

D.R.I.V.E. Program Student Application

This application should be completed by the referring teacher/school personell or the Agency Medicaid Service Coordinator or staff, the student, and his or her family. All questions must be answered completely for the application to be accepted. Any student who is under the age of 21 must have the approval of the CSE committee in their home school district in order to apply. No application will be accepted without the signature of the CSE chair. Once completed, please return this application along with current IEP/ISP, physical, medication list, immunization list, and psychological evaluation.

Return To: Laurie Mault, Manager of DRIVE
lmault@arcofyates.org

Return By.

Personal Information

(to be compiled by the student and family)

Name: _____ Date _____

DOB: _____ Social Security _____

Address: _____

E-Mail Address: _____

Name of Parent(s)
or Guardian(s): _____

Home Phone: _____

Mother's Work Phone: _____

Mother's E-Mail Address: _____

Father's Work Phone _____

Father's E-Mail Address: _____

Home School:
CSE Chair Person: _____

Home School Phone/Extension: _____

Signature: _____

Date: _____

Referring Party: _____

Is Receiving Services From:

- | | |
|--|---|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Social Security Disability Insurance |
| <input type="checkbox"/> Developmental Disabilities Administration | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Medical Assistance | |

School Information

(to be completed by referring party)

List the names of schools and years of attendance.

Names of Schools

Years of Attendance

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Anticipated Exit Date: _____

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(This portion of the application should be completed with the student.)

Why do you want to receive services in a college setting?

What do you want to learn that you have not been able to learn in high school?

What kinds of jobs are you interested in after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or who is your favorite singer?

Do you spend time with friends outside of school? Yes No

If yes, what do you like to do with your friends?

Below, please describe some of the skills you would like to learn.

Continuing education (e.g., GED, college classes, functional academics)

Living arrangements (e.g., cooking, housekeeping)

Getting around the Community (e.g., travel training, pedestrian skills, driver's training)

Socialization and Networking (e.g., making friends, going places)

Vocational Training and Employment (e.g., applications, job experiences, interview skills)

Financial Independence (e.g., banking, budgeting)

Leisure and Recreation (e.g., community volunteer work, organization membership)

Sexuality and Self Esteem (e.g., dating, intrapersonal exploration)

Personal Health and Medical Care (e.g., self-med administration, exercise, nutrition)

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(to be completed by transition or work coordinator)

Has the student demonstrated success in at least four semesters of supported or independent work experience (unpaid job tryouts) in the community or the school?

Yes No

If yes, please list work experiences and level of support required. (Does the student require one-to-one supervision or periodic support to perform the job, or does she or he work independently?)

| Job Description | Dates of Experience | Level of Support | Reason for Leaving |
|-----------------|---------------------|------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If no, why has the student not participated in four semesters of work experience?

Has the student held a paid job in the community? Yes No

If yes, please list the jobs held, the dates of employment, the level of support, wages received, and the student's reason for leaving.

| Job Description | Dates of Employment | Level of Support | Wages Per Hour | Reason for Leaving |
|-----------------|---------------------|------------------|----------------|--------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Is the student currently employed in his or her neighborhood? Yes No

Does the student require specialized equipment, adaptations or modifications, or specific reinforcers at the workplace? If so, please describe:

If the student has not been engaged in a paid employment position, why not?

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(to be completed by referring teacher or team member)

Has the student participated in general education classes in his or her home school this year?

Yes No

If yes, please list the subjects and teachers:

| Subject(s) | Teacher(s) |
|------------|------------|
| | |
| | |
| | |
| | |

What accommodations were used to support the student in these classes?

Identify learning strategies used to facilitate a positive experience.

Consent to Release:

I heareby give permission for the exchange of information within this form between the DRIVE Program Keuka College.

Signature of Student/Personal Representative

Relationship

Date Signed

Print name of Student/Personal Representative