IDEAL Program
GSU’s Inclusive Digital Expression and Literacy Program
Georgia State University

Student Application Packet

Fall 2019

APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL

Applications will be accepted until March 11th, 2019.
Early submission of applications is encouraged.

All applications will be reviewed
Application for Admission

Applications will be accepted as of March 11th for program admission for the following Fall 2019 semester.

NOTE: Applications will not be considered unless ALL requested information is present at the time of review.

The applications can be typed or printed neatly. Be sure to include all additional required documents (for example #6-10 below). Letters of Recommendation must be included in a sealed envelope with signature across the seal. **NOTE: Documents will not be returned. Please keep the original or a copy of any documents submitted with the application.**

APPLICATION CHECKLIST

1. _____ Student Application
2. _____ Student Questionnaire to be completed by the applicant
3. _____ Parent/Guardian Information to be completed by parent/guardian
4. _____ Emergency Contact /Medical Information Form
5. _____ Release/Exchange of Information Form
6. _____ Official High School Transcript including last IEP and any post-secondary program record(s) including Summary of Performance
7. _____ Educational Evaluations conducted within the past three years if available.
8. _____ Most recent Psychological/Behavioral Evaluation
9. _____ Results of a current Physical Examination
10. _____ Graff Parent Readiness Scale
11. _____ 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:
   (1) Education
   (2) Vocational/employment
   (3) Personal

****Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes as directed on the form.

Applicant’s Signature __________________________________________ Date___________

Parent/Guardian Signature ________________________________ Date ___________
Application for Admissions Procedure

This is a program of study for unique learners who are highly motivated young adults who have a developmental or intellectual disability. “Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills” (**AAIDD)

All applicants less than 22 years of age are encouraged to consider opportunities available in your current school system under Free Appropriate Public Education (FAPE) before committing to this fee based program.

In order to be sure that GSU’s Inclusive Digital Expression and Literacy Program is the best match for our applicants, we require an application packet be completed for each student. As IDEAL is focused on developing digital literacy and expression in the arts. It is important that prospective students are ready to focus on the arts and expression and speak to this program focus in their application. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Be a graduate of an accredited secondary education program
- Received special education services under IDEA
- Read at the 3rd grade level or above (preferred)
- Knowledge of basic mathematics and ability to use a calculator
- Ability to search the internet, email and use word processing programs
- Ability to function independently for a sustained period of time
- Have no significant behavioral or emotional problems that would impact school performance
- Ability to be successful in competitive integrated employment situations
- Desire and motivation to complete a postsecondary program
- Be on an active Vocational Rehabilitation caseload (strongly recommended)
- Have a willingness to complete all assignments with support
- Ability to understand instructions and follow rules
- Be able to provide the most recent Individualized Education Plan (IEP) and/or psychological evaluation
- Have a specific focus and interest in studying the arts and digital filmmaking at GSU. IDEAL strives to define art broadly and accepted students are encouraged to take most of their coursework in the College of the Arts, which includes: the School of Film, Media & Theater; School of Music, and School of Art & Design

Letters of recommendation from current or former teachers also are extremely important because these describe current levels of performance across many areas.

Applicants will have typically received extensive special education services in their secondary schools, graduating with a special education diploma, certificate of attendance or alternative diploma and would be denied access to a traditional college degree program.
This is a certificate program (not an accredited college degree program) and exiting students will receive a certificate of completion in Digital Expression and Literacy along with a personal portfolio, **NOT** a degree from Georgia State University.

**Note:** Not all applicants who complete the application will be accepted into the Inclusive Digital Expression and Literacy Program. A decision for the appropriateness of each applicant’s participation will be based upon the review of information in the application and recommendations.

Please email IDEAL Admissions at IDEAL@gsu.edu or call 404-413-1281 if you have other questions.

Mail all admissions materials to:
IDEAL Program  
Center for Healthy Development  
School of Public Health  
Georgia State University  
Center for Leadership in Disability  
P.O. Box 3961  
Atlanta, GA 30302-3961

**American Association of Intellectual and Developmental Disabilities**
Application Process

STEP 1
_____ Print copy of the Student Application from the website

STEP 2
_____ Complete and submit the Student Application Packet
_____ Submit High School Transcripts
_____ Submit most recent IEP and/or Psychological Evaluation Report
_____ Submit Letters of Recommendations (3 total; see checklist and evaluation forms for details)
_____ Submit Identification Document (list above in step 12 or page 15)
_____ Optional: Submit an portfolio that demonstrates ones artistic ability and background

Application Selection Process
An Application Screening Committee will review applications and select eligible students for admission who may be asked to interview upon document review. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email, phone call, or letter informing you of your acceptance.

*Note: A limited number of applicants will be admitted each year.*

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

- must have a significant cognitive and/or developmental disability that interferes with their academic performance.
- must have sufficient independence, self-determination, and social skills to participate in all aspects of the GSU Inclusive Digital Expression and Literacy Program, including coursework and campus environment.
- should be able to sit through 90-minute courses and function independently for 3 hour blocks of time.
- must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: The IDEAL Program does not have the personnel to supervise students with difficult and challenging behaviors or to dispense medications.
- must demonstrate the desire to attend the Georgia State University IDEAL Program and adhere to the Georgia State University policies regarding attendance, participation in the coursework, and code of conduct.
- must have the ability to be successful in competitive integrated employment situations.

