Career and Life Studies Certificate (CLSC)

Application Packet

Thank you for your interest in the Career and Life Studies Certificate (CLSC) program. CLSC is a two-year, non-residential, certificate program for students with intellectual disabilities that offers academic, career/technical and independent living instruction in preparation for gainful employment. CLSC students attend classes, hold internships and engage in campus activities. Twelve students are admitted each academic year.

CLSC is offered through UD’s Professional and Continuing Studies division by the College of Education and Human Development, Center for Disabilities Studies. CLSC is designed to deliver a high quality, inclusive and comprehensive postsecondary transition program.

As you complete the application, please answer the questions fully, providing details and examples wherever possible. Please use additional sheets of paper if necessary. The information you provide will be treated confidentially.

If you have questions or need help with the application, contact 302-831-6974 or CLSC-info@udel.edu. Application materials are available in alternate format upon request.

Please submit all required application materials, as listed on the next page, as soon as possible. We will begin reviewing applications on January 5, 2015 and will review additional applications until we meet our enrollment capacity of 12 students. Some applicants will be interviewed as part of the admissions process. Final decisions are expected to be made by May 1, 2015.

**Note:** Federal grant funding will not be available to help off-set costs for CLSC beginning in the 2015-2016 school year. The cost for attending CLSC is about $25,000 per year. We are developing resources for students and families to off-set some of these costs:

- The Delaware Division of Developmental Disabilities Services (DDDS) and Division of Vocational Rehabilitation (DVR) have agreed to provide funding for a portion of the costs for some students attending CLSC. This will apply to students who have been declared eligible for services from those agencies and it is incorporated into the plan that the student has developed with those agencies. The potential funding will not cover the full cost of the program. Students and families will still be responsible for a portion of the costs.
  - For the 2015-2016 school year, these agencies have agreed to fund the following amount for each eligible, incoming student:
    - DDDS - $12,200
    - DVR - $5,256
  - If students are interested in further discussing their eligibility to receive these funds, they should contact their DDDS family support specialist or DVR case manager.
• CLSC has been designated as a Comprehensive Transition and Postsecondary (CTP) program. CLSC students may be eligible for federal financial aid in the form of Pell grants and work-study. Students and families are strongly encouraged to submit a Free Application for Federal Student Aid (FAFSA) form to determine how much aid they may receive. For more information see https://studentaid.ed.gov/eligibility/intellectual-disabilities

• We will create resources that provide information about scholarships from the state and national organizations to students and families.

We plan to continue to discuss the topic over the course of the next year in order to help students and families prepare and access necessary resources. If would like to speak further about the anticipated fees for 2015-2016, please let us know.

(See accompanying pages for application materials)
Please send application materials to:

CLSC Admissions
University of Delaware
Center for Disabilities Studies
461 Wyoming Road
Newark, DE 19716
or
Email: CLSC-info@udel.edu

Application Checklist

All of the following application documents must be received before an application will be reviewed. These forms may be filled out electronically and submitted as e-mail attachments. Paper copies of the forms should be completed in blue or black ink and delivered by regular mail.

_______ Application Fee ($30)
   • Personal or cashier’s check payable to University of Delaware

_______ Application Form
   • You may attach additional pages, if needed
   • Be sure to put your name on any extra pages

_______ Three (3) letters of recommendation
   • Must use the CLSC recommendation form
   • Must be from work supervisors, teachers, guidance counselors, and others who know you well
   • May not be from family or friends
   • Must be sent by a recommender directly to CLSC Admissions (see recommendation form)

_______ Personal statement form
   • Answer the questions on the form in writing, or
   • Make a statement in an audio- or video-recording (your original copy will not be returned)

_______ Documentation of disability (both of the following)
   • Most recent Individualized Education Program (IEP)
   • Psychological-Educational or Neuropsychological Evaluation (by a licensed professional)

_______ Supporting documents (OPTIONAL)
   • Resume
   • School transcript (e.g. high school, college)
Career and Life Studies Certificate Program
Application Form

I. GENERAL INFORMATION

Last Name ___________________________ First Name ___________________________ Middle Initial ______

