



COLLEGE *of* CHARLESTON

REACH PROGRAM

STUDENT APPLICATION
2023-24 ACADEMIC YEAR

APPLICATION FOR ADMISSION

Applications are currently being accepted by mail for the 2023-2024 Academic Year. You will be notified via email when your entire packet has been received. Applicants will not be considered until the entire packet is submitted. If selected, the applicant will be interviewed independently as well as with his/her family or support person. Please note due to limited space, not all applicants who complete the application process will be interviewed for admittance to the Program. An interview does not guarantee admittance to the Program. Please see the REACH Program website for full application procedures and timeline.

APPLICATION CHECKLIST	
<input type="checkbox"/>	\$60 application fee made out to “College of Charleston REACH Program”
<input type="checkbox"/>	Student Demographic Information
<input type="checkbox"/>	Student Questionnaire (completed by the applicant/student) *Please indicate if a scribe is used.
<input type="checkbox"/>	Personal Support Questionnaire (completed by parent/support person)
<input type="checkbox"/>	Parent Readiness Questionnaire
<input type="checkbox"/>	Official High School Transcript (must be received directly from school)
<input type="checkbox"/>	Behavioral Records (if student has no record, a letter directly from the high school stating there is no record is required)
<input type="checkbox"/>	Current IEP, which serves as evidence of the applicant’s eligibility for special education and related services under the IDEA
<input type="checkbox"/>	A documented comprehensive and individualized psycho-educational evaluation and diagnosis of an intellectual disability by a psychologist or other qualified professional that includes an IQ Score: <ul style="list-style-type: none"> <input type="checkbox"/> Current Neuropsychological Evaluation, including IQ score <input type="checkbox"/> Psychoeducational Evaluation, including achievement scores within the past three years
<input type="checkbox"/>	Three Recommendations (forms included) from non-family members who have known the applicant for at least three years . Recommendations should include at least one educator .
<input type="checkbox"/>	Copy of guardianship agreement, if applicable. *The REACH Program <u>does not</u> accept students with full guardianships.

APPLICATION SUBMISSION
Applications and Recommendations should be submitted to: The REACH Program College of Charleston 66 George Street Charleston, SC 29424 ATTN: Admissions Committee

The REACH Program is a non-degree Certificate Program. Transfer credits from other colleges or post-secondary programs are not accepted.

CERTIFICATION & HONOR CODE COMPLIANCE

*** ALL APPLICANTS MUST READ AND SIGN**

I certify all information provided on this application and supplementary materials is correct and complete.

I understand any untruthful statement in this application could result in my application being denied or my immediate dismissal from the REACH Program.

I understand that I am required to notify and update the REACH Program of any change in status, including but not limited to a disciplinary or criminal incident that occurs after submission of this application and prior to my enrollment in the REACH Program at the College of Charleston.

I have read and understand these statements: _____

ADMISSION CRITERIA

Applicants must:

- Be over the age of 18 by August 1, 2023;
- Display a desire to continue academic, career development, social and independent living instruction at the College of Charleston;
- Have a cognitive and /or developmental disability that interferes with their academic performance and social development according to the AAIDD. The applicant must have been (or is presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA);
- Have the emotional and independent living skills necessary to participate in coursework and campus life;
- Be able to remain unsupervised for a minimum of 6 hours;
- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others and have no history of disruptive or challenging behaviors;
- Be able to perform at an academic level;
- Be independent in handling their own medication, specialized dietary, and/or medical needs. *Staff will not manage/administer medications. The REACH Program does not take responsibility for specialized diets or medical needs;*
- Participate in an interview with and without support from family/support person, if selected for an interview
- Complete a reading and writing sample during the interview, if selected;
- Be able to attend all classes, tutoring, and mentoring sessions, etc. once accepted in the program;
- Have **completed** a high school program; and
- Be available to attend a two-day College of Charleston Summer Orientation, if accepted.

Projected tuition and fees can be found at the Treasurer's Office <https://treasurer.cofc.edu/tuition-and-fees/index.php>.

STUDENT INFORMATION

A scribe was used for this section of the application.

