#### **Application Packet: Fall Semester 2019**

Thank you for applying to Leadership & Career Studies, a 4 year authentic college experience for young adults with intellectual disabilities at Temple University.

Attached you will find the necessary forms that need to be completed by you and your family member and/or support person.

# Applications are due on or before March 8, 2019

If you have any questions concerning the completion of these forms you may contact:

Titania Boddie, Leadership & Career Studies Manager

Tboddi01@temple.edu

215.204.3916

# Leadership & Career Studies Admission Process Overview & 2018/2019 Important Dates

- November 1, 2018 through March 8, 2019:
  - Applications accepted for the 2018 Fall Semester
- March 8, 2019:
  - All applications are due
- Once we receive the COMPLETED Application package, we will schedule applicants for an interview (if the applicants have met all eligibility requirements).
- May 3, 2019:
  - Students are notified of their admission status
- May 13, 2019 through June 28, 2019
  - Individual person centered planning sessions and assessments will be scheduled and held with each Leadership & Career Studies Freshman.
- August 19 through August 23, 2019
  - Mandatory Freshman Orientation
- August 26, 2019
  - Temple University Classes begin

#### Leadership & Career Studies Eligibility Criteria

The Application Screening Committee will review your application and determine your eligibility for the program. If you are determined to be eligible for the program, you will be scheduled for an interview. You will be interviewed by the interview team in person by yourself. After your personal interview the interview team will meet with family members or support people to answer any questions about Leadership & Career Studies.

Students will be selected for admission after all applicant interviews are completed. 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 be notified of your acceptance status by May 3, 2019.

**Note**: Due to space limitations, **not all applicants** who complete the application and meet the "criteria for admission" can be accepted in Leadership & Career Studies.

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant. Admission is based on the following criteria:

- 1. Applicants must be between the ages of 18-26 at the start of the program.
- 2. The applicant must have an intellectual disability as documented through the County Office of Intellectual Disabilities/Developmental Disabilities in which the applicant resides.
- 3. Must be registered with **Office of Vocational Rehabilitation** (OVR)
- 4. **If accepted,** obtain all necessary documents to complete the Free Application for Federal Student Aid (FAFSA) Recent federal income tax returns, W-2's, and a Federal Student Aid (FSA) ID.
- 5. The applicant must have sufficient emotional and independent stability to participate in all aspects of the Leadership & Career Studies coursework and campus environment.
- 6. The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: Leadership & Career Studies does not have the personnel to support students with difficult and challenging behaviors nor can we dispense medications to students.
- 7. The applicant must demonstrate the desire to attend the Leadership & Career Studies and adhere to all the Leadership & Career Studies policies regarding attendance and participation in the Leadership & Career Studies coursework, typical Temple University classes, and be willing and able to spend ten hours every week of the 16 week semester with their assigned mentor engaging in academic and college life activities. All applicants must also be available to attend day and evening classes and student activities.
- 8. Applicants selected must be available to attend a week long Student Orientation scheduled **before** the start of the Fall semester (August 19 through August 23, 2019)
- 9. Applicants must have a transportation plan for attending classes and activities on Temple University's campus. NOTE: Temple University and the Leadership & Career Studies staff are unable to provide transportation to and from the campus or assist with travel training.
- 10. Applicants must have an operating cell phone with them at all times while on campus.

#### **Application Instructions**

To be considered for Admission to the 2019 Fall Semester your application must be received by March 8, 2019.

We request that all of the following sections be completed in order to assist us in determining if the Leadership & Career Studies is the right program for you. All information is confidential and will not be shared with any outside organizations unless written agreement is provided by the applicant.

#### **Application Sections:**

- 1. Student Information Section
- 2. Family/Guardian/Residential Provider Section
- 3. Education History Section
- 4. Employment History Section
- 5. Medical History Section
- 6. Personal Supports Inventory ~to be filled out by a family member, guardian, or support person only

#### **Mandatory Documentation:**

A copy of your most recent Individual Support Plan (ISP) must be included

#### **Application Instructions**

#### **Completed Applications should be sent to:**

The Institute on Disabilities at Temple University

1755 N 13th Street, Suite 411 South

Philadelphia, PA 19122

**Attention: Leadership & Career Studies** 

Applications may be FAXED to: 215.204.6336

### You may scan and email your completed application to Denise Becket using TU SafeSend

It is important to use TU SafeSend to send your Leadership & Career Studies application electronically to safeguard your Social Security number and other confidential information. You can access TU SafeSend at this website: https://tusafesend.temple.edu/

You do not need to "log in" just click the link for "drop-off" and send to Denise Beckett's email address. Denise's email address is <a href="mailto:dbeckett@temple.edu">dbeckett@temple.edu</a>.

Please send Denise an email to let her know you have sent your application via TU SafeSend and she will retrieve your application.

