

**SDA Program Application and Release Packet  
2015-16**

Please complete the following application packet and send by certified mail to:

Anna G Ward, Director  
Scholars with Diverse Abilities Program  
ASU PO Box 32179  
College of Education  
Appalachian State University  
Boone, NC 28608

**Application Checklist:**

The follow 2 items may be filled in and submitted online (when available) or in paper:

- Information forms
- Personal Inventory

The following must be submitted in paper form and mailed:

- Letters of recommendation (3) using the form provided
  - Teacher
  - Community/Vocational supervisor
  - Peer
- Copies of the two most recent IEPs
- Video (see page 24 for details)
- Current Psychological Evaluation dated within the past two calendar years which includes an adaptive behavioral assessment such as Vineland
- Official transcript
- Proof of Guardianship if applicable
- Medical forms
- SDAP release forms

At least one of the following (A or B). Portfolio examples are recommended for students who have recently completed a secondary education program. If the applicant:

- A.  Portfolio examples including
  - Math Skills
  - Vocational Skills
  - Reading/Writing Skills
  - Examples of hobbies or activities
- B.  OR Letter of intent/ writing sample from the applicant with one or both of the following:
  - work samples of hobbies or activities
  - resume

# SCHOLARS WITH DIVERSE ABILITIES APPLICATION

## FAMILY INFORMATION

### Student:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Student receives support or services from: (please check those that apply) \_\_\_ Supplemental Security Income

\_\_\_ Division of Developmental Disabilities

\_\_\_ Medical Assistance

\_\_\_ Social Security Disability Insurance

\_\_\_ Division of Vocational Rehabilitation

\_\_\_ Special Education Services (IDEA funding)

Student lives with:

\_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian(s) \_\_\_ Other

### Mother/Guardian:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Father/Guardian :

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

### Siblings:

Names and Ages

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EMERGENCY CONTACT INFORMATION:  
IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to the student: \_\_\_\_\_

## EDUCATION HISTORY

Schools Attended (Name, City, State)      Years attended Reason for Leaving

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When did you complete high school? \_\_\_\_\_

In a few words, please describe your academic strengths and weaknesses.

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In a few words, how do you think you learn best? (e.g. small groups, extra time)

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Describe what skills you would like to learn:

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Have you participated in general education classes in your home school? Yes      No

If yes, list subject \_\_\_\_\_

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any accommodations used? Yes      No

Were

If yes, what kind?

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**Have you ever experienced any of the following in the past three years?**

**(check all that apply)**

- I've received a behavior modification plan due to disruptive behavior (please attach plan)
- I've received a behavior modification plan due to violent behavior (please attach plan)
- I've participated in aggressive or self-injurious behavior in any setting.
- None of the above

## EMPLOYMENT HISTORY

Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates employed \_\_\_\_\_

Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates employed \_\_\_\_\_

Employer \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates employed \_\_\_\_\_

## HOUSING

Are there any limitations, support needs or related issues to housing? (Please list)

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Are there any limitations, support needs, or other related issues to public transportation? (Please list)

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Note: The applicant may need to seek additional personal support for some housing and living situations depending on the need. The SDA Program and Appalachian can only supply basic accommodations.

## MEDICAL HISTORY

**Please attach results of a current (within 1 year) physical exam as well as immunization records which are required by the university.**

Please answer the following additional questions:

Please give a brief description of your medical history including any disability diagnoses that you may have:

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Please list any significant medical or physical conditions that may affect your participation in classroom, social, or recreational activities on campus, including severe allergies:

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Please list any current medications and indicate for what the medications are taken:

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Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. ASU and the SDA Program do not have the personnel to administer medications.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:

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**Note: Any of these services needed by the student while enrolled at ASU must be provided at the expense of the parent.**

Are you independent in self-care such as toileting, and basic hygiene? Yes No

List any limitations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If not, the applicant will need to arrange for personal assistance services in order to attend the SDA Program at ASU. This is not included in any of the program or college services.

