

PLEASE READ THIS LIST BEFORE FILLING OUT THE APPLICATION.
 OUR GOAL FOR GRADUATES OF THE COLLEGE EXPERIENCE PROGRAM:

- To live with minimal support in their own apartment
- To financially support themselves by working a part to full time job
- To plan and engage in recreation activities with friends

<u>Minimum Requirements for Entry into the College Experience Program (CEP)</u>
1. Commitment to live independently with minimal support <ul style="list-style-type: none"> a. Ability to be at home without supervision b. Some experience of being independent in the community
2. Motivated to integrate by participating in a variety of social and educational activities sponsored by The College of Saint Rose and organized by the CEP Community Coordinator
3. Ability to independently complete all daily living tasks Examples: waking up, hygiene, dressing, chores, etc...
4. Motivated to learn and participate in discussions and conversations with instructors and students
5. Motivated to independently complete in-class assignments and homework
6. Ability to get along with others, follow house, school rules and accept supervision
7. Ability to read and write at a fourth grade level
8. Ability to use a calculator to do basic math
9. Ability to type a document on Microsoft Word, experience using search engines (Google), experience using e-mail
10. Enrollment in OMRDD Medicaid Waiver Services

Admission to The College Experience Program is competitive. Candidates for admissions may be asked to participate in an interview and to provide an 'on-demand' writing and reading sample. Acceptance into the program requires the recommendation for acceptance by Living Resources to The College of Saint Rose. Final acceptance into the program is determined by The College of Saint Rose.

**The College Experience Program
Student Applicant Directions**
(Not to be completed by parents or service coordinators)

HERE'S WHAT YOU NEED TO DO.

- Complete the application.
- Ask your high school to send the following documents:
 - Official high school transcript
 - Individualized Education Plan (IEP)
 - Psychological Evaluation (most recent)
- Ask your Service Coordinator to send the following document:
 - Individualized Service Plan (ISP)
- Submit documentation (Notice of Decision) that you are Medicaid Waiver enrolled.
- Submit an essay.
- Have a letter of recommendation submitted from two teachers who are familiar with your abilities. The CEP recommendation form must be used.
- Have your parent/guardian complete the form called "Assessment of Daily Living Skills."

Send all documents to:
The College Experience Program
300 Washington Ave. Extension
Albany, NY 12203
Attn: Maggie Erlich

DEADLINES

JANUARY 31

All applications and supporting paperwork must be received by this date. If you are considered for this year's applicant pool, you will be contacted and requested to attend an interview.

BEGINNING OF APRIL

Letters of decision will be sent out to all applicants from The College of Saint Rose.

MAY 1

If accepted, you will have until this date to make your decision.

QUESTIONS?

Jennifer Backhaus, Director
518-218-0000 ext. 5537
jbackhaus@livingresources.org

Maggie Erlich, Academic Coordinator
518-218-0000 ext. 4383
merlich@livingresources.org

The College Experience Program Application

(To be filled out by the student applicant)

TELL US ABOUT YOURSELF.

Last Name: _____ First Name: _____ Middle initial: _____

Social Security No: _____ Birthday: _____

Street: _____

City: _____ State: _____ Zip: _____

County of residence: _____

Home phone: _____ Age: _____ Sex: Male Female

E-mail: _____

Parent/Guardian's name: _____

Parent/Guardian's phone #: _____ Occupation: _____

Parent/Guardian's name: _____

Parent/Guardian's phone #: _____ Occupation: _____

Are you a U.S. Citizen? Yes No

Do you receive Medicaid? Yes No

Are you OMRDD Medicaid Waiver enrolled? Yes No

Do you receive Supplemental Security Income (SSI)? Yes No

Have you ever lived away from home? Yes No

If yes, when and where? _____

Describe your disability: _____

Do you take medications? Yes No Do you take these independently? Yes No

Do you stay home alone? Yes No Do you go out alone? Yes No

WHO TOLD YOU ABOUT THE COLLEGE EXPERIENCE PROGRAM?

Contact person: _____ Phone #: _____

Relationship to you: _____

TELL US ABOUT YOUR SERVICE COORDINATOR.

Name: _____ Phone #: _____

Agency: _____

DO YOU RECEIVE SERVICES FROM ANOTHER AGENCY?

Agency: _____ Service: _____

Contact Person: _____ Phone #: _____

TELL US ABOUT YOUR SCHOOL.

High School: _____

City and State: _____ Year of Graduation: _____

Guidance Counselor: _____ Phone #: _____

Special Education Teacher: _____ Phone #: _____

WHAT TYPE OF SPECIAL EDUCATION SERVICES DID YOU RECEIVE IN HIGH SCHOOL?

- Self-contained classes Resource room Counseling
- Inclusion classes Consultant teacher Adaptive physical education (PE)
- Occupational therapy (OT) Physical therapy (PT) Speech
- Other: _____

What was your favorite subject in school? _____

What was your least favorite subject? _____

Will you need extra help in any subjects? _____

What areas are you interested in learning more about? _____

HAVE YOU ATTENDED ANY SCHOOLS/PROGRAMS AFTER HIGH SCHOOL?

Name of school/program: _____

City and State: _____

From-To (dates): _____

Name of school/program: _____

City and State: _____

From-To (dates): _____

TELL US ABOUT YOUR MOST RECENT JOB OR VOLUNTEER EXPERIENCE.

If you wish, you may attach a resume.