Should you have any questions, please let Denise know.

|   | APPLICANT INFORM  | ATION                                      |  |
|---|---|--|--|
|   |   |  |  |
| Applicant Last Name   | First Name  | MI   | Home Phone   |
| Address   |   |  | Social Security<br>Number                          |
| City  | State   | Zip Code                                   | Birth Date   |
| Email address   |   |  | Cell Phone   |
| **Your SSN is confidential and under f<br>Disclosures may be authorized for the<br>services  Which County Office of Intellection eligible for services? | purpose of state and federal fi                           | nancial aid, or regi<br>ental Disabilities | stering for Temple University s has determined you |
| Services  | Department of Behaviora                                   |  | ellectual disabili i                               |
|   | fice of Intellectual Disabili<br>Behavioral Health/Develo |  | lities Office                                      |
|   | tment of Mental Health/De                                 | -  |  |
| Chester County Depa   | artment of Mental Health/I                                | ntellectual & De                           | velopmental Disabilities                           |
| Have you applied to Leadership Yes No  If yes, what year did you apply?   |   |  |  |

## **APPLICANT INFORMATION** Are you receiving waiver funding? Yes\_\_\_\_ No\_\_\_ Not sure\_\_\_\_ If yes, which waiver? \_\_\_ Person/ Family Driven Support Waiver \_\_\_\_ Consolidated Waiver \_\_\_\_ Community Living Waiver What other supports do you receive? (Please check those that apply) \_\_\_\_ Supplemental Security Income Medical Assistance \_\_\_\_ Social Security Disability Insurance Office of Vocational Rehabilitation funding \_\_\_\_ Special Education Services (IDEA funding) Office of Vocational Rehabilitation (OVR) \_\_\_\_ Other Who is your Supports Coordinator? Name: \_\_\_\_\_\_ Phone number: \_\_\_\_\_ Email Address: How did you hear about Leadership & Career Studies?

#### **FAMILY/RESIDENTIAL INFORMATION**

| Both parents M               | other      | _ Father | Guardian(s) | Other      |
|------------------------------|------------|----------|-------------|------------|
| Mother/Guardian: Last Name   | )          |          | First Name  | Home Phone |
| Address                      |            |          |             | Cell Phone |
| City                         | State      |          | Zip Code    | Work Phone |
| Email Address                |            |          |             |            |
| Father/Guardian – Last Name  | <b>)</b>   |          | First Name  | Home Phone |
| Address                      |            |          |             | Cell Phone |
| City                         | State      |          | Zip Code    | Work Phone |
| Email Address                |            |          |             |            |
| Residential Provider Organiz | ation Name |          |             |            |
| Residential Contact Person   | Last Name  |          | First Name  | Home Phone |
| Address                      |            |          |             | Cell Phone |
| City                         | State      |          | Zip Code    | Work Phone |
| Email Address                |            |          |             |            |

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| 200  | OATION THOTOK       | •                    |
|--|---------------------|----------------------|
| Schools Attended (Name, City, State)       | Years attended      | Reason for Leaving   |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  | avsivalant0         | No. Was              |
| Did you receive a high school diploma or e | quivalent?          | No Yes               |
| rom (school)                               | Date                |                      |
| n a few words, please describe your acade  | emic strengths and  | weaknesses.          |
| , a , <b>p</b>                             | <b>g</b>            |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
| n a few words, how do you think you learn  | best? (F.g. small e | groups, extra time)  |
| n a fon worde, non de yeu amin yeu fear    | . 500t. (=.g. 0a )  | g. oapo, oxua iiiio, |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
|  |                     |                      |
| n the following areas describe what skills | you would like to l | earn?                |
| Independent living:                        |                     |                      |
| Academic Coursework (e.g. History)         |                     |                      |
|  | •                   |                      |
|  |                     |                      |
| Social/Recreational /Leisure:              |                     |                      |
| Employment                                 |                     |                      |
|  |                     |                      |
| Did you use any accommodations in High     | School? Ye          | s No                 |
|  |                     | -                    |
| f yes, what kind?                          |                     |                      |
|  |                     |                      |

#### **EMPLOYMENT HISTORY**

Please complete the following:

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

| Name of   | Paid or       | Job<br>Responsibilities                   | Reason for                  | Amount of         |
|---|---------------|---|-----------------------------|-------------------|
| Business/Employer   | Unpaid        | Responsibilities                          | Leaving                     | time at job       |
|   |               |   |                             |                   |
|   |               |   |                             |                   |
|   |               |   |                             |                   |
|   |               |   |                             |                   |
|   |               |   |                             |                   |
| Are you currently working                                 | ?             |   |                             |                   |
| Are you currently participa                               | iting as a vo | olunteer?                                 |                             |                   |
| What work experiences do                                  | you have a    | n interest in or enjoy?                   |                             |                   |
| What transportation plan w                                | vill you be u | TRANSPORTATION sing to attend the program | 1?                          |                   |
| Will this plan allow for atte opportunities to occur afte | _             |   | ng in recreational, so      | cial and leisure  |
| Are there any limitations, s                              | support nee   | ds or related issues to tran              | sportation? (Please         | list)             |
|   |               |   |                             |                   |
| NOTE: Temple University and Leftom the campus.            | eadership & C | areer Studies are unable to provi         | de travel training or trans | sportation to and |

#### **MEDICAL HISTORY**

| Please list any significant medical or physical emotional or your participation in classroom, social, or recreational acallergies:  | -   |
|---|---|
| Please list any current medications and indicate why you  | are taking the medication:                      |
|   |   |
| Note: If the applicant must take medications while on campus, he/she medications. Temple University and Leadership & Career Studies do medications. This is not included in any of the Leadership & Career St | ot have the personnel or facility to administer |
| Do you currently receive therapeutic services, such as phesychiatry, speech therapy, behavioral therapy? If so, ple   |   |
| Are you independent in self-care such as toileting, and ba  | asic hygiene?                                   |
| Note: If not, the applicant will need to arrange for personal assistance Studies. This is not included in any of the Leadership & Career Studies  |   |
| Medical Insurance Name:   |   |
| Policy Number   |   |
| Please provide any other medical information that you fee participation in Leadership & Career Studies, please spec   |   |
|   |   |
| Emergency Contact Information   |   |
| Please Contact  | at  |
| Name  | Telephone Number                                |

#### PERSONAL SUPPORT INVENTORY

(Permission to use this form was given by the developer, the Career and Community Studies program of The College of New Jersey)

Personal Support Inventory

To be filled out by:

Parent/Family/Guardian/Support person

|  | 1                              | 2                                 | 3                             | 4                                | 5                        |
|--|--------------------------------|-----------------------------------|-------------------------------|----------------------------------|--------------------------|
| Independent<br>Living<br>Skills  | (Requires complete assistance) | (Needs<br>moderate<br>assistance) | (Needs<br>some<br>assistance) | (Needs<br>minimal<br>assistance) | (Completely Independent) |
| Negotiating/finding way around campus environment  |                                |                                   |                               |                                  |                          |
| Ordering and purchasing from a restaurant/cafeteria/store  |                                |                                   |                               |                                  |                          |
| Handling personal affairs:<br>laundry, light cooking,<br>cleaning, managing<br>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   |                                |                                   |                               |                                  |                          |
| Adjusts to new situations  |                                |                                   |                               |                                  |                          |
| L  | <u>I</u>                       | <u> </u>                          | <u> </u>                      | <u> </u>                         |                          |

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

|                               | 1 1.               | 2               | 3               | 4                 | 5           |
|-------------------------------|--------------------|-----------------|-----------------|-------------------|-------------|
|                               | (Requires complete | (Needs moderate | (Needs some     | (Needs<br>minimal | (Completely |
| Academic Skills               | assistance)        | assistance)     | assistance)     | assistance)       | Independent |
| Handling money; counting      |                    |                 |                 |                   |             |
| change/bills, understanding   |                    |                 |                 |                   |             |
| values, using checkbook,      |                    |                 |                 |                   |             |
| staying within budget         |                    |                 |                 |                   |             |
| Math skills:                  |                    |                 |                 |                   |             |
| Approximate Grade Levels:     |                    |                 |                 |                   |             |
| Addition                      |                    |                 |                 |                   |             |
| Subtraction                   |                    |                 |                 |                   |             |
| Multiplication                |                    |                 |                 |                   |             |
| Division                      |                    |                 |                 |                   |             |
| Reading and writing skills:   |                    |                 |                 |                   |             |
| Approximate Grade Levels:     |                    |                 |                 |                   |             |
| Reading                       |                    |                 |                 |                   |             |
| Writing                       |                    |                 |                 |                   |             |
| Listening                     |                    |                 |                 |                   |             |
| comprehension                 |                    |                 |                 |                   |             |
| Computer Skills:              |                    |                 |                 |                   |             |
| Word processing               |                    |                 |                 |                   |             |
| nternet                       |                    |                 |                 |                   |             |
| 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               |                    |                 |                 |                   |             |
| as applicant used any assis   | tive technology    | y? If yes, what | ?               |                   |             |
|                               |                    |                 |                 |                   |             |
| dditional remarks: Please lis | st/discuss any     | physical, intel | lectual, social | or emotional      | conditions  |
| nay need to be considered w   | hen planning a     | postseconda     | ry experience   | •                 |             |
| iay need to be considered w   |                    |                 |                 |                   |             |
|                               |                    |                 |                 |                   |             |
| lay fieed to be considered w  |                    |                 |                 |                   |             |

#### **Application Checklist**

Please be sure that you have completed and submitted all of the following mandatory application sections and attach a copy of your most recent Individual Support Plan and High School Diploma:

| 1. | Student Information Section, pages 6-7          |          |
|----|---|----------|
| 2. | Family/Residential Section, page 8              |          |
| 3. | Education History Section, page 9               |          |
| 4. | Employment History Section, page 10             |          |
| 5. | Medical History Section, page 11                |          |
| 6. | Personal Supports Inventory Section, pages13-14 |          |
| 7. | Individual Support Plan (ISP)                   |          |
| 8  | High School Diploma                             | <u> </u> |