Residence Address (Street Name and Number)
______________________________________________________________

Residence Address (City, State, Zip Code)
______________________________________________________________

Home Phone #: (_______)________________________

Your Cell Phone #: (_______)________________________

Email Address: ________________________________________________________

Date of Birth: ___________ / ___________ / ___________

Gender: _______ Male _______ Female

Ethnicity (optional): Please indicate how you identify yourself.
Yes / No Hispanic/Latino (including Spain)

Race (optional): Please indicate how you identify yourself. Check all that apply.
____American Indian or Alaska Native (including all Original Peoples of the Americas)
____Asian (including Indian subcontinent and Philippines)
____Black or African American (including African and Caribbean)
____Native Hawaiian or Other Pacific Islander (Original Peoples)
____White (including Middle Eastern)

Are you a U.S. Citizen? _______ Yes _______ No

Are you your own legal guardian? (Circle or underline/bold one) Yes No Not Sure

If No, please provide the name of your guardian: ________________________________

Relationship: ________________________________

Address (if different than above): ____________________________________________

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II. FAMILY INFORMATION

Parent/Guardian Name ____________  
__________________________________

Parent/Guardian Name ____________  
__________________________________

Address: _________________________  
__________________________________

Address: _________________________  
__________________________________

Home Phone #: (____) ____________  
__________________________________

Home Phone #: (____) ____________  
__________________________________

Cell Phone #: (____) ____________  
__________________________________

Cell Phone #: (____) ____________  
__________________________________

Email: ____________________________  
__________________________________

Email: ____________________________

III. APPLICANT EDUCATION HISTORY

Please list high school(s), colleges or vocational schools attended

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Education</th>
<th>Achievement (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>None</td>
<td>High School Certificate of Completion</td>
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<tr>
<td></td>
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<td></td>
<td>GED</td>
<td>High School Diploma</td>
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<td></td>
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<td></td>
<td>College Degree</td>
<td>College Degree</td>
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<td></td>
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<td></td>
<td>Career Certificate:</td>
<td>Career Certificate:</td>
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<td></td>
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<td>___________________</td>
</tr>
</tbody>
</table>

None
High School Certificate of Completion
GED
High School Diploma
College Degree
Career Certificate: ___________________

None
High School Certificate of Completion
GED
High School Diploma
College Degree
Career Certificate: ___________________

None
High School Certificate of Completion
GED
High School Diploma
College Degree
Career Certificate: ___________________

None
High School Certificate of Completion
GED
High School Diploma
College Degree
Career Certificate: ___________________
III.A. Which of the following best describes the curriculum and educational setting you experienced in your most recent year of high school?

**Choose one.**

- Fully included in general education curriculum in general education classes
- Half time in general education and half time in special education
- Not included in general education curriculum or classes/included only in special education classes (e.g., life skills program)
- Other: __________________________________________

III.B. What, if any, type of statewide test did you take while in high school?

**Choose one.**

- Standard assessment with or without accommodations (e.g., DSTP, DCAS)
- Alternate assessment (e.g., DAPA, Portfolio, ACCESS)
- Waived
- None
- Don’t know

III. C. Explain how your disability affects your academic work.

1. Overall level of independence with completing academic assignments:
   - ___ Work independently ___ Need some support ___ Need a lot of support