Job title: _____ Company: _____

From-To (dates): _____ Was it paid or volunteer work? _____

How did you get there? _____

Job title: _____ Company: _____

From-To (dates): _____ Was it paid or volunteer work? _____

How did you get there? _____

TELL US SOMETHING INTERESTING ABOUT YOURSELF.

Tell us how you spend your time.

What is one thing you are proud of doing? _____

Tell us about your strengths.

What areas do you struggle with?

What do you want to be doing five years from now?

TELL US ABOUT YOUR DESIRE TO BE IN THIS PROGRAM.

Please submit a one-page typed essay stating why you would like to be part of the College Experience Program.

The essay should be written **independently**. Please do not have teachers or parents revise your essay.

THANK YOU FOR APPLYING!

Signature: _____

Date: _____

Please mail your completed application to:

College Experience Program
Living Resources Corporation
300 Washington Ave. Extension
Albany, NY 12203
Attn: Maggie Erlich

Parent/Guardian Questionnaire

Please describe your student's strengths.

Please describe your student's challenges.

Please describe your student's learning style.

In which ways does she/he compensate for learning disabilities?

Describe any assistive technology or computer programs that the applicant has used to assist in learning.

Describe the applicant's abilities in social interactions with peers.

Describe the applicant's abilities in social interactions with adults and teachers.

Give an example to describe the applicant's level of maturity.

Why do you think your child would be a good fit for the College Experience Program?

THANK YOU FOR YOUR INPUT!

Assessment of Daily Living Skills

(To be completed by parent/guardian)

Please rate the applicant's level of independence in the following areas by using the following scale:

4 = independent

2 = assistance needed

DK = don't know

3 = minimal assistance

1 = cannot do

NE = has not experienced

Domestic Skills

- _____ prepares meals
- _____ cleans and puts away dishes
- _____ uses a dishwasher
- _____ cleans room
- _____ uses washer/dryer
- _____ uses a vacuum cleaner
- _____ cleans the bathroom
- _____ sets alarm clock
- _____ wakes up

Social/Personal Skills

- _____ uses grooming, hygiene skills
- _____ chooses clean and neat clothing
- _____ keeps track of personal things
- _____ greets others in a friendly manner
- _____ initiates conversation
- _____ makes plans with friends

Time Management Skills

- _____ budgets time/prioritizes time
- _____ uses a daily planner
- _____ arrives on time for events
- _____ plans and carries out activities
- _____ makes medical appointments

Academic Skills

- _____ can read a short chapter book
- _____ can write a one-page essay
- _____ can use Microsoft Word
- _____ can navigate the internet
- _____ completes homework
- _____ accesses help appropriately

Community Skills

- _____ can call 911
- _____ can get emergency help
- _____ crosses the street at a cross walk
- _____ asks for help in community
- _____ uses public transportation
- _____ shops for food
- _____ shops for clothing/personal items
- _____ can handle own money
- _____ knows approximate change

Recreational Skills

- _____ entertains oneself at home
- _____ stays home alone
- _____ motivated to join a club
- _____ participates in required activities
- _____ motivated to do new activities
- _____ gets involved in social activities

Vocational Skills

- _____ arranges transportation to work
- _____ dresses appropriately for job
- _____ follows directions
- _____ completes required tasks
- _____ can deal with change in schedule
- _____ accepts constructive criticism

**The College Experience Program
Teacher Recommendation Form**

Applicant's Name: _____

The above applicant is applying for admission to The College Experience Program, a two-year certificate program that is a partnership between The College of Saint Rose and Living Resources Corporation. The program is specifically-designed for students with learning disabilities and other special needs. The applicant will be living in a residence near campus and will be taking courses that will foster independence.

Please complete the rating scale and answer the questions based on your observations of this applicant in a school setting.

Please mail the completed form to: **The College Experience Program, Living Resources Corporation, 300 Washington Ave. Extension, Albany, NY 12203.**

Your name: _____

Job title: _____ Phone number: _____

School: _____

For how many years have you taught the applicant? _____

Please describe the type of special education classes the applicant was enrolled in.

(ie. Consultant teacher, small group instruction, aide, etc...)

What are the applicant's academic strengths?

What are the applicant's academic weaknesses?

Describe the student's level of independence in completing school tasks.

Please list strategies that you have used successfully with this student.

Please rate the applicant's level of independence in the following areas by using the following scale:

4 = independent

2 = moderate assistance

DK = don't know

3 = minimal assistance

1 = cannot do/does not do

NE = has not experienced

Academic Skills

- motivated to learn
- can read a short chapter book
- can write a one-page essay
- can use Microsoft Word
- can navigate the internet
- completes homework
- tries assignments before asking for help
- asks for help/clarifying questions

Social/Personal Skills

- dresses appropriately for school
- keeps track of personal things
- greets others in a friendly manner
- initiates conversation
- makes plans with friends
- uses students/teachers as resources
- makes good judgments and decisions

Time Management Skills

- budgets time/prioritizes time
- uses a daily planner
- travels from one class to the next class
- arrives on time for class
- plans and carries out activities

Recreational Skills

- initiates joining a club
- participates in required activities
- participates in novel activities
- gets involved in social/after school activities

Emotional Skills

- follows directions
- completes required tasks
- can deal with change in schedule
- adjusts well to new situations
- accepts constructive criticism
- copes with stress

Additional Comments: _____

Signature: _____

Date: _____

THANK YOU FOR YOUR INPUT!