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 (Pages 4-16). You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.
STUDENT APPLICANT INFORMATION

Last Name ______________________ First Name___________________  MI________

Home Phone ______________________Cell Phone _____________________________

Address __________________________________________________________________

City _____________________________State_______  Zip Code ________________

Birth date _________________ Age __________

Male/Female/Other _____________ Email address ______________________________

Are you a US citizen?  □ Yes  □ No

If not a US citizen, do you hold permanent resident status?  □ Yes  □ No

If not a U.S. citizen, what is your country of citizenship? _______________________

What is your native language? _____________________

Under what documented category(ies) did you or would you have been eligible to receive special education services in high school? (Check all that apply)

□ Autism Spectrum Disorder
□ Deaf-blindness
□ Deafness
□ Emotional Disturbance
□ Hearing Impairment
□ Intellectual disability
□ Multiple Disabilities
□ Orthopedic Impairment
□ Other Health Impairment
□ Specific Learning Disabilities
□ Speech or Language Impairment
□ Traumatic Brain Injury
□ Visual Impairment (including Blindness)
□ None of these disabilities
□ Other (describe below)
What types of benefits do you receive? (Check all that apply)

- None
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)
- Unemployment Insurance
- Division of Developmental Disabilities
- Medical Assistance
- Division of Vocational Rehabilitation
- Special Education Services (IDEA funding)
- Other (Please specify: ____________________________________________)

Which of the following best describes the curriculum and educational setting which you experienced in high school?

- Fully included in general education curriculum in general education classes
- Partially included in general education curriculum with majority of classes in general education
- Half time in general education and half time in special education
- Partially included in general education curriculum with majority of classes in special education
- Not included in general education curriculum or classes/only in special education classes (e.g., life skills)
- Other, specify: ________________________________________________

Are you currently on an active Vocational Rehabilitation caseload?  ☐ Yes  ☐ No

If yes, what is the name of your VR counselor? ________________________________

Contact information: __________________ Location: ___________________________

What services have been provided to date? ________________________________
FAMILY INFORMATION
Student lives with:

______ Both parents _______ Mother _______ Father ______ Guardian(s) _______ Other

Parent/Guardian 1:
Please complete information for the parent or guardian you permanently live with.
Last Name __________________________First Name______________________ MI ______

Home Phone ________________________ Cell Phone _____________________________

Address ______________________________________________________________________

City ____________________________ State______ Zip Code ______________________

Occupation/Employer ______________________ Work Phone ______________________

Email address_______________________________

Parent/Guardian 2:

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 CASE OF AN EMERGENCY, PLEASE CONTACT...

______________________________________________________________________________

(Name) ________________________ at ________________________
(phone)
EDUCATION HISTORY

Please list your high school(s) and any postsecondary educational institutions attended. If applicable, also include any other educational experiences (summer programs, enrichment programs, etc.) and dates of attendance.

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<thead>
<tr>
<th>High school(s) and post-secondary educational institutions attended (Name, City, State)</th>
<th>Date Start</th>
<th>End Date</th>
<th>Graduated from this school?</th>
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Did you complete high school? ☐ Yes ☐ No

From (school and address)_____________________________________________Date_____

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

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________

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

If yes, list subjects____________________________________________________________

Were any accommodations provided? ☐ Yes ☐ No

If yes, what kind?______________________________________________________________
In the following areas, describe what skills you would like to learn:

Independent living: __________________________________________________________

Liberal Studies: __________________________________________________________

Social/recreational/leisure: ________________________________________________

Employment: __________________________________________________________

Film/Video/Animation: __________________________________________________

Theatre/Acting/Performance directing/ Set Design: __________________________


Drawing & Painting: _______________________________________________________ 

Sculpture: _______________________________________________________________

Web & Graphic Design: ____________________________________________________

Photography: _____________________________________________________________

Creative Writing: _________________________________________________________

Other Forms of Art Making: _______________________________________________

Which of the following College of the Arts Programs interested you the most in terms of classes (please circle one or more of the belong school options):

School of Film, Media & Theater

School of Music

School of Art & Design

Other
EMPLOYMENT HISTORY

Please complete the following. Note: prior work experience is not a requirement for admission into this program

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<th>Name of Business/Employer</th>
<th>Paid or Unpaid</th>
<th>Job Responsibilities</th>
<th>Reason for Leaving</th>
<th>Dates at this Job</th>
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Are you currently participating in any volunteer organizations? ☐ Yes ☐ No

If yes, please list details: ____________________________________________________________

____________________________________________________________________________

What career field are you interested in? What kind of setting would you like to work in/enjoy?

____________________________________________________________________________

____________________________________________________________________________

TRANSPORTATION

Have you used public transportation? ☐ Yes ☐ No

____________________________________________________________________________

Will your planned transportation allow for participation in recreational, social and leisure opportunities to occur after 3 pm and on weekends? ☐ Yes ☐ No

____________________________________________________________________________

Are there any limitations, support needs or related issues to transportation? ☐ Yes ☐ No (Please List)

____________________________________________________________________________

Note: Georgia State University is unable to provide transportation to and from the campus.
MEDICAL HISTORY

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

____________________________________________________________________________
____________________________________________________________________________

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

____________________________________________________________________________
____________________________________________________________________________

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Georgia State University and the IDEAL Program do not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatric, speech therapy, behavioral therapy? ☐ Yes ☐ No

If yes, please indicate which services:

____________________________________________________________________________
____________________________________________________________________________

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 IDEAL Program. This is not included in any of the program or college services.

Below, please provide any other medical information that you feel would be important regarding your participation in this program.

____________________________________________________________________________

____________________________________________________________________________
Georgia State University Discipline questions:

1. Are you ineligible (NOT eligible) to enroll at any previously attended institution? (If yes, you must list corresponding dates and provide a concise statement of the circumstances surrounding your ineligibility.)

   Yes  No

2. Are you currently on or have you even been placed on academic probation, suspension, exclusion or any other type of academic