**RAM (Real Achievement Matters) Candidate Application Due on January 13th, 2020 at 4:00pm in room 222 Lawrence Center at West Chester University: Professional Studies Office**

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* General student information
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* Letters of recommendation
* Personal support inventory
* Student questionnaire and Essay

**West Chester University RAM (Real Achievement Matters) Initiative**

Inclusive Postsecondary Educational Opportunities Program

The RAM initiative (Real Achievement Matters) is a new program at West Chester University, bringing students with intellectual disabilities, ages 18-24, to campus in very small numbers, to participate in a two year inclusive postsecondary education experience. Individuals with intellectual disabilities are those that have limitations in intellectual and functioning and adaptive behaviors which include many social and practical skills, and have had an Intellectual Disability Category Designation on their IEP.

The RAM initiative is ‘inclusive’ in that the students will learn, live, and interact with all students, faculty, staff and administrators on our campus. Students will take classes on an Audit basis (but can choose to take it for academic credit if they so choose) and have a non-traditional application/admissions process. Students will be full time students, have full privileges of the university, and will be eligible for Pell Grants and Federal Financial Work Study programs (if they are financially eligible according to FASFA form completion and analysis). At this time, we are accepting 2-4 students for the Fall 2020 program.

Our RAM students would come to this university experience without a traditional academic high school diploma, nor standardized test scores. We focus on students ages 18-24, who have completed at least 4 years of high school. These students have received special education supports under IDEA, and have had an Individualized Education Program (IEP) during their school years. Their evaluation report MUST indicate that they have a designation of Intellectual Disability as an IDEA category.

West Chester University RAM Initiative Application for Admission

The application timeline is listed below for program admittance for the Fall 2020 Program . Once the completed application has been submitted you may be contacted for a mandatory student/family interview.

NOTE: Applications will not be considered unless ALL requested information is complete on the date the application is due.

The application must be typed and mailed to: RAM Initiative Committee, Lawrence Center Rm. 222, West Chester University, West Chester, PA. 19383

In Addition, Letters of recommendation must sent to this same address by the letter writer using official letterhead.

**Student Application Packet Checklist**

1. \_\_\_\_\_ Student Information Form (filled out by student with support of family)
2. \_\_\_\_\_ Family Information Form (to be completed by the parent/guardian)
3. Release of Information Form
4. \_\_\_\_\_ Personal Support Inventory Form (filled out by family and applicant)
5. \_\_\_\_\_ Student Interest questionnaire (to be completed by the applicant only)
6. \_\_\_\_\_ Student Typed 500 word Essay/Statement of Intent: “Why College Will Help Fulfill

my Goals and Why I will be successful in College”

1. \_\_\_\_\_\_ FERPA Form

1. \_\_\_\_\_ 3 letters of recommendation from persons who have known the applicant for one year or longer. The recommendations should represent two of the following
   1. Education (a current or former teacher)
   2. Vocational/employment (a current or former employer including volunteer supervisor)
   3. Community involvement (a coach, director, mentor, etc.)
2. \_\_\_\_\_ Official High School transcript and most recent IEP, Re-evaluation, and Final Summary of Performance (and any post secondary program record(s).

I certify that I have answered all applicable questions, that all information is true to the best of my knowledge

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**Due on January 13th, 2020 at 4pm**

**Application Process**

**Step 1**

\_\_\_\_\_ Download a student application <https://www.wcupa.edu/ramInitiative/>

**Step 2**

\_\_\_\_\_Fill out the application and mail it AS ONE DOCUMENT to: RAM Initiative Committee, Lawrence Center Rm. 222, West Chester University, West Chester, PA. 19383

**Due on January 13th, 2020 4pm**

Completed Student Application Packet Forms including:

1. \_\_\_\_\_ Student Information Form (filled out by student with support of family) application

2. \_\_\_\_\_ General Student Information Form

2. \_\_\_\_\_ General Family Information Form (to be completed by the parent/guardian)

3. Release of Information Form

4. \_\_\_\_\_ Personal Support Inventory Information Form (filled out by family and applicant)

5. \_\_\_\_\_ Student Interest questionnaire (to be completed by the applicant only)

6. \_\_\_\_\_ Student Typed 500 word Essay/Statement of Intent: “Why College Will Help Fulfill

my Goals and Why I will be successful in College”

7. FERPA form

8.

\_\_\_\_\_ 3 letters of recommendation from persons who have known the applicant for one year or longer. The recommendations should represent two of the following

year or longer. The recommendations should represent two of the following:

a. Education (a current or former teacher)

b. Vocational/employment (a current or former employer including volunteer supervisor)

c. Community involvement (a coach, director, mentor, etc.)

9. \_\_\_\_\_ Official High School transcript and most recent IEP, Re-evaluation, and Final Summary of Performance (and any post secondary program record(s).

**Due on January 13th, 2020 at 4pm**

\_\_\_\_\_ Three letters of recommendations sent to RAM Initiative Committee, Lawrence Center Rm. 222, West Chester University, West Chester, PA. 19383

by the Writer.

**Due on January 13th, 2020 at 4pm**

**Step 3**

\_\_\_\_\_ Wait for email or letter to acknowledge receipt of application.

\_\_\_\_\_ Wait for decision of committee for campus interview or rejection of application

**Step 4**

\_\_\_\_\_ Campus interview if invited

**Step 5**

\_\_\_\_\_\_ Based on the match between application, letters of recommendation, and interview, with

the mission of the program and potential for success, 2-4 candidates will receive an

invitation letter WCU to begin the Fall 2020 Program.

**Application Selection Process**

An application screening committee will review applications and select students for interview and/or admission. Please do not call about the status of your application, as we will not be able to provide this information over the phone (we do not have a dedicated phone). You will receive an email, phone call, or letter letting you know of your status.

The decision to offer or deny an interview and/or admission to the program will be made by the screening committee in their best judgment and in the best interest of the applicant and program. Admission will be based on the following criteria:

* Applicant must be between the ages of 18-24 at the start of the program.
* The applicant must have a designation of the IDEA category ‘Intellectual Disability’ that adversely affects their academic performance as designated by an Individualized Education Program (IEP) in their high school years.
* The applicant must have sufficient emotional stability and independent living skills to participate with minimal support in all aspects of the WCU RAM coursework and campus environment. The applicant must have functional literacy skills and basic computer literacy in order to comprehend basic safety signage, complete assignments, and navigate the campus independently.
* The applicant should be able to appropriately participate in 75 minute classes and to function independently in social situations such as being alone in the student union building, in a dorm room, cafeteria, etc.
* The applicant must demonstrate the ability to accept and follow campus rules and behave civilly and respectfully towards others. *Note:* WCU RAM Initiative does not have the personnel to supervise students with difficult and challenging behaviors or to dispense medications. RAM students will not be ‘supervised’ at all times, rather, they will be provided with support in academics and extracurricular activities.
* The applicant must demonstrate the desire to attend WCU RAM and adhere to the WCU RAM policies regarding attendance and participation in typical West Chester University courses and community.
* The applicant must have the potential to successfully achieve his/her goals and the course requirements set out for an Audit designation.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed, in completing some sections of the application. You may attach additional pages of information if needed, especially a resume. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

FERPA Statement for RAM Initiative Application

This application, all supporting documentation, and the courses taken and grades received through this program will become your educational record at West Chester University. Accordingly, your record is bound by the Family Educational Rights and Privacy Act (FERPA). Information pertaining to your educational record, including but not limited to: grades, transcripts, class lists, course schedules, student financial information, student identification card photo, and student discipline files will only be released to you. For more information about FERPA, please visit our website: [www.wcupa.edu/ferpa](http://www.wcupa.edu/ferpa).

Potential Student Please sign here that you have read the FERPA statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information Form**

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

Any Previous Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Expression/Identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student receives support or services from: (please check all 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)

**Education History**

Schools Attended Name/City/State Years attended Reason for leaving

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

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Did you receive a high school diploma or equivalent (Circle one) Yes No

From (school and address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony offence Yes No

If yes, Please state the felony office, the date of conviction and provide relevant information concerning the felony conviction:

Have you previously applied to West Chester University Yes No

Have you taken or are you currently taking courses at West Chester University Yes No

If you have taken classes, please indicate your dates of attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been dismissed or suspended from an institution of higher education for disciplinary reasons? Yes No

If yes, please state the institution name, reason, date and relevant information:

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

In a few words, how do you think you learn best? (example: small group, extra time)

In the following areas, describe what skills you would like to learn:

* Academics:
* Independent living:
* Social/recreational/leisure:
* Employment:

**Employment History**

Please complete the following.

*Note: prior work experience is not a requirement for admission into this program*

Name of Business/Employer Paid or unpaid? Job Responsibilities Dates at Job

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

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Are you currently participating in a work experience, paid or unpaid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently participating as a volunteer? Yes No

If yes, please list details.

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

**Housing (Not provided at this time, but please answer)**

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

I certify that I have answered all applicable questions, that all information is true to the best of my knowledge, and any deliberate falsification or omission of application data will result in denial of admission or dismissal. I understand that if all required information to complete my file is not received, the University reserves the right to withdraw my application.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Student lives with:

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

**Parent(s)/Guardian(s) Primary:**

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

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation/Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Guardian (fill out this separate section if separate households) :**

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

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation/Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Siblings:**

Name Age

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

**Emergency Contact Information:** *in the event of an emergency, please contact….*

Name Phone

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

**West Chester University RAM Initiative**

**Postsecondary Program**

Release and Exchange of Information Form

West Chester University treats and 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 the West Chester University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as documented below, and with the understanding that only information necessary for the purposes of safety, accommodations and academic progress will be communicated.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_ School District(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ School Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list schools)

\_\_\_\_\_\_ Department of Vocational Rehabilitation Office

\_\_\_\_\_\_ Admissions Office

\_\_\_\_\_\_ Course Instructors

\_\_\_\_\_\_ Financial Aid Office

\_\_\_\_\_\_ Parents/Guardians

\_\_\_\_\_\_ Registrar’s Office

\_\_\_\_\_\_ Tutor/Mentor

\_\_\_\_\_\_ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for electronic distribution of my application among RAM Initiative committee

members

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendations**

\_\_\_\_\_\_ I agree, as part of the application process, to waive my right to access the recommendations submitted.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

If you are the Adult Guardian (have Legal Guardianship) please also sign here:

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL SUPPORT INVENTORY**

**(Thanks to the Clemson University LIFE Program)**

To be filled out by:

***Applicant/Parent/Family/Guardian/Support person***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | 1 (Requires complete assistance) | 2 (Needs moderate assistance) | 3 (Needs some assistance) | 4 (Needs minimal assistance) | 5 (Completely Independent) |
| Negotiating/Finding way around campus environment |  |  |  |  |  |
| Ordering and purchasing from a restaurant/cafeteria/store |  |  |  |  |  |
| Handling personal affairs: laundry, light, cooking, cleaning, managing personal belongings |  |  |  |  |  |
| Interpersonal skills: ability to build and maintain friendships |  |  |  |  |  |
| Asks for help, clarification, or questions |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |
| Emotional: copes with stress |  |  |  |  |  |
| Adjusts to new situations |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Skills and Communication** | 1 (Requires complete assistance) | 2 (Needs moderate assistance) | 3 (Needs some assistance) | 4 (Needs minimal assistance) | 5 (Completely independent) |
| Communicating needs in an appropriate manner |  |  |  |  |  |
| Engaging in appropriate social interaction |  |  |  |  |  |
| Using cell phone, texting, email |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Academic Skills** | 1 (Requires complete assistance) | 2 (Needs moderate assistance) | 3 (Needs some assistance) | 4 (Needs minimal assistance) | 5 (Completely Independently) |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget |  |  |  |  |  |
| Math skills:  Approximate grade levels:  \_\_\_\_\_\_\_ addition  \_\_\_\_\_\_\_ subtraction  \_\_\_\_\_\_\_ multiplication  \_\_\_\_\_\_\_ division |  |  |  |  |  |
| Reading and writing skills:  Approximate Grade levels:  \_\_\_\_\_\_ Reading  \_\_\_\_\_\_ Writing  \_\_\_\_\_\_ Listening comprehension |  |  |  |  |  |
| Computer Skills: word processing, internet |  |  |  |  |  |
| Motivation to learn and persist on new tasks |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc. |  |  |  |  |  |
| Ability to follow verbal directions |  |  |  |  |  |
| Ability to follow written directions |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |

Has the applicant utilized assistive technology? Yes No

If yes, what type of technology?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

**Student Interest Questionnaire**

This section to be completed by the applicant only. This questionnaire is used for assessment of each student’s writing skills, critical thinking skills and creativity.

**1. Why do you want to attend the West Chester University RAM Program?**

**2. What kind of job would you like upon graduation?**

**3. What do you do in your free time?**

**4. What do you want to study in college?**

**5. What is your favorite hobby or sport?**

**Discuss two goals you have upon completion of the RAM Program**

**1.**

**2.**

**Student Essay**

**Please use this space to provide us with a 400-500 word essay to answer this:**

“How will college help me reach my academic and personal goals AND Why am I a good candidate for the RAM initiative?”