**Medical Insurance**

Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Please provide any other medical information that you feel would be important regarding your participation in this program:



**SDA Program Applicant Personal Inventory**

Name \_\_\_\_\_

<b>Independent Living and Social Skills</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Navigating/Finding way around campus environment						
Ordering and purchasing from a restaurant/cafeteria/store						
Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings						
Ability to sustain social interaction						
Ability to initiate social interaction						
Engages in appropriate social interaction						
Use of judgment skills in an emergency situation						
Copes with some stress						
Communicates needs in an appropriate manner						
Uses cell phone, email, etc.						
Handling personal finances						
<b>Academic Skills</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Word processing						
Internet usage						
Social media usage						

<b>Academic Skills (continued)</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Motivation to learn and persist on new tasks						
Ability to follow verbal directions						
Ability to follow written directions						
Ability to maintain a weekly calendar						

## **Recommendation Forms**

Please submit 3 letters of recommendation from persons who have known the applicant for one year or longer. The recommendations should be from the following:

1. Teacher
2. Supervisor in a vocational/employment/community setting
3. Peer

Letters *must* be submitted using the recommendation forms in this packet and must be returned with the application packet in sealed envelopes with the recommender's signature across the flap.

## SDA Program Recommendation Form

Recommendation for \_\_\_\_\_ (applicant's name)

The above named individual is applying for admission to the Scholars with Diverse Abilities Program at Appalachian State University. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and complete an Applicant Inventory (attached). Attach additional pages as needed.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant has agreed as part of the application process to waive access to the recommendation form.

The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your name \_\_\_\_\_  
Last First Title

Address \_\_\_\_\_

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City State County Zip

Organization \_\_\_\_\_

Phone # \_\_\_\_\_

Please answer the following questions regarding the applicant:

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

2. Please describe why you feel the applicant would benefit from a postsecondary education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the SDA Program?

\_\_\_\_\_ Unlikely \_\_\_\_\_ Likely \_\_\_\_\_ Quite Likely \_\_\_\_\_ Highly likely

4. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program? (Use the back of this page or attach additional pages)

## Applicant Inventory

Applicant name \_\_\_\_\_

Recommender Name \_\_\_\_\_

<b>Independent Living and Social Skills</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Navigating/Finding way around campus environment						
Ordering and purchasing from a restaurant/cafeteria/store						
Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings						
Ability to sustain social interaction						
Ability to initiate social interaction						
Engages in appropriate social interaction						
Use of judgment skills in an emergency situation						
Copes with some stress						
Communicates needs in an appropriate manner						
Uses cell phone, email, etc.						
Handling personal finances						
<b>Academic Skills</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Word processing						
Internet usage						
Social media usage						

<b>Academic Skills (continued)</b>	<b>1 (requires complete assistance)</b>	<b>2 (needs moderate assistance)</b>	<b>3 (needs some assistance)</b>	<b>4 (needs some assistance)</b>	<b>5 (completely independent)</b>	<b>Comments</b>
Motivation to learn and persist on new tasks						
Ability to follow verbal directions						
Ability to follow written directions						
Ability to maintain a weekly calendar						

**Appalachian State University  
Scholars with Diverse Abilities Program  
Release and Exchange of Information Form**

Appalachian State University treats and regards all written documentation obtained to verify the disability and plan for appropriate services, as well as all documented services and contracts with the Office of Disability Services, as confidential. However, it may be necessary for our staff to exchange some information about you with the Appalachian State University faculty and staff and volunteers of the Scholars with Diverse Abilities Program in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission as given in this document and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: \_\_\_\_\_

I give permission to exchange information about me to the following offices/individuals checked below:

- School District(s) \_\_\_\_\_
- School Personnel \_\_\_\_\_ (list schools)
- Office of Disability Services
- Office of Student Development
- Admissions Office
- Course Instructors
- Parents/Guardians
- Registrar's Office
- Tutors
- Scholars with Diverse Abilities Staff
- Volunteers of Scholars with Diverse Abilities Program
- Other (Specify) \_\_\_\_\_

Additionally, I hereby give permission for the Scholars with Diverse Abilities Program at Appalachian State University to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**Appalachian State University**  
**Scholars with Diverse Abilities**  
**Proof and Acknowledgement of Guardianship**

This is to acknowledge that I have been appointed the legal guardian of \_\_\_\_\_, a ward that is over the age of 18. I have attached a copy of the court ordered guardianship.

