



APPLICATION FOR ADMISSIONS PROCEDURE

The mission of the Career and Community Studies (CCS) program at Kent State University is to provide abundant opportunities to students with intellectual and developmental disabilities to increase academic, independent living, personal-social, and employment skills that will help them transition more successfully into adult roles. In order to be sure that CCS is the best match for our applicants, we require that the Applicant Personal Statement be completed by the student. Student records submitted must support that the student has an Intellectual and Developmental Disability to qualify them for an interview. As part of the interview process, students will be asked to demonstrate basic literacy skills in reading and writing, and be able to discuss their disability, and their strengths and areas of needs.

This is a comprehensive program of study for unique learners who are highly motivated young adults whose “disability” is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills, and is diagnosed before the age of 18 (AAIDD, 2013). Furthermore, applicants will have received extensive special education services in their secondary schools and would have considerable difficulty succeeding in a traditional college degree program. If you would like more information concerning the definition of an intellectual disability, visit the AAIDD website at <http://aaidd.org/intellectual-disability/definition#.VHEjdcnLLxg>.

Applicants must have a strong desire to become an independent adult, and demonstrate sufficient emotional stability and maturity to participate successfully in the program. Parents must have a strong desire for their son or daughter to become as independent as possible, and understand and support the philosophies and processes of the CCS program.

This is a non-degree college program, and no CCS credits transfer to degree program credits. Graduates will receive a KSU Record of Completion along with a transcript of courses taken. **NOTE:** *Due to space limitations, not all applicants who complete the application and meet the criteria for admission can be accepted in the Career and Community Studies Program.*

Questions?

You may email yhale@kent.edu

Please send all admissions materials to:

**Kent State University
Career & Community Studies
218 White Hall
150 Terrace Drive
Kent, OH 44242
Attn: Dr. Vonnie Michali**



**CAREER & COMMUNITY STUDIES
PARENT APPLICATION FOR ADMISSION**

Please print or type legibly. If more space is required for responses, please attach an additional sheet. You are encouraged to involve your student as a step towards helping him/her to take ownership of the application process. Please keep a copy of the completed application packet for your reference.

ADULT STUDENT INFORMATION			
Student: Last Name	First Name	MI	Home Phone
Address			
City	State	Zip	Birth Date
Email address			Cell Phone
Social Security Number (SSN)* _____ *The applicant's SSN and DOB are confidential and protected under federal law from being disclosed to unauthorized parties. Your SSN will not be used as your applicant ID number. Your SSN will be safeguarded by the University and the CCS Program and will not be displayed on official records or made available to others.			
Is the applicant a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the applicant a Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Racial/ethnic information (Optional) <input type="checkbox"/> Alaskan Native or American Indian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White, not of Hispanic/Latino origin <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian			

How did you learn about the CCS Program at Kent State University?

School Teacher/Counselor/Principal

Flyer

Service Provider

Conference/Fair

Internet Search

Agency

Other: explain

Does the student receive income, services, and/or support from: (please check all that apply)

Supplemental Security Income

Social Security Disability Insurance

Medical Assistance

Board of Developmental Disabilities (BDD)*

Counselor name

Email

Phone #

Vocational Rehabilitation (VR)*

Counselor name

Email

Phone #

Other*

Counselor name(s)

Email

Phone #

*If applicant receives services from VR, BDD, or other services, please provide counselor name, email, and phone number.

FAMILY INFORMATION

Student lives with:

Both parents Mother Father Independent

Other (specify)

Mother: Last name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	ZIP	Work Phone
Email Address			Cell Phone
Father: Last Name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	ZIP	Work Phone
Email address			Cell Phone
Please list any family members that are KSU Alumni/Current Students:			
Names			Year Graduated
EMERGENCY CONTACT INFORMATION (2) – Other than parents listed above			
Name	Relationship	Phone	
Name	Relationship	Phone	

EDUCATIONAL HISTORY – SECONDARY/POSTSECONDARY

Name of School	Location	Description of Program (public, private, transition, etc)	Years Attended

When did- or will- your student complete his/her high school education?

Did your student participate in general education classes through K-12 education? ___Yes ___No

Did the applicant have an associate/aide in the regular classroom in high school? ___Yes ___No

If yes, how many hours per week?

If yes, what type of support did the associate/aide provide?

What other accommodations did the applicant utilize in the classroom?

Did the student conduct his/her own IEP meetings? ___Yes ___No
If yes, describe how your student participated in his/her IEP meetings.

Briefly describe your student's academic strengths.

Briefly describe your student's academic weaknesses?

In the following areas describe what skills you would like your student to learn/improve?

Academics:

Vocational and Career:

Independent Living:

Social/Recreation/Leisure:

Does your student have access to a computer at home? Yes No

If yes, does he/she use the computer? Yes No

If yes, approximately how much time a day does he/she use a computer? _____

If yes, what applications or programs does your student utilize on the computer? What does he/she do on the computer?

SUPPORT SERVICES

Please provide information on any related support services your student has received in the past three years. Please give a brief explanation of services received.

Type of Service:

Occupational Therapy Yes No

Physical Therapy ___ Yes ___ No

Speech & Language ___ Yes ___ No

Assistive Technology ___ Yes ___ No

Mental Health Services ___ Yes ___ No

Behavioral Therapy ___ Yes ___ No

Other: (explain)

Has your student had any incidents of aggressive physical or verbal behavior in the past three years? ___ No ___ Yes

If yes, please list the year and nature of the situation(s).

Has your student been arrested or had a restraining order against him/her? ___ No ___ Yes

If yes, please list the date and nature of the situation(s).

EMPLOYMENT HISTORY

Employer Site	Paid or Unpaid	Job Responsibilities	Reasons for Leaving	Amount of time at the job

EMPLOYMENT HISTORY				

VOLUNTEER/COMMUNITY INVOLVEMENT		
Volunteer Site	Activities	Amount of Time

If student is currently participating in a paid or unpaid work/volunteer experience, please describe.

Please describe any school extracurricular activities your student has participated in the past three years:

What are your goals for your student’s college experience?

Please list any effective supports that the applicant needed during major transitions (transition into high school, moving to a new home, etc.).

Please indicate if your student has stayed overnight away from his/her primary caregiver(s) in the past three years (camp, school, vacation, etc.). How did he/she manage?

What are your goals for your student concerning employment?

What are your goals for your student concerning independent living?

MEDICAL/DISABILITY HISTORY:

Physician's Name and Name of Practice:	Office Phone:
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Address:	Date of last medical exam:
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City	State	ZIP	Office Fax:
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Does the applicant have problems with incontinence? ___ No ___ Yes
If yes, please explain.

Is the applicant independent in self-care such as toileting, and basic hygiene?

Note: Applicants will need to arrange for personal assistance services, if necessary. This is not included in any of the program or college services.

Does the applicant require any assistance in mobility: ___ No ___ Yes
If so, does the applicant use any of the following mobility aids?

___ Prosthesis (specify)

___ Braces

___ Crutches

Cane

Manual Wheelchair

Motorized wheelchair/cart

Walker

Does the applicant require any canine assistance? No Yes
If yes, please explain.

Please provide information of applicant medical history (use additional pages if needed). Include the impact on daily living that each medical condition may have on the applicant.

Please provide a description of disability diagnoses (use additional pages if needed).

Please list any current medications and indicate the purpose.

Is your student allergic to bug/bee stings? Yes No If yes, he/she must carry an EpiPen with them at all times. Does your student have an EpiPen? Yes No

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Kent State University and CCS do not have the clearances, personnel or facility to administer medications. This is not included in any of the program or college services.

Does your student ever have seizures? No Yes

If yes, please explain and provide dates and medical treatment.

TRANSPORTATION/HOUSING

If accepted the applicant would: (mark all that apply)

Commute from home both to and from campus. CCS does not provide transportation to/from campus. Will commuting allow for participation in social activities after 4 p.m. and/or on weekends? Yes No

Make arrangements to live independently in housing near campus (CCS does not provide off-campus housing or transportation).

Live in a dorm *Note: Applicant must complete a weeklong summer independent living assessment to ensure he/she demonstrates independent living readiness in an inclusive University dorm setting.

ADDITIONAL INFORMATION: Please use this space to provide any additional information that you would like CCS to know about the applicant pertaining to college admittance and participation.

I certify that all the information contained herein is complete and accurate; realizing that any misrepresentation could result in disqualification from the application process.

Parent Signature

Date:

Parent Signature

Date: