

Florida Atlantic University Academy for Community Inclusion



Program Application Packet

Fall 2016

Florida Atlantic University
Academy for Community Inclusion

Program Overview

The FAU Academy for Community Inclusion is a comprehensive transition program for individuals with developmental disabilities. Students will have the opportunity to develop their academic, vocational and social skills at the post-secondary level. Student programming is based on the strengths and needs of the individual participant. The program is housed on the Jupiter Campus of Florida Atlantic University.

Eligibility Criteria

Applicants **must**...

- Have a documented significant developmental disability
- Be at least 18 years of age
- Have graduated from high school
- Be capable of meeting personal needs without assistance
- Be able to self-administer any necessary medication
- Have no behavior difficulties
- Have the capability to participate in 50 to 90 minute classes
- Navigate the campus independently
- Have a desire to participate in a college program

Application Process

1. Apply to the FAU Academy for Community Inclusion by completing this packet.
2. When you have completed the Academy for Community Inclusion application delivery it to FAU Jupiter College of Education: EC Building room 201.
(Incomplete applications will not be processed.)
3. Qualified applicants will be contacted for a student and family interview.
4. Applicants will be notified by mail of acceptance to the program and will then need to submit an application to FAU.

Florida Atlantic University
Academy for Community Inclusion
Application Checklist

1.	Completed Academy for Community Inclusion Applicant Packet
2.	Copy of most recent Individual Education Plan (IEP)
3.	Copy of most recent psychological or academic evaluation
4.	High school transcript showing proof of graduation
5.	Recent photo/headshot of applicant
6.	Three (3) letters of recommendation: two (2) should be professional and one (1) personal
7.	Personal video statement (digital copy of the applicant's responses to questions on page 22 of this application)
8.	Signed applicant contract
9.	Signed Parent/Guardian/Caretaker memorandum of understanding
10.	Signed release of information form
11.	Signed photo/media release form
12.	Signed FERPA waiver

Send or deliver the COMPLETED Application Packet to:

FAU Academy for Community Inclusion
College of Education
Education Classroom Building (EC 201)
5353 Parkside Drive
Jupiter, FL 33458

***** Deadline for Fall 2016 Applications is June 15th, 2016**

Please send questions to ACI@fau.edu



Dear FAU Academy for Community Inclusion Applicant:

We are very excited to be able to offer this program to you as an option for a pathway to independence. The Academy will give you a chance to go to college with some college students who are your age, and some who might even be older. FAU's MacArthur Campus is very diverse. That's one reason that it is the perfect place to begin your college career. As an FAU Academy for Community Student you are an FAU student first. You will have an OWL Card, take part in campus events, and go to student activities, football games, and concerts. Everything that anyone would do as a student at FAU.

It's not all fun and games, however. The Academy for Community Inclusion is a combination of college courses, work experiences, college life, as well as college campus activities. The program offers challenging courses that lead to certifications in *Supported Employment*, *Supported Community Access*, and *Supported Community Living*. The goal of each certificate program is to build self-determination skills into each course. By that we mean that you will learn about your own strengths and about the things you have accomplished. You will better understand the way you handle challenges and the strategies that work best for you. The certificate in *Supported Employment* will lead to work experiences, beginning on campus and then moving out into the nearby community and finally to a competitive job. The certificate in *Supported Community Access* will provide you with the skills to move about the community as independently as possible. You will learn how to travel using various modes of transportation, how to manage schedules, and how to be safe while you are traveling. The certificate in *Supported Community Living* will improve your independent living skills and help transition to a more independent lifestyle. You can work on one or all three of the certificates.

This is an important step for you. One that should be taken very seriously. As you fill out the application, think about how important it is to take the process very seriously and honestly. Read all the directions and complete the packet before you turn it in. We will interview finalist applicants as part of the process. I hope we will meet you face to face very soon.

Sincerely,

Mary Lou Duffy

Dr. Mary Lou Duffy
Project Coordinator

Applicant Name: _____

Applicant Information

Last Name	First Name	Middle Name
Date of Birth	Gender	
Street Address		
City	State	Zip Code
Home Phone		Cell Phone
Email Address		
How did you hear about our program?		

I currently live.....

With my family/parents _____ Group Home _____ Independently _____ Other _____

I get around town... (Check all that apply to you)

With my family _____ Using public transportation _____ By walking _____

By driving myself _____ Other _____

Education History

School Name	City, State	Years Attended

What were your favorite subjects?