CONTACT INFORMATION STUDENT			
All communication will be via email.			
Student's Full Name			Preferred Name
Date of Birth (MM/DD/YY)			Social Security #
Cell Phone #	()	Home Phone #	()
			Email Address (required)
Address			City, State, Zip
High School			City, State
Student's permanent residence is with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____			
Does the student have a guardianship in place? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of Guardian: _____			
Type: <input type="checkbox"/> Full <input type="checkbox"/> Partial *If yes, a copy must be submitted with application.			
CONTACT INFORMATION PARENT(S)			
All communication will be via email.			
Mother's Full Name			Father's Full Name
Cell Phone #	()	Cell Phone #	()
Home Phone #	()	Home Phone #	()
Work Phone #	()	Work Phone #	()
Address			Address
City, State, Zip			City, State, Zip
Email Address (required)			Email Address (required)
EMERGENCY CONTACT INFORMATION			
Name			Relationship
Cell Phone			Other Phone
Address			City, State, Zip

EDUCATIONAL HISTORY

***TO BE COMPLETED BY STUDENT**

A scribe was used for this section of the application.

SCHOOLS ATTENDED (NAME, CITY, AND STATE)	IS THIS SCHOOL PUBLIC OR PRIVATE?	IS THIS SCHOOL ONLY FOR STUDENTS WITH DISABILITIES?	CALENDAR YEARS ATTENDED	REASON FOR LEAVING

Did/will receive: High School Diploma Equivalent Certificate

Name of certificate received: _____

Participated in general education classes: Yes No

Have you received any South Carolina state funding to attend a post-secondary program? Yes No

Describe inclusive educational experiences and list inclusive classes:

List or attach accommodations used in general education classes according to your Individual Education Plan (IEP)

- e.g., copies of notes, extended time, etc. Are the accommodations listed on the IEP? Yes No

1. Describe the most challenging part of school, both academically and socially.

2. What has been the most enjoyable part of high school?

3. What clubs or teams were you involved in? Awards won? Offices held?

How did you hear about the REACH Program?

- | | |
|--|---|
| <input type="checkbox"/> TPSID Websites | <input type="checkbox"/> Transition Fair: _____ |
| <input type="checkbox"/> Thinkcollege.net | <input type="checkbox"/> REACH Program Social Media |
| <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Conference: _____ |
| <input type="checkbox"/> Referred by _____ | <input type="checkbox"/> Community Event: _____ |
| <input type="checkbox"/> High School Guidance Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> College recruiter | |
| <input type="checkbox"/> Internet Search (Google, Bing, Yahoo) | |

Have you attended a REACH Open House? Yes No If yes, date _____

STUDENT QUESTIONNAIRE

***TO BE COMPLETED BY STUDENT**

A scribe was used for this section of the application.

1. Why do you want to attend the REACH Program at the College of Charleston?

2. What are your goals for the future?

3. What kind of job would you like to have when you finish school? Why?

4. How do you spend your free time?

5. Whom do you socialize with? Family, friends, or do you prefer to be alone?

6. Describe a special relationship you have with a friend, mentor or family member.

7. Have you ever been away from your family for an extended period? If so, when and where?

8. How do you feel about living away from your family? I will be a commuter.

9. Describe how you like to spend time when you are alone.

EMPLOYMENT HISTORY

A scribe was used for this section of the application.

***Employment experience is not a requirement for admission.**

No Work History

Please complete the following, including paid employment, unpaid employment, school-based employment training, and internships. Attach a résumé and references, if applicable.

PAID EMPLOYMENT/VOLUNTEER/INTERNSHIP						
Employer				Phone		
Address				Supervisor		
How did you obtain this job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer						
Employer				Phone		
Address				Supervisor		
How did you obtain this job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer						
Employer				Phone		
Address				Supervisor		
How did you obtain this job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer						

EMPLOYMENT REFERENCES

Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	

PERSONAL SUPPORT INVENTORY

***TO BE COMPLETED BY PARENT OR SUPPORT PERSON**

Completed by: _____

Please fill in the information below as completely and honestly as possible. **This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the program.** Check all that apply.

INDEPENDENT LIVING SKILLS	
Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Bathes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Changes clothes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Brushes teeth daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Uses good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer <input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> Does not do laundry

INDEPENDENT LIVING SKILLS (CONT.)

Cooks	<input type="checkbox"/> No <input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (Example: _____ _____ _____)
Has attended camp away from home	<input type="checkbox"/> Yes (For how long? _____) <input type="checkbox"/> No
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Does the student use rideshare apps?	<input type="checkbox"/> Uber <input type="checkbox"/> Lyft <input type="checkbox"/> Has app on phone, uses independently <input type="checkbox"/> Parent arranges/orders rideshare for student <input type="checkbox"/> Does not use rideshare apps
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive
List chores the student responsible for at home?	1. 2. 3. 4. 5.
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is student independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Email <input type="checkbox"/> Printer
Cuts fingernails and toenails	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Shaves face/legs	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from a restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Can provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Social security #
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
Dating experience	<input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating
Uses social media	<input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Snapchat

Is the student currently involved in activities that are specifically created for individuals with disabilities?