2. Give an example of an academic assignment that you usually complete independently.

3. Give an example of an academic assignment for which you need support.

4. What kinds of academic supports or academic accommodations are most helpful to you because of your disability?

5. Do you use any technologies for academic support that you haven't listed in #4?
IV. EMPLOYMENT/ VOLUNTEER/TRAINING EXPERIENCES
List and describe your job, volunteer and other work training/internship experiences.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Business or organization</th>
<th>Hours (How many hours each week? How many weeks each year?)</th>
<th>Type (circle or underline/bold one)</th>
<th>Unpaid or Paid (circle or underline/bold one)</th>
<th>Your position, responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hrs/Wk Wks/Yr Training/Intern Volunteer Employment</td>
<td>Unpaid Paid&lt; Min.Wage Paid=Min.Wage Paid&gt;Min.Wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hrs/Wk Wks/Yr Training/Intern Volunteer Employment</td>
<td>Unpaid Paid&lt; Min.Wage Paid=Min.Wage Paid&gt;Min.Wage</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hrs/Wk Wks/Yr Training/Intern Volunteer Employment</td>
<td>Unpaid Paid&lt; Min.Wage Paid=Min.Wage Paid&gt;Min.Wage</td>
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<td></td>
<td></td>
<td>Hrs/Wk Wks/Yr Training/Intern Volunteer Employment</td>
<td>Unpaid Paid&lt; Min.Wage Paid=Min.Wage Paid&gt;Min.Wage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain how your disability affects your performance in employment, training, volunteer, or other work-related activities.

1. Overall level of independence with employment and work-related activities:
   ___ Work independently ___ Need some support ___ Need a lot of support

2. Give an example of a work task that you usually complete independently.

3. Give an example of a work task for which you need support.

4. What kinds of work supports or work accommodations are most helpful to you because of your disability?

5. Do you use any technologies for work-related support that you haven’t listed in #4?
V. EXTRACURRICULAR ACTIVITIES
List current community and social activities in which you regularly take part.
(Examples include, but are not limited to, team sports or fitness classes, religious groups, and clubs)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Length of involvement (you may give date range)</th>
<th>Role (e.g., member, leader)</th>
<th>How often? (circle or underline/bold one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weekly</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

Daily
Weekly
Monthly
Occasionally

Explain how your disability affects your participation in community or social activities.

1. Overall level of independence with participating in community or social activities
   ___ Participate independently ___ Need some support ___ Need a lot of support

2. Give an example of a community or social activity that you usually participate in independently.

3. Give an example of a community or social activity for which you need support.

4. What kinds of supports or accommodations for community or social activities are most helpful to you because of your disability?

5. Do you use any technologies for support in community and social activities that you haven’t listed in #4?
### VI. OTHER SUPPORTS & SERVICES

We expect that all students entering this program require some level of support in order to be successful. Please tell us about the kind of supports you use, if any, in each of these areas.

VI. A. For each type of transportation listed below, indicate whether you use it **independently, with support, or do not use**. If you mark something as “use with support”, in the same box, write an example of the kind of support that allows you to use that type of transportation successfully.

<table>
<thead>
<tr>
<th></th>
<th>Use Independently</th>
<th>Use with support (give example)</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paratransit bus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public bus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive car</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do you usually get around the community?  

VI. B. For each type of technology listed below, indicate whether you use it **independently, with support, or do not use**. If you mark something as “use with support”, in the same box, write an example of the kind of support that allows you to use that type of technology successfully.

<table>
<thead>
<tr>
<th></th>
<th>Use Independently</th>
<th>Use with support (give example)</th>
<th>Do not use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellphone</td>
<td></td>
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<tr>
<td>E-mail</td>
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<tr>
<td>Microsoft Word or similar program)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Web browser (such as Internet Explorer or Mozilla Firefox)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VI.C. For each self-management activity listed below, indicate whether you do it independently, need some support, or need a lot of support.

- If you mark something as “Need some support” or “Need a lot of support”, in the same box, write an example of the kind of support that allows you to do the activity successfully.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Independently</th>
<th>Need some support (give example)</th>
<th>Need a lot of support (give example)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make and follow a daily schedule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and ask for help when needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cope with stressful situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage personal health/safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage personal grooming and hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interact with new people</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI.D. If you have learning goals related to transportation, technology, or self-management, write them below.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
VII. DISABILITY DOCUMENTATION

To be accepted into CLSC, you must show proof that you have an intellectual disability and that you were eligible for special education services under IDEA (e.g., had an Individualized Education Program [IEP]).

• First, circle or highlight the disability classification used for your most recent IEP.
• Second, write a checkmark next to other disabilities that you have.

  __ None of these disabilities
  __ Autism
  __ Deaf-blindness
  __ Deafness
  __ Developmental delay
  __ Emotional disturbance (e.g., ED; EBD)
  __ Hearing impairment
  __ Intellectual disability (e.g., EMD; TMD; MI; ID)
  __ Multiple disabilities
  __ Orthopedic impairment
  __ Other health impairment (e.g., OHI)
  __ Specific learning disability (e.g., LD; SLD)
  __ Speech or language impairment
  __ Traumatic brain injury
  __ Visual impairment, including blindness
  __ Other (please specify) ____________________________

Only answer this question if you NEVER had an IEP. Do you have any other documents (e.g., special education assessment report) that would show you were eligible to receive IDEA services?  ___ No  ___ Yes (please attach)

What documents can you provide to show that you have an intellectual disability?

<table>
<thead>
<tr>
<th>Documents</th>
<th>Is it attached to this application?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most recent Individualized Education Program (IEP)</td>
<td>Yes</td>
</tr>
<tr>
<td>IEP Date:_________________________</td>
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<td></td>
<td>No, but I can get a copy</td>
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<tr>
<td></td>
<td>No, I do not have this</td>
</tr>
<tr>
<td>Most recent Psychological-Educational or Neuropsychological Evaluation</td>
<td>Yes</td>
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<tr>
<td>by a licensed professional</td>
<td></td>
</tr>
<tr>
<td>Report Date:____________________</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No, but I can get a copy</td>
</tr>
<tr>
<td>Other: (Please Describe)</td>
<td>Yes</td>
</tr>
<tr>
<td>Date:__________________________</td>
<td>No, but I can get a copy</td>
</tr>
</tbody>
</table>
**VIII. STATE/FEDERAL SUPPORT**

Have you ever been eligible for or are you currently receiving services from any of the following state agencies? *(Check one response for each agency)*

<table>
<thead>
<tr>
<th></th>
<th>Eligible, but not receiving services</th>
<th>Eligible &amp; currently receiving services</th>
<th>Name of counselor/case manager, if known</th>
<th>Not eligible</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Rehabilitation (DVR)</td>
<td></td>
<td></td>
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<tr>
<td>Developmental Disabilities Services (DDDS)</td>
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<tr>
<td>Visually Impaired (DVI)</td>
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<tr>
<td>Aging &amp; Adults with Physical Disabilities (DSAAPD)</td>
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<tr>
<td>Other:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**We recommend that you consider discussing your application with your counselor or case manager to ensure that it is considered for your support plan with that agency.**

What types of benefits do you currently receive? Check all that apply.

- [ ] None
- [ ] SSI (Supplemental Security Income)
- [ ] SSDI (Social Security Disability Insurance)
- [ ] Unemployment Insurance
- [ ] TANF (Temporary Aid to Needy Families)
- [ ] Other (please specify:____________________)
- [ ] Don’t Know

What types of health insurance do you have? Check all that apply.

- [ ] None
- [ ] Medicaid
- [ ] Medicare
- [ ] Private health insurance
- [ ] Student health insurance
- [ ] Other (please specify:____________________)
- [ ] Don’t Know
DISCIPLINARY HISTORY

1. Have you ever had a disciplinary violation at a high school or college that resulted in your probation, suspension, removal, dismissal, or expulsion?
   ________ Yes*   ________ No

2. Have you ever been convicted of a crime?
   ________ Yes*   ________ No

* If you answered “yes” to either or both questions, on a separate sheet of paper give the approximate date of each incident, explain the circumstances, and reflect on what you learned from the experience.

VERIFICATION AND SIGNATURE

I have completed this application truthfully and to the best of my knowledge all information is accurate.

Signature of Applicant: __________________________________________ Date: __________

Signature of Legal Guardian (if applicable): __________________________ Date: __________

Name of person helping me complete this form (if applicable)

Explanation of how they helped (check all that apply):

___ Wrote what I said           ___ Read the application to me (continued on next page)
___ Paraphrased my words       ___ Added more to what I wrote
___ Other __________________________

________________________________________ Date: __________

Signature of person helping me complete this form

Contact Information:

Phone #: (_____) __________________________

Email: __________________________

Relationship to the applicant: __________________________

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