What subjects are the most difficult for you?

How do you learn best (small groups, hands on, etc.)?

Employment History

Employer	Job Responsibilities	Dates

Volunteer Site	Responsibilities	Dates

What work experiences do you have an interest in or enjoy?

What type of job do you hope to have in the future?

Family Information**Guardian # 1**

Last Name		First Name		MI
Relationship to Student				
Home Phone		Cell Phone		
Employer		Business Phone		
Street Address				
City	State		Zip	
Email Address				

Guardian #2

Last Name		First Name		MI
Relationship to Student				
Home Phone		Cell Phone		
Employer		Business Phone		
Street Address				
City	State		Zip	
Email Address				

Sibling Name	Age	Phone

MEDICATION INFORMATION**Medical Conditions**

Glasses Yes() No () Contacts Yes() No()
) Hearing aids Yes() No()

Do you have any physical disabilities or limitations that we need to be aware of for this program? Please describe.

Do you have any medical concerns that we should be aware of for this program? (Asthma, ADHD, Seizures)

Do you have any allergies? Please list allergens and severity.

Do you require attendant care for personal needs?

*** If admitted, the FAU Academy for Community Inclusion will require detailed information regarding medication insurance and emergency contacts.

Do you take medication(s)? Yes () No ()

Do you need assistance with taking your medication? Yes () No ()

Do you require physical supports? Mark all that apply to you.

Uses a manual wheelchair Yes ()

Uses an electric wheelchair Yes ()

Uses a walker Yes()

Uses a cane Yes ()

Uses handrails in the bathroom/shower Yes()

Requires other physical supports Yes () List them here:

Applicant Name: _____

BEHAVIOR		
	Yes	No
Caused property damage including starting fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Inappropriate sexual behaviors		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Gang affiliation or activity		

Applicant Name: _____

Florida Atlantic University
Academy for Community Inclusion

Individual Education Plan

Remove this blank page and insert your MOST RECENT IEP in its place.

Applicant Name: _____

Florida Atlantic University
Academy for Community Inclusion

Psychological/Academic Evaluation

Remove this blank page and insert your
MOST RECENT PSYCHOLOGICAL/ACADEMIC EVALUATION in its place.

Florida Atlantic University
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High School Transcript

Remove this blank page and insert your HIGH SCHOOL TRANSCRIPT in its place.

Note: your high school transcript should indicate that you have graduated from high school. This is an important requirement for this program. You must have completed high school and exited the public school system.

Applicant Name: _____

Florida Atlantic University
Academy for Community Inclusion

Recent Photo/Headshot of Student

Remove this blank page and insert your MOST RECENT PHOTO in its place.

**Florida Atlantic University
Academy for Community Inclusion**



Letter of Recommendation # 1

Name of Applicant: _____

The applicant is applying for admission to FAU Academy for Community Inclusion. The FAU Academy for Community Inclusion is a comprehensive transition program for individuals with developmental disabilities. Students will have the opportunity to develop their academic, vocational and social skills at the post-secondary level.

Within your letter of recommendation, please include the following information:

- Your name and contact information
- Your relationship to the applicant
- Length of time you have known the applicant
- The applicant's most positive traits
- Areas that could use improvement
- Concerns you have about the applicant (e.g. behavioral issues)
- Reasons why the applicant is or is not a good candidate for a postsecondary program.

*** Please return this form along with your signed letter of recommendation in a **sealed envelope with your signature across the seal** to the applicant. All letters of recommendation are confidential. The applicant will submit the reference letter with their completed application packet. Thank you for your support of the FAU Academy for Community Inclusion.

**FAU Academy for Community Inclusion
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Education Classroom Building (EC 201)
5353 Parkside Drive
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Letter of Recommendation # 2

Name of Applicant: _____

The applicant is applying for admission to FAU Academy for Community Inclusion. The FAU Academy for Community Inclusion is a comprehensive transition program for individuals with developmental disabilities. Students will have the opportunity to develop their academic, vocational and social skills at the post-secondary level.

Within your letter of recommendation, please include the following information:

- Your name and contact information
- Your relationship to the applicant
- Length of time you have known the applicant
- The applicant's most positive traits
- Areas that could use improvement
- Concerns you have about the applicant (e.g. behavioral issues)
- Reasons why the applicant is or is not a good candidate for a postsecondary program.

*** Please return this form along with your signed letter of recommendation in a **sealed envelope with your signature across the seal** to the applicant. All letters of recommendation are confidential. The applicant will submit the reference letter with their completed application packet. Thank you for your support of the FAU Academy for Community Inclusion.

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Letter of Recommendation # 3

Name of Applicant: _____

The applicant is applying for admission to FAU Academy for Community Inclusion. The FAU Academy for Community Inclusion is a comprehensive transition program for individuals with developmental disabilities. Students will have the opportunity to develop their academic, vocational and social skills at the post-secondary level.

Within your letter of recommendation, please include the following information:

- Your name and contact information
- Your relationship to the applicant
- Length of time you have known the applicant
- The applicant's most positive traits
- Areas that could use improvement
- Concerns you have about the applicant (e.g. behavioral issues)
- Reasons why the applicant is or is not a good candidate for a postsecondary program.

*** Please return this form along with your signed letter of recommendation in a **sealed envelope with your signature across the seal** to the applicant. All letters of recommendation are confidential. The applicant will submit the reference letter with their completed application packet. Thank you for your support of the FAU Academy for Community Inclusion.

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Personal Statement Video

Each applicant must submit a 3-5 minute digital video. The video may be submitted on a flash drive in the application envelope.

The personal statement video must include:

1. Applicant's Name
2. The reason you hope to participate in this program.
3. What you hope to learn while at FAU.
4. Your goals for the future.
5. A description of your favorite social/recreational activity.
6. Anything else that the applicant feels should be shared with the admissions committee.

Florida Atlantic University
Academy for Community Inclusion
Applicant Contract

I, _____, understand that college students in the *FAU Academy for Community Inclusion* must abide by the following terms and conditions:

- I will follow the Florida Atlantic University Student Code of Conduct.
○ <https://www.fau.edu/studentconduct/Student%20Conduct%202012.pdf>
- I will follow my course schedule; attend classes, and complete course assignments to the best of my ability.
- I will join and participate in one student organization each year.
- I will participate in 4 hours of campus volunteer or service activities each semester.
- I will call/text my instructor when I will be absent or late.
- I understand that I am responsible for all tuition, fees, and related expenses.
- I understand that I am responsible for transportation to and from FAU.
- I will follow all the rules established by *FAU Academy for Community Inclusion*.
- I will attend scheduled meetings with my advisor, and program staff.
- I will be an active participant and communicate any issues at our meetings.

I have read the above and understand that this program is voluntary and I must agree to these terms if I am accepted into *FAU Academy for Community Inclusion*.

Applicant Signature

Date

**Florida Atlantic University Academy
for Community Inclusion
Parent/Guardian Memorandum of Understanding**

To the parent(s)/guardian(s) of

The FAU Academy for Community Inclusion is a postsecondary transition program. The Academy is designed for adults with developmental disabilities who have completed high school and received a state issued diploma. The Academy for Community Inclusion is an eligibility program, and it follows the FAU Academy for Community Inclusion's procedures regarding the acceptance, continuance, and exiting of students. The Academy for Community Inclusion is offered in an inclusive and integrative university setting, Academy students are Florida Atlantic University students.

The Academy for Community Inclusion provides the following to students:

- Person Centered Planning
- Academic Advising
- Academic, Social, and Wellness Mentoring
- Career Awareness and Development
- Financial Literacy Training
- Campus Inclusion and Membership
- Self-Determination and Independent Living Skills Enhancement

It is the goal to provide students with an authentic college experience. Therefore, The Academy for Community Inclusion **does not** provide the following:

- 24/7 supervision
- One-on-one companionship throughout school day
- Daily/Weekly reports regarding student progress
- Individualized, therapeutic behavioral supports
- Individualized, therapeutic mental health counseling

In addition, The Academy for Community Inclusion **is not** responsible for the following:

- Students' personal belongings
- Personal finances and monies
- Diet on campus
- Student conduct

- Guaranteeing paid employment during or upon exiting the program

The program will expect a high level of family support regarding the mission, philosophy, and goals of the Academy. As parent(s)/guardian, you need to clearly understand the expectations and agree to the limitation of the program to provide direct teacher contact/supervision of the students enrolled. Some opportunities provided by the program may occur beyond the hours of a traditional college day/week and may occur off the FAU campus.

The program requirements of students include, but are not limited to:

- Students must be independently mobile around campus
- Student must arrange **ALL transportation** to and from school/work/FAU and Academy activities
- Student must be able to manage and adhere to all of his or her schedule
- Parent/student must provide own cell phone for use when on campus (must be activated and on)
- Student must be motivated and willing to participate in campus activities
- Student/family responsible for **ALL fees** (e.g. tuition, books, supplies, meals, etc.).
-

The FAU Academy Inclusion offers a unique opportunity for selected students to grow, learn, and move into adult life in the most natural setting—a college campus. An individualized *Flight Plan* will be used to design the course of study, life skills, recreation, personal wellness, and career development opportunities for each student. However, be aware that supports and services will only be available that support the program's stated objective, which is to prepare students to transition into adult life as independently as possible. **It must be recognized that the FAU Academy for Community Inclusion is a *non-degree* program. However students will earn credits toward certificates recognized by the University as accomplishments in their own rights.**

I (we) understand that if _____ is accepted into the program that we will provide the necessary parental support and we are aware that s/he will not be in the presence of the Program Director most of the time during the school days. There are risks associated with any program provided totally in the community, and I (we) are willing to accept those risks and do not hold FAU or their employees liable.

Parent(s)/Guardian(s) Signature(s): _____

Florida Atlantic University
Academy for Community Inclusion

Release of Information Form

The FAU Academy for Community Inclusion regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you with FAU faculty and staff, as well as other state/community agencies to order to achieve your student's educational, career, and/or independent living goals. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary to achieve student goals will be communicated.

Student Name (Please Print) _____

I give permission to exchange information about me to the following offices/individuals shown below – **If any office is to be EXCLUDED, please check that name:**

- _____ Division of Vocational Rehabilitation
- _____ Agency for Persons with Disabilities
- _____ Admissions Office
- _____ Counseling Office
- _____ FAU Course Instructors
- _____ FAU Administration (e.g., Registrar, Admissions, etc.)
- _____ FAU Police

Applicant Signature _____ Date _____

Parent(s)/Guardian(s) Signature(s) _____ Date _____

Emergency Cell Contact #1 (Name and Number): _____

Emergency Cell Contact #2 (Name and Number): _____

**Florida Atlantic University
Academy for Community Inclusion**

Research Consent

The goal of The FAU Academy for Community Inclusion is to:

- Assist students to become lifelong learners connected to their community
- Assist students to increase the level of independence
- Assist students to prepare for work

It is be important for future funding, that we document the success of the students during and upon exiting the program. Therefore each student is being asked to agree to participate in various short-term and a longitudinal studies. Information will be gathered, monitored, and documented during each student's time enrolled at FAU.

By signing this document, the applicants and their families acknowledge the fact that s/he will be part of an on-going research project and agrees that if they are selected for the program that they are willing to participate in the research both during enrollment at FAU as well as following graduation.

Student Signature _____ Date: _____

Parent(s)/Guardian(s) Signature(s): _____ Date: _____

_____ Date: _____

**Florida Atlantic University
Academy for Community Inclusion**

Photo/Media Release Form

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS/VIDEOS

Student Name _____

I hereby authorize the FAU Academy for Community Inclusion to use, reproduce, and/or publish all written and/or visual materials, including photographs and video that may pertain to me/my son or daughter. I understand that this material may be used in various publications, publicity presentations, recruitment materials, or for other educational purposes. This material may also appear on the Florida Atlantic University Website. I also understand that once an image is posted on the Florida Atlantic University, any computer user on or off campus can view the image. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

_____ I **do** authorize the use of written materials/photographs/videos.

_____ I **do not** authorize the use of written materials/photographs/videos.

Applicant's Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature(s): _____ Date: _____

_____ Date: _____

**Florida Atlantic University
Academy for Community
Inclusion**

FERPA Waiver

The FAU Academy for Community Inclusion regards communication between the University and the students to be confidential. FAU follows all legal requirements related to confidentiality when working with all students. However, in case of an emergency, it may be necessary to contact the parents or caregivers of an Academy student directly to provide the best standard of care. While this seems logical, it does mean we need both you and your adult child's permission to do this.

By signing below, you are acknowledging that in the case of an emergency a representative of FAU (e.g., Academy Personnel, Campus Police, Counseling Staff [CAPS], and Student Accessibility Services) may contact the parent or caregiver of the named individual below for direct consultation and assistance.

Date: _____

Student's Name: (printed) _____

Student's Name: (Signed) _____

Parent(s)/Guardian(s) Name: (Printed) _____

Parent(s) or Caregiver(s) Name: (Signed) _____

Number to call to contact Parent or Caregiver: _____