- No
- Yes
- Yes, inclusive activities

<p>Has the student been hospitalized in the past 12 months for anger/anxiety/stress or other mental health concerns? If yes, please explain.</p>	
<p>What strategies does the student use to manage stress?</p>	
<p>Has the student seen a doctor or therapist to help manage his/her anger/anxiety/stress? If yes, provide the date of last visit.</p>	
<p>How does the student currently manage anger/anxiety/stress?</p>	

ACADEMIC SKILLS

<p>Reading skills Approximate grade level reading ability: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____
<p>Math skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional math skills <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget
<p>Computer skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer
<p>Following verbal directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Following written directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Time Management</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
<p>Study Habits</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
<p>Note-taking</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
<p>Writing skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing

ACADEMIC SKILLS (CONT.)

Listening skills	<input type="checkbox"/> Can retell a story <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Creates questions based on information presented
Tutor/Assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> Adaptive apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Voice Recognition software: _____ <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

Please feel free to provide any supporting documentation.

What goals does the family/parent have for the student while in college?

PARENT READINESS SURVEY

***TO BE COMPLETED BY PARENT OR SUPPORT PERSON**

APPLICANT INFORMATION	
Student Name	Parent/Guardian Name

STUDENT SAFETY	
I expect one-on-one support for my student all day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student talking to another student unsupervised.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student crossing the street.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check to see if my student has the correct facts.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POST-SECONDARY PROGRAMS	
I expect to know everything my student does at the college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I need to know the homework assignments for each class my student takes in college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POST-SECONDARY PROGRAMS (CONT.)	
I need to know the calendar of social activities offered to my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will develop friendships.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will try new opportunities.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

DIRECT INVOLVEMENT	
I would like to attend classes to see my student interact with others.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I am in contact with my student more than three times a day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I tell my student what to do or say.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check up on my student in person, if I can.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES	
My student can handle frustration appropriately.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I understand I will have very limited contact with the REACH Program and that communication will go through my child	<input type="checkbox"/> Yes <input type="checkbox"/> No

I trust my student's judgment.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES (CONT.)

My student can seek assistance.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I believe I am ready for my student to leave home and attend college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student knows what is best for him/herself.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

CONCERNS ABOUT THE FUTURE

I believe a post-secondary education is important for my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student wants to attend the college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will live independent of our family after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will have meaningful employment after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will no longer have a disability after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will lead planning sessions in order to achieve his/her goals.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

RECOMMENDATIONS AND RELEASE

Please list the following information for recommendations. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for college:

RECOMMENDATION 1 (EDUCATOR)	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION 2	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION 3	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION RELEASE		
I agree to waive my right to access the student recommendation forms.		
Applicant Name	Applicant Signature	Date
Parent Name	Parent Signature	Date



COLLEGE *of* CHARLESTON

REACH PROGRAM

STUDENT APPLICATION RECOMMENDATION

RECOMMENDATION FOR:

APPLICANT'S NAME: _____

The above-named individual has applied for admission to the REACH Program at the College of Charleston. (Please visit <http://REACH.cofc.edu> to learn more about the program.) The REACH Program serves to provide young adults with intellectual disabilities an inclusive college education that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in strictest confidence.

Your timely completion and mailing of this form are greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records.

If you have any questions, please contact the REACH Program at 843.953.4849. Thank you.

CONTACT INFORMATION		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

<p>1. How long have you known the student?</p> <p>2. What is your relationship to the student?</p> <p>3. Are you familiar with the REACH Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Please describe the student's current level of academic functioning. In what ways do you feel this student would need support in order to successfully participate in postsecondary education?</p>

5. Please describe the student's current level of socialization. Please include the student strengths, expressed interests, and need related to social skill development. In what areas do you believe the student needs social skill instruction?
6. Please describe the student's current level of functioning with independent skills such as time management, self-care, managing day-to-day tasks, etc. Where do you feel this student needs the most instruction in independent living?
7. Please describe the student's strengths, weaknesses and expressed interest in career development. What do you feel are the student's greatest needs in developing skills necessary for full-time competitive employment?
8. Does the student have any behaviors that would interfere with his or her ability to participate in the REACH Program? Yes No
9. Does the student have any behaviors that would interfere with their participation in a traditional college classroom? Yes No

Comments:

10. Please describe the student's social skills that you have observed with same-aged peers:

11. Please discussed the student's level of independence:

12. Please discuss how the student manages stress:

13. Do you feel the parents are ready to let their student go? Yes No

Comments:

14. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the admissions committee in ensuring the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning, and employment readiness:

Thank you.

Please return the completed recommendation form to:

**REACH Program | College of Charleston
66 George Street
Charleston, SC 29424
Attn: Admissions Committee**



COLLEGE *of* CHARLESTON

REACH PROGRAM

STUDENT APPLICATION EDUCATOR RECOMMENDATION

EDUCATOR RECOMMENDATION FOR:

APPLICANT'S NAME: _____

The above-named individual has applied for admission to the REACH Program at the College of Charleston. (Please visit <http://REACH.cofc.edu> to learn more about the program.) The REACH Program serves to provide young adults with intellectual disabilities an inclusive college education that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in strictest confidence.

Your timely completion and mailing of this form are greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records.

If you have any questions, please contact the REACH Program at 843.953.4849. Thank you.

CONTACT INFORMATION		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

<p>1. How long have you known the student?</p> <p>2. In what capacity?</p> <p>3. Did you teach this student? If so, was it a traditional class or a special education class? If it was a traditional class, approximately how many students were in the class?</p> <p>4. Are you familiar with the REACH Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Please describe the student's current level of academic functioning. In what ways do you feel this student would need support in order to successfully participate in post-secondary education?</p>
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6. Please describe the student's current level of socialization. Please include the student strengths, expressed interests, and need related to social skill development. In what areas do you believe the student needs social skill instruction?

7. Please describe the student's current level of functioning with independent skills such as time management, self-care, managing day-to-day tasks, etc. Where do you feel this student needs the most instruction in independent living?

8. Please describe the student's strengths, weaknesses and expressed interest in career development. What do you feel are the student's greatest needs in developing skills necessary for full-time competitive employment?

9. Does the student have any behaviors that would interfere with his or her ability to participate in the REACH Program? Yes No

10. Does the student have any behaviors that would interfere with their participation in a traditional college classroom? Yes No

Comments:

11. Please describe the student's social skills that you have observed with same aged peers:

12. Please discuss the student's level of independence:

13. Please discuss how the student manages stress:

14. Do you feel the parents are ready to let their student go? Yes No

Comments:

INDEPENDENT LIVING SKILLS

Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Hygiene	<input type="checkbox"/> Is an issue <input type="checkbox"/> Is not an issue
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Use good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
What responsibilities outside of classwork does the student have at school?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrive on time <input type="checkbox"/> Allow enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Has participated in community-based instruction	<input type="checkbox"/> No <input type="checkbox"/> Yes, successfully <input type="checkbox"/> Yes, unsuccessfully <input type="checkbox"/> Don't know
Students knows and understands his/her own disability	<input type="checkbox"/> Not aware of disability <input type="checkbox"/> Knows disability, but does not understand <input type="checkbox"/> Knows and understands <input type="checkbox"/> I do not know

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with traditional students <input type="checkbox"/> Socializes only with students with disabilities
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Can provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> Uses account with assistance <input type="checkbox"/> Uses account independently <input type="checkbox"/> Uses a flash drive <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	<hr/> <hr/> <hr/>

ACADEMIC SKILLS

<p>Reading skills Approximate grade level reading ability _____</p>	<p><input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____</p>
<p>Math skills Approximate grade level: _____</p>	<p><input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget <input type="checkbox"/> Approximate grade level: _____</p>
<p>Computer skills</p>	<p><input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer</p>
<p>Has participated in inclusive classes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, independently <input type="checkbox"/> Yes, with assistant <input type="checkbox"/> Yes, with accommodations</p>
<p>What accommodations are most effective</p>	
<p>Following verbal directions</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p>
<p>Following written directions</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p>
<p>Time management skills</p>	<p><input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time</p>
<p>Study habits</p>	<p><input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework</p>
<p>Note-taking skills</p>	<p><input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes</p>

ACADEMIC SKILLS (CONT.)

Writing skills	<input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Approximate grade equivalent: _____
Listening skills	<input type="checkbox"/> Is auditory learner <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Create questions based on information presented
Tutor/assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

* Classroom teachers who are unable to provide this information are encouraged to contact the special education case manager for assistance.

*Please indicate if multiple educators are completing the form.

15. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the admissions committee in ensuring the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning, and employment readiness:

Thank you.

Please return the completed recommendation form to:

REACH Program | College of Charleston
66 George Street
Charleston, SC 29424
Attn: Admissions Committee