West Chester University RAM Initiative Application for Admission

to the 2024-2025 Academic Year

The below application must be submitted **via standard mail** (not email) as one document packet to:

RAM Initiative Committee

35 W. Rosedale Avenue

304 Recitation Hall

West Chester, PA 19383

**Due Date: November 28, 2023**

 **\*Note: Applications will not be considered unless ALL requested information is complete and postmarked by the due date listed above.**

 **\*\*Note: To ensure consideration of your application packet and account for any mail delays, please email** **RamInitiative@wcupa.edu** **after mailing your application.**

Application Completion: 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 (e.g., resume, other information). All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

**Application Selection Process**

An application screening committee will review applications and select students for interview via Zoom or in person. More than one interview may be requested and could be held via Zoom or in person.

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 self-regulation skills, self-advocacy skills, 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, manage technology, and navigate the campus independently.
* The applicant should be able to appropriately participate in 60-90 minute classes and to function independently in social situations such as being alone in the student union building, library, and waiting outside a class building.
* 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. Students who are enrolled in the RAM program 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 or Credit designation.

After the screening and interview process, a student will be either (a) offered a spot in the RAM Initiative program, (b) put on a waitlist, or (c) not accepted into the program. If a student is waitlisted and not offered a spot or is not accepted into the program, the student can still apply again in the future.

**Application 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 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. \_\_\_\_\_ Independent Living Assessment: If interested in living off campus with residential peer mentor support (we do not have on-campus housing options) [section to be completed by parent/guardian]

8. \_\_\_\_\_ Sign FERPA statement (student)

9. \_\_\_\_\_ Sign Application Confirmation (student)

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

**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: (if comfortable, 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

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

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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 needs.

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**

What are your housing interests? Living at home? Living off-campus?

**Family Information Form**

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

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

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Recommendation Letters (if submitted)**

\_\_\_\_\_\_ 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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.

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

**6. 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?”

**Independent Living Assessment**

*Please identify the level of support that your child needs in each of the following areas by marking the appropriate column with an ‘x’. There is also a place at the bottom for any additional comments.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Can Complete with High Levels of Support/Reminders** | **Can Complete with Some Support/Reminders** | **Can Complete Independently**  |
|  |  |  |  |
| **Food Management** |  |  |  |
| 1. Can order food in a cafeteria or restaurant setting |  |  |  |
| 2. Can make his/her own breakfast |  |  |  |
| 3. Can make his/her own lunch |  |  |  |
| 4. Can make his/her own dinner |  |  |  |
| 5. Knows how to use an oven safely to make food |  |  |  |
| 6. Knows how to use a microwave safely to make food |  |  |  |
| 7. Knows how to use a stove top to safely make food |  |  |  |
| 8. Knows how to use a toaster or toaster oven to safely make food |  |  |  |
| 9. Can follow directions on a package of food |  |  |  |
| 10. Can go grocery shopping and find items on list |  |  |  |
| 11. Knows where to store food properly (cabinet/fridge/freezer)  |  |  |  |
| 12. Understands expiration dates on food |  |  |  |
| 13. Understands how to tell if food is spoiled |  |  |  |
| **Personal Hygiene & Appearance** |  |  |  |
| 1. Can dress oneself independently |  |  |  |
| 2. Can check what the weather will be for the day |  |  |  |
| 3. Can dress appropriately for the weather |  |  |  |
| 4. Can bathe oneself regularly and knows the importance of bathing regularly |  |  |  |
| 5. Knows what hygiene items you use for various tasks (e.g., keep teeth clean, wash hair, clean hands/face/body, reduce body odor, menstrual care [if applicable]) |  |  |  |
| 6. Brushes teeth regularly and understands the importance of brushing teeth regularly |  |  |  |
| **Health** |  |  |  |
| 1. Knows how to describe symptoms when feeling sick |  |  |  |
| 2. Knows how much medication to take (a. prescribed or b. over the counter) based on dosage recommendation |  |  |  |
| 3. Knows what various medications can be used for |  |  |  |
| 4. Knows what to do for a minor cut or burn |  |  |  |
| 5. Knows that drugs, alcohol, and tobacco can be harmful |  |  |  |
| 6. Knows how pregnancy occurs |  |  |  |
| 7. Knows options for safe sex |  |  |  |
| 8. Knows how to prevent pregnancy |  |  |  |
| 9. Knows what an STD is and how a person could possibly get an STD |  |  |  |
| 10. Knows what temperature would be considered a fever |  |  |  |
| 11. Can nurse self through a cold |  |  |  |
| **Housekeeping** |  |  |  |
| 1. Can wash dishes |  |  |  |
| 2. Knows how to dispose of garbage |  |  |  |
| 3. Can use a vacuum cleaner |  |  |  |
| 4. Knows how to do minor cleaning (a. sweeping, b. mopping, c. cleaning counters/a table, d. clean toilet, e. clean shower) |  |  |  |
| 5. Can identify what cleaning products are used for |  |  |  |
| **Emergency and Safety Skills** |  |  |  |
| 1. Knows functions of police, ambulance, and fire department |  |  |  |
| 2. Knows who to call in an emergency |  |  |  |
| 3. Knows what situations would be considered an emergency |  |  |  |
| 4. Remaining safe on campus day or night a. Someone at door of apartment b. Crossing the street c. Not walking alone at night |  |  |  |
| 5. Understands the potential risks other individuals may pose  |  |  |  |
| **General Skills**  |  |  |  |
| 1. Knows how to use a debit card or cash to make a purchase. |  |  |  |
| 2. Understands the concept of a debit card |  |  |  |
| 3. Knows how much money needs to be given for a purchase |  |  |  |
| 4. Knows how to set an alarm on their cellphone  |  |  |  |
| 5. Is able to determine what time they need to wake up when they have a scheduled activity. |  |  |  |
| 6. Is able to make decisions about what to do when they have free time. |  |  |  |
| 7. Is able to problem solve various situations |  |  |  |
| 8. Knows how to plan for due dates for upcoming assignments |  |  |  |
| 9. Can plan when to work on assignments/study/eat around class times  |  |  |  |
|  |  |  |
|  | **YES** | **NO** |
| Is your child an emancipated adult? (mark which applies) |  |  |

Any Additional Comments/Information:

**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:

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

**Application Confirmation**

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

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_