Parent/Guardian: \_\_\_\_\_

As the applying student, I, \_\_\_\_\_, acknowledge that the all documents, information and records related to my participation in the Scholars with Diverse Abilities Program shall be shared with my legally appointed guardian.

Student: \_\_\_\_\_

**Appalachian State University**  
**Scholars with Diverse Abilities**  
**Student Statement of Agreement**

I, \_\_\_\_\_, have read and understand the policies and procedures for the Scholars with Diverse Abilities Program (the “Program”) and understand that I will not be eligible for an undergraduate or graduate degree from Appalachian State University. I will be permitted to audit individual courses as part of the Program and understand that I will not be eligible to earn college credit for courses audited. I understand that I will be responsible for paying appropriate fees related to the Program, including housing and meal plan expenses. Upon successful completion of the Program, I will be eligible to receive a Collegiate Achievement Award. While participating in the Program, I will be expected to follow the Student Code of Conduct and abide by all University rules, policies and procedures. I understand that my failure to comply with such can result in my removal from the Program at the University’s discretion.

Student Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

**Scholars with Diverse Abilities**  
**Emergency Medical Treatment Release and Indemnification Agreement**

I, \_\_\_\_\_, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my \_\_\_\_\_.  
(relationship) (hereafter "dependent") – Full Name

**I further give my consent to Appalachian State University, its employees and agents (collectively, the "University") for the period in which dependent is enrolled in the Scholars with Diverse Abilities Program (the "Program") to arrange for emergency medical care and treatment necessary to preserve the health of my dependent. In furtherance of any emergency treatment decisions to be made by the University on my behalf for the benefit of my dependent, I authorize the University to request, obtain, review and inspect any and all information bearing upon my dependent's health which may be relevant to any such decisions to be made respecting such treatment.**

The University will contact me to inform me of the emergency situation, and I, or my representative with legal authority to act on my behalf, shall arrive at the location of treatment of dependent within 24 hours of notification.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent.

I hereby release and shall indemnify, defend and save harmless the University, The University of North Carolina, the State of North Carolina and their respective trustees, officers, agents, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by my dependent as a result of any cause whatsoever, including but not limited to dependent's conduct, negligence or other misconduct on the part of the University, its trustees, officers, agents, or employees, or those injuries or property damage sustained by others as a result of dependent's negligence or intentional acts, during dependent's participation in the Program or the rendering of any emergency medical aid by the University.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Name of dependent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Name

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of last tetanus booster

\_\_\_\_\_

\_\_\_\_\_  
Medications dependent is taking

\_\_\_\_\_  
Phone of Legal Guardian

\_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said  
\_\_\_\_\_ County and State, do hereby certify that  
\_\_\_\_\_ personally appeared before me this day and acknowledged the  
execution \_\_\_\_\_ of the foregoing instrument. Witness my hand  
\_\_\_\_\_  
and official seal this the \_\_\_\_\_ day of \_\_\_\_\_.

Notary Public \_\_\_\_\_  
My commission expires: \_\_\_\_\_  
[Notarial seal]

## **Additional Materials Required**

1. Copies of the past two IEP's
2. Official high school transcript
3. Portfolio examples from each of the following areas. Examples of student work (e.g. worksheets, writing samples, etc.)
  - a. Math
  - b. Vocational training
  - c. Reading/writing skills
4. Video submission: Please submit a video on a usb drive in .mov or mp4 format that addresses the following questions. If you are unable to complete a video or have questions about the formatting, please contact the SDA Program office to determine if another option is available to you.
  - a. Why are you interested in attending Appalachian?
  - b. What do you want to learn while you are at Appalachian?
  - c. When you finish your program at Appalachian, what type of job would you like to have?
  - d. Where would you like to live after college?
  - e. What do you want to get out of a college experience?
  - f. What types of social and recreational activities will you participate in while at Appalachian?