**ACCE**

 ***Academics, Community, Career Development and Employment Program***

Application

Fall 2017





|  |  |
| --- | --- |
| **Name** |    |

Date Received (official use only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# program description

Easterseals Arkansas (ESA) and the University of Arkansas at Little Rock (UA Little Rock) have worked together to develop the Academics, Community, Career Development and Employment Program (ACCE). ACCE will provide the opportunity and support for students with intellectual and developmental disabilities (ID/DD) to successfully participate in post-secondary education to achieve academic success, secure competitive integrated employment and lead productive lives in the community. ACCE will provide a one year/two semester, nonresidential, certification program for students with ID/DD. Academics, social opportunities, work exploration and job placements are all important components of the program. The students will have a college experience while preparing for competitive employment.

Classes that will increase skills necessary for employment will be provided on the UA Little Rock campus and will include technology in the workplace, interpersonal skills and communication, problem solving, conflict resolution, self-advocacy, and career development. The program will also increase independent life skills like wellness, time management, and personal finance. ACCE students will learn about resources in the community, such as public transportation and housing that can greatly impact their ability to work.

In addition to the classroom experiences, internships will offer practical on the job-experience and the opportunity to learn core skills that are needed to secure competitive employment in the community. Internships will be offered in a variety of jobs to help ACCE students identify jobs that interest them.

Please return this application by May 5, 2017. **Applications must be complete, or they** **will not be considered**.

Hard Copy to: Linda Rogers

 Easterseals Arkansas

 3920 Woodland Heights Road

 Little Rock, AR 72212

Electronic Copy to: lrogers@eastersealsar.com with the words “**ACCE Application Packet**” in the subject line

# ELIGIBILITY Criteria

**Applicants for the Academics, Community, Career Development and Employment program (ACCE) need to meet the following eligibility criteria:**

* Have a documented intellectual disability or developmental disability.
* Have completed high school with a diploma or a Certificate of Program Completion.
* Are between the ages of 18 and 30 years of age.
* Have an interest in going to college as a non-degree seeking student to expand career
opportunities and earn a certificate awarded by the Academics, Community, Career
Development Employment Program -ACCE.
* Will present appropriate behaviors such as no behaviors that would cause harm to self or to others or that would require extensive behavioral support from others.
* Can make personal decisions.
* Have functional communication skills (verbal or augmented).
* Can safely navigate the UA Little Rock campus.
* Can manage own self-care.
* Be able to commit to a one year/two semester program, taking 10 hours per week of classes and participate in internships 12-15 hours per week.
* Have goals to work competitively upon completion of the college certificate program.
* Agree to follow UA Little Rock’s Student Code of Conduct in class and in the community.
* Be willing to listen and respond to directions from an instructor, education coach, mentor or

work supervisor.

* Have experience in attending and participating in classes for up to 50-90 minutes.
* Be willing to apply for services through Arkansas Rehabilitation Services (ARS) with competitive employment being the outcome.
* For students who qualify for ARS funding, the tuition cost of $3,500 per semester may be funded by ARS. There is an additional cost of $500 which is the responsibility of the student.

The ACCE program is two semesters.

* If the student does not want competitive employment at the end of the program, then the tuition may be private pay. If tuition is private pay, student accounts must be current each semester in order to continue in the program.
* Pass a criminal background check for internship and employment sites.

 Application Purpose & Guidelines

The purpose of this application packet is to provide information to the ACCE Program Selection Committee regarding each applicant’s skills, abilities and background. The Selection Committee may contact the applicant, a parent, case manager, employer, or reference to gather additional information as needed. Our final goal is to select prospective students who will be successful in college, earn a certificate from ACCE, and reach the outcome of competitive employment in the career of their choice.

The Selection Process:

1. Submit the completed application by May 5, 2017

Linda Rogers, Easterseals Arkansas, 3920 Woodland Heights Road, Little Rock, AR 72212

OR

Electronically to lrogers@eastersealsar.com with the words “*ACCE Application Packet”* in the subject line

1. The Selection Committee will review only applications that have all of the requested information. The selection process is as follows: after the applications are reviewed, Interviews with the selected applicants will be conducted, the student selection will be finalized, and letters will be sent to all applicants with their decision by May 26, 2017.
2. All accepted students must apply for Vocational Rehab. (VR) services through ARS prior to the beginning of the program. If determined eligible by ARS, the student’s tuition will be paid. Easterseals staff will help the student and family with the ARS process.

