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Guardianship: \_\_\_ Self \_\_\_ Parental guardian \_\_\_

Other Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Federal Reporting The state and federal governments require the College to submit information on student characteristics. Your response to this section is voluntary, but will help RCBC implement its affirmative action policy. RCBC is an equal opportunity institution. This information does not affect admission or placement.

Race/ethnicity:

1 Asian

2 White

3 Black or African American

4 Hispanic or Latino

 5 Two or more Races

6 Native Hawaiian or other Pacific Islander

7 Non-resident Alien 8 American Indian or Alaskan Native

**B. FAMILY INFORMATION**

 Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell phone #: : ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone Cell Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOUSEHOLD INFORMATION: (who lives with you?):

|  |  |
| --- | --- |
| **Name** | **Relationship to Applicant:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

D. DAILY LIVING For each self-management activity listed below, indicate whether you do it independently, need some support, or need a lot of support.

• If you mark something as “Needs some support” or “Needs a lot of support” please indicate in the same box, an example of the kind of support that allows you to participate successfully in the activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tasks** | **Independently** | **Needs Some support** | **Needs A LOT of Support** | **Cannot complete** |
| Make and follow a daily schedule |  |  |  |  |
| Identify and as for help as needed |  |  |  |  |
| Cope with stressful situations |  |  |  |  |
| Manage Personal Health/Safety |  |  |  |  |
| Manage personal health/grooming |  |  |  |  |
| Interact with new people |  |  |  |  |
| Use a cell phone |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TransportationUsage: |  |  |  |  |
|  |  |  |  |  |

**EDUCATION HISTORY**

|  |  |  |
| --- | --- | --- |
| **Schools Attended (Name, City, State**) | **Years Attended** | **Reason For Leaving** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please check the statement that best describes your educational setting in high school:

\_\_\_ Full-time included in general education curriculum and classes

\_\_\_ Half time in general education and half time in special education

 \_\_\_ Assigned only to special education classes

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive a diploma? \_\_\_Yes \_\_\_No

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a couple of words, please describe your academic strengths and challenges. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In a couple of words, how do you think you learn best? (E.g. small groups, extra time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 In the following areas, describe what skills you would like to learn or achieve.

College Readiness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Career Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you participated in general education classes in your high school? Yes No

 If yes, list subjects\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Were any accommodations provided? Yes No

If yes, what kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. DISABILITY/MEDICAL INFORMATION

To be accepted into the Adult Center for Transition, you must show proof that you have a disability and that you were eligible for special education services under IDEA (i.e., had an Individualized Education Program [IEP]).

Check the disability classification(s) that apply:

 \_\_ Intellectual Disability

 \_\_ Deaf/Hard of Hearing

 \_\_ Autism

\_\_ Cerebral Palsy

\_\_ Emotional/Behavioral Diagnosis

 \_\_ Learning Disability

\_\_ Physical Disability

\_\_ Traumatic Brain Injury

 \_\_ Blind/Visually Impaired

\_\_ Genetic Disorder

 \_\_ None of these/Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any significant medical concerns? (e.g. Epilepsy, diabetes, etc.) If yes, provide details of how medical concern is managed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J. ACKNOWLEDGMENT AND SIGNATURE

Name of person helping you complete this form (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This person helped me by: (check all that apply)

 \_\_\_ Writing what I said

 \_\_\_Reading the application to me

\_\_\_ Paraphrasing my words

 \_\_\_ Adding more to what I wrote \_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that this application was completed truthfully and all questions were answered to the best of my ability.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Signature of Legal Guardian (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Center for Adults In Transition Recommendation Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant name)

The above named individual has applied for admission to the Center for Adults in Transition Program at Rowan College at Burlington County. The program serves to provide young adult with intellectual or other disabilities a college experience that will further their academic, vocational, social and independent living skills.

Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you feel the applicant would benefit from the program? \_\_\_Yes \_\_\_No

 Why or why not?

Does the applicant have any behaviors that would interfere with his/her ability to participate in the program? Yes or No

Comments:

Describe the strengths that the applicant has that will make him/her a strong applicant for ACT.

**Center for Adults In Transition Recommendation Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant name)

The above named individual has applied for admission to the Center for Adults in Transition Program at Rowan College at Burlington County. The program serves to provide young adult with intellectual or other disabilities a college experience that will further their academic, vocational, social and independent living skills.

Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

 Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you feel the applicant would benefit from the program? \_\_\_Yes \_\_\_No

 Why or why not?

Does the applicant have any behaviors that would interfere with his/her ability to participate in the program? Yes or No

Comments:

Describe the strengths that the applicant has that will make him/her a strong applicant for ACT.

**Personal Support Inventory**

(To Be filled out by Parent/Guardian/Family/Support Person):

Independent Living Skills – 1-5 ranking (needs most assistance/5-independent

 **1 2 3 4 5 N/A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Negotiating/Finding way on a campus |  |  |  |  |  |  |
| Ordering/Purchasing from restaurant/store |  |  |  |  |  |  |
| Handling personal affairs/Laundry, cooking, cleaning; personal belongings |  |  |  |  |  |  |
| Interpersonal skills; relating to others |  |  |  |  |  |  |
| Asks for help, asks questions |  |  |  |  |  |  |
| Judgment in emergency situation |  |  |  |  |  |  |
| Copes with stress |  |  |  |  |  |  |
| Adjusts to new situations |  |  |  |  |  |  |

**Academic Skills**: 1- Requires Complete Assistance; 2- Moderate Assistance; 3- Some Assistance; 4- Minor Need; 5- Independent

 1 2 3 4 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Handling money/changeCheckbookStaying withinbudget |  |  |  |  |  |
| Computer skillsWord processing, internet |  |  |  |  |  |
| Motivation to Learn and persist in new tasks |  |  |  |  |  |
| Verbalize and Write personalInformation;Name, address,Phone # |  |  |  |  |  |
| Ability to followVerbal directions |  |  |  |  |  |
| Ability to followWritten directions |  |  |  |  |  |
| Ability to keep a daily schedule/assignments |  |  |  |  |  |

**Social Skills and Communication**

1- Requires Complete Assistance; 2- Moderate Assistance; 3- Some Assistance; 4- Minor Need; 5- Independent 1 2 3 4 5

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CommunicatesNeeds in Appropriate manner |  |  |  |  |  |
| Uses cellphone,Email or landline |  |  |  |  |  |
| Respects authority |  |  |  |  |  |
| Practices safeUse of websites/Social media |  |  |  |  |  |