**The ACCE program at UA Little Rock is designed to:**

1. serve students with ID/DD and provide individual supports and services for their academic and social inclusion in courses, extracurricular activities, and other aspects of campus life;
2. focus on students’ academic enrichment; social and interpersonal skills; independent living skills, including self-advocacy; and integrated work experiences and career skills that lead to gainful employment; and
3. integrate person-centered planning in the development of each student’s course of study and career exploration activities.

 Application Packet Checklist

**\*PLEASE NOTE\*** ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND Submitted TOGETHER FOR THE SELECTION COMMITTEE TO CONSIDER THE APPLICATION.

* **Completed Application Packet**
	+ **Application (pages 7–12)**
	+ **Identification of Skills and Support Needs (pages 13-18)**
	+ **Three Reference Forms (pages 19-21)**
* **Most Recent Transition Individualized Education Program (IEP), Individualized Service Plan (ISP), Individualized Plan for Employment (IPE), *OR* any combination thereof**
* **Minutes from Most Recent Eligibility Determination with Specified Disability Diagnosis or psychoeducational Testing Results**
* **High School Transcript**
* **Attendance Record and Disciplinary Record** (if a current high school student)
* **Results from Career Assessments and/or Transition Assessments** (if available)

Return completed Packet by May 5, 2017 to:

Linda Rogers
Easterseals Arkansas
3920 Woodland Heights Road
Little Rock, AR 72212

OR

Electronically to lrogers@eastersealsar.com with the words “*ACCE Application Packet”* in the subject line

Questions?

lrogers@eastersealsar.com or 501-227-3652

 Recruitment Timeline for

 Fall Semester 2017

* Applications Due: May 5, 2017
* Student Interviews: Beginning May 12, 2017
* Student Selection: Completed May 26, 2017
* Student Orientation: August 2017
* Classes Begin: August 21, 2017

 **Application for Admission**

 **To be completed by individual (and family)**

|  |  |  |
| --- | --- | --- |
|  | **Personal Data** |  |
|  | Name |       |       |       |  |
|  |  | Last | First | Middle |  |
|  |  |  |
|  | Address: |       |       |       |  |
|  |  | Street | City | Zip Code |  |
|  |  |  |  |  |  |  |  |
|  | County/City of Residence: |       |    | Email     | Telephone |  |
|  | Name of High School you attend/attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Date of Birth: |  |   |  |  Male \_\_\_ |  Female \_\_\_  |
|  |  |  |
|  | Parent/Guardian Name: |       | Parent/Guardian e-mail: |       |  |
|  |  |  |
|  | Address: |       |  |       |       |  |
|  |  | Street | City | Zip Code |  |
|  |  |  |
|  | Parent/Guardian  Home Phone: |       |  Cell Phone: |       |  |  |
|  |  Work Phone: |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Have you ever been convicted of a misdemeanor? \_\_\_\_ yes \_\_\_\_ noHave you ever been convicted of a felony? \_\_\_\_\_ yes \_\_\_\_ no**Parent/Student Information:** |
|  |  |  |
|  |  | 1. If accepted, a Consent to Exchange Information must be signed to share relevant information with participating agencies and businesses.
 |
|  |  |  |
|  |  | 1. Equal Opportunity: Acceptance will be made without regard to race, color, religion, national origin, age, gender, political affiliation, veterans’ status, sexual orientation, or disability.
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|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |       | Date: |       |
|  |
| Parent/Guardian Signature |       | Date: |       |

 **To be completed by individual (and family)**

 **Application for Admission**

 **To be completed by individual (and family)**

**EDUCATION EXPERIENCE:**

What year did you graduate high school? \_\_\_\_\_\_\_\_\_

What type of diploma will you or did you earn?

|  |  |
| --- | --- |
|  | 🞎 Standard 🞎 Certificate 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_  |

Have you attended college or a training program before? Yes \_\_\_\_\_ No \_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  If yes, where? |       | How long?  |       |  Completed  program? | Yes | \_\_\_ |  No | \_\_\_ |

**EMPLOYMENT/WORK EXPERIENCE:**

Are you currently employed? \_\_\_ Yes \_\_\_ No. If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you maintain current employment during the academic semester, in addition to taking classes? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_\_

Describe two of your most recent jobs. If no paid work experiences, then describe a volunteer work at school or in the community. Attach a resume if you have one.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Site** | **Job Duties** | Dates | Hours/week |  Was this a Paid Position? |
|       | *
*
 |  |  | YesNo |
|       | *
*
*
 |  |  | YesNo |

If no longer employed, why did you leave your job(s)?

|  |
| --- |
|       |
|  |
|  |

**SERVICE AGENCIES:** (This information will be used to assist the Selection Committee in determining

Application for Admission

 To be completed by individual (and family)

if financial assistance for ACCE tuition and fees is available.)

|  |
| --- |
| Do you receive services or supports from Arkansas Rehabilitation Services (ARS) If so, complete the section below: |
| **Agency** | **Yes/No** | **Counselor or Case Manager Name** | **Phone or email address** |
| Arkansas Rehabilitation Services (ARS) | \_\_\_No \_\_\_\_Yes |  |  |
| I give permission to inform my service providers (ARS) that I am applying to ACCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date  |
| Do you have a Medicaid Waiver? \_\_\_No \_\_\_\_Yes  | Provider:  |
| Do you receive benefits from Social Security Administration? | \_\_\_\_ No \_\_\_ Yes | Type of benefits: |

**HEALTH SUPPORTS:**

List any health or medical supports needed for full participation in *Academics, Career, Community and Employment program* at UA Little Rock*:*

|  |
| --- |
|    |
|       |
|  |

**OTHER SUPPORT SUMMARY:**

Do you need any supports or accommodations, including positive behavioral supports, to be successful in the classroom, on campus, or on a job?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | \_\_\_ |  No | \_\_\_ |

 If yes, please explain:

|  |
| --- |
|       |
|       |
|       |

Will you have access to a home computer or laptop?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | \_\_\_ |  No | \_\_\_ |

If yes, please describe briefly what type of computer you use and the capability to access the internet:

|  |
| --- |
|       |
|       |

 Application for Admission

 To be completed by individual (and family)

# APPLICANT ESSAY QUESTIONS

(Complete in your own words with or without a person assisting you to write your responses.)

Why do you want to be a student in *Academics, Career, Community and Employment program* at UA Little Rock?

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| --- |
|       |
|       |
|       |
|       |
|  |

Describe your disability in your own words:

|  |
| --- |
|       |
|       |
|       |
|       |
|  |

|  |
| --- |
| Describe your learning style, how you like to receive directions, how you take tests, what accommodations you have found to be most helpful, and anything else you would like to add: |
| List individuals in your life who could assist with making the *Academics, Career, Community and Employment program* at UA Little Rock experience successful:▪▪▪ |

**15. POSTSECONDARY GOALS**:

|  |
| --- |
| List the desired **postsecondary** goals from most recent transition planning meeting (IEP, ISP, IPE, etc.): |
| Education: |
| Training: |
| Employment: |
| Independent Living: |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |       |  |       |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Applicant Contract**

Read the applicant contract below and sign and date.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that college students in the *Academics, Career, Community and Employment program* at UA Little Rock must abide by the following terms and conditions:

* I will apply for services through the Arkansas Department of Rehabilitation Services to assist in the cost of the program, or I will private pay any cost associated with the program.
* I will complete one year/two semesters in the ACCE certificate program.
* I will follow my course schedule, attend classes, and complete course assignments to the best of my ability.
* I will pass a criminal background check for internships and employment sites.
* I will participate in internships on or off campus during my program.
* I will call my instructor when I will be absent or late.
* I will, if necessary, apply for academic accommodations with the Disability Support Services Office at UA Little Rock.
* I understand that I am responsible for transportation to and from UA Little Rock.
* I will follow all the rules established by *Academics, Career, Community and Employment program* at UA Little Rock.
* I will attend scheduled meetings with my program staff and understand that I can invite others to participate in the meetings.
* I will be an active participant and communicate any issues at our meetings.
* I will actively pursue employment as part of the certificate program.

I have read the above and understand that this program is voluntary and I must agree to these terms if I am accepted into Easterseals Arkansas *Academics, Career, Community and Employment program* at UA Little Rock. I understand that I may be asked to leave if I fail to follow the terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Signature Date

 \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Guardian Signature Date

**Identification of Skills and Support Needs**

To be completed by the applicant and others as needed (family, teacher, support coordinator, case manager, transition coordinator, advocate, etc.)

**Instructions:** Please use the following scale to represent level of functioning in each section

* (3) Student is independent
* (2) Student requires some/moderate support
* (1) Student requires complete support

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual completing form (if different than Applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRANSPORTATION**

|  |  |
| --- | --- |
| Provides own transportation via car, scooter, bike, walking | Current Level of Functioning3 2 1 |
| Makes own transportation arrangements | Current Level of Functioning3 2 1 |
| Routinely uses public transportation  | Current Level of Functioning3 2 1 |
| Uses special transportation (if yes, what: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 Intentionally Blank |
| Family provides all transportation | Yes No |

**2. TRAVEL SKILLS**

|  |  |
| --- | --- |
| Travels in familiar settings | Current Level of Functioning3 2 1 |
| Travels in unfamiliar settings | Current Level of Functioning3 2 1 |
| Crosses streets safely  | Current Level of Functioning3 2 1 |
| Uses public transportation  | Current Level of Functioning3 2 1 |
| **Orienting Skills*** Identifies signs
* Carries identification
* Asks for help
* Responsible for possessions
* Uses caution with strangers
* Reads maps
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 13 2 1Comments: |

**3. SAFETY SKILLS**

|  |  |
| --- | --- |
| Applicant is alone at home and/or other settings for up to \_\_\_\_ hours and displays age appropriate safety skills | Current Level of Functioning3 2 1 |
| Uses phone to dial emergency or familiar numbers | Current Level of Functioning3 2 1 |
| Asks for assistance if in need of help or if lost | Current Level of Functioning3 2 1 |
| Is aware of basic responses to fire, accidents, inclement weather and emergency alerts  | Current Level of Functioning3 2 1 |

**4. PHYSICAL MOBILITY/ORIENTATION/MOVEMENT**

|  |  |
| --- | --- |
| No physical limitations | Yes No |
| Navigates stairs, minor obstacles, classrooms, and campus grounds | Current Level of Functioning3 2 1 |
| Uses walker or wheelchair | Current Level of Functioning3 2 1 NA |
| Other considerations |

**5. PERSONAL CARE**

|  |  |
| --- | --- |
| Takes responsibility for personal care | Current Level of Functioning3 2 1 |
| **Grooming:*** Brushes teeth
* Uses mouthwash
* Brushes/combs hair
* Styles hair
* Skin care
* Uses make-up
* Cleans eyeglasses
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 13 2 13 2 1Comments: |
| **Dressing*** Dresses self
* Chooses appropriate clothes
* Dresses appropriately for season/weather conditions
 | Current Level of Functioning3 2 13 2 13 2 1Comments: |
| **Hygiene*** Showers/ bathes daily
* Uses deodorant daily
* Washes hands with soap after using the restroom
* Manages menstrual care (females)
 | Current Level of Functioning3 2 13 2 13 2 13 2 1Comments: |

**6. COMMUNICATION/BEHAVIOR**

|  |  |
| --- | --- |
| Communication is clearly understood | Current Level of Functioning3 2 1 |
| Uses key words/phrases | Current Level of Functioning3 2 1 |
| Uses sounds, gestures, pictures, or sign language | Current Level of Functioning3 2 1 NA |
| Uses augmentative communication device (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 NAComments: |
| Engages in socially appropriate interaction | Current Level of Functioning3 2 1 |
| Deals appropriately with conflict | Current Level of Functioning3 2 1 |
| Knows difference between friends, acquaintances, and strangers | Current Level of Functioning3 2 1 |
| Demonstrates listening skills (Can retell an event or story) | Current Level of Functioning3 2 1 |

**7. READING**

|  |  |
| --- | --- |
| Reads at \_\_\_\_\_ grade level | Current Level of Functioning3 2 1 |
| Uses sight words | Current Level of Functioning3 2 1 |
| Uses symbols (specify) | Current Level of Functioning3 2 1 NA |
| Does not read | Current Level of Functioning3 2 1 NA |

**8. MATHEMATICS**

|  |  |
| --- | --- |
| Completes math at \_\_\_\_grade level  | Current Level of Functioning3 2 1 |
| Uses basic addition / subtraction | Current Level of Functioning3 2 1 |
| Counts \_\_\_\_number of objects and/or identifies numbers to \_\_\_\_\_ | Current Level of Functioning3 2 1 |
| Identifies coins and bills and/or can make change up to a dollar | Current Level of Functioning3 2 1 |
| Manages saving/checking account | Current Level of Functioning3 2 1 |
| Uses ATM, debit card/credit card | Current Level of Functioning3 2 1 |
| **Handling Money/Budgeting*** Makes shopping lists
* Knows budget constraints
* Handles money exchanges
* Tallies tip at restaurants
 | Current Level of Functioning3 2 13 2 13 2 13 2 1Comments: |

**9. USE OF ASSISTIVE AND OTHER TECHNOLOGY (CELL, OTHER)**

|  |  |
| --- | --- |
| Uses cell phone routinely for calls, scheduling, texting, etc. | Current Level of Functioning3 2 1 |
| Uses assistive technology on routine basis (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 |
| Uses social networking (Facebook, Twitter, email, etc.) | Current Level of Functioning3 2 1 |
| Uses desktop or laptop computer, iPad, iTouch or similar device (\_\_\_\_\_\_\_\_\_\_\_\_\_) | Current Level of Functioning3 2 1 |

**10. PLANNING/SCHEDULING**

|  |  |
| --- | --- |
| **Following daily routines*** shows up on time
* finds meeting locations
* adapts to changes in routine
* tells time
 | Current Level of Functioning3 2 13 2 13 2 13 2 1Comments: |

|  |  |
| --- | --- |
| **Scheduling weekly activities**Uses a time management system (e.g.,calendar/day planner- paper or electronic) | Current Level of Functioning3 2 1 |
| **Preparing for special outings*** Arranges special things to do
* Handles logistics involved in planning an event
 | Current Level of Functioning3 2 1Comments: |
| **Handling Time Management*** Plans homework time
* Arranges study area
* Attends to homework
* Plans for chores, meetings, leisure time
* Arranges transportation
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 1Comments: |

**11. Social**

|  |  |
| --- | --- |
| **Social and Behavior Skills*** Introduces self
* Follows instructions
* Accepts criticism or consequence
* Accepts no for an answer
* Greets people
* Gets people’s attention appropriately
* Makes requests appropriately
* Disagrees appropriately
* Gives negative feedback appropriately
* Resists peer pressure
* Apologizes
* Engages in conversation
* Gives compliments
* Reports peer behavior appropriately
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 1Comments: |

**12. FLEXIBILITY/STRESS**

|  |  |
| --- | --- |
| Adapts to change easily | Current Level of Functioning3 2 1 |
| Accepts feedback or changes behavior | Current Level of Functioning3 2 1 |
| Identifies and responds effectively to authority figures  | Current Level of Functioning3 2 1 |
| Uses stress management strategies | Current Level of Functioning3 2 1 |

**13. Health and Sexuality**

|  |  |
| --- | --- |
| **Awareness of sexuality issues*** Awareness of public vs. private activities
* Closes bathroom stall door
* Appropriate show of affection
* Appropriate control of sexual needs
* Awareness of bodily and sexual functions
* Knowledge and use of birth control methods
* Knowledge of sexually transmitted disease
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 13 2 13 2 1Comments: |
| **Knowledge of general health concerns*** Manages disease transmission (i.e., covers mouth when sneezing/coughing, blows nose, etc.)
* Cares for or manages health concerns specific to disability (i.e., skin care, range of motion, positioning of weight)
* Manages medication (i.e., knows medication schedule, ability to swallow)
* Cares for minor injury and/ or illness
* Seeks assistance for medical needs
 | Current Level of Functioning3 2 13 2 13 2 13 2 13 2 13 2 13 2 13 2 1Comments: |

##### List Three References and have each of them complete the attached reference form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Type of Reference | Phone Number | Email Address |
| 1. |       | Personal Reference (not a family member) |       |       |
| 2. |       | School or Work Reference |       |       |
| 3. |  | Community or Agency Reference |  |  |

##### The person assisting the student to complete this application is:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Name | Title | Phone Number | Date |
| Organization (if applicable) | Phone Number | Email contact |  |
|  |
| Applicant Signature |

**Personal Reference Form**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to Easterseals Arkansas *Academics, Career, Community and Employment program* at UA Little Rock. UA Little Rock and the program promote a supported education model that provides individualized supports to students with intellectual disabilities seeking a postsecondary experience to enhance their skills for employment. This model provides opportunities for career development using person-centered approaches, classes that teach skills necessary for employment and internships. Each student will complete a one year/two semesters of course work and internships and earn an ACCE certificate. Please answer the following questions to the best of your ability and scan and return by email to lrogers@eastersealsar.com or by fax at 501-227-3658. For questions, contact lrogers@eastersealsar.com or 501-227-3652.

*This form is due by May 5, 2017*

Name:

Relationship to applicant:

Address:

Email: Phone:

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from *Academics, Career, Community and Employment program* at UA Little Rock?

Describe the strengths that the applicant has that will make him/her a strong candidate for the UA Little Rock certificate program. Think in terms of character traits such as honest, considerate, and dependable as well as personal skills such as communication, ability to work as a team, and initiative.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

**School/Work Reference Form**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to Easterseals Arkansas *Academics, Career, Community and Employment program* at UA Little Rock. UA Little Rock and the program promote a supported education model that provides individualized supports to students with intellectual disabilities seeking a postsecondary experience to enhance their skills for employment. This model provides opportunities for career development using person-centered approaches, classes that teach skills necessary for employment and internships. Each student will complete a one year/two semesters of course work and internships and earn an ACCE certificate. Please answer the following questions to the best of your ability and scan and return by email to lrogers@eastersealsar.com or by fax at 501-227-3658. For questions, contact lrogers@eastersealsar.com or 501-227-3652.

*This form is due by May 5, 2017*

Name: Title:

Organization: Phone:

Address:

Email:

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from *Academics, Career, Community and Employment program* at UA Little Rock?

Describe the strengths that the applicant has that will make him/her a strong candidate for the UA Little Rock program. Think in terms of attendance, punctuality, perseverance, motivation, positive attitude, response to instruction, solving conflict, and the quality of academic or work skills).

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

**Community/Agency Reference Form**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for admission to Easterseals Arkansas *Academics, Career, Community and Employment program* at UA Little Rock. UA Little Rock and the program promote a supported education model that provides individualized supports to students with intellectual disabilities seeking a postsecondary experience to enhance their skills for employment. This model provides opportunities for career development using person-centered approaches, classes that teach skills necessary for employment and internships. Each student will complete a one year/two semesters of course work and internships and earn an ACCE certificate. Please answer the following questions to the best of your ability and scan and return by email to lrogers@eastersealsar.com or by fax at 501-227-3658. For questions, contact lrogers@eastersealsar.com or 501-227-3652.

*This form is due by May 5, 2017*

Name: Title:

Organization: Phone:

Address:

Email:

How long have you known the applicant and in what capacity?

What evidence do you see that the applicant is motivated to work and pursue career goals?

Describe the strengths that the applicant has that will make him/her a strong candidate for the UA Little Rock certificate program. Think in terms of punctuality, perseverance, motivation, positive attitude, solving conflict, and academic or work skills. Specific examples are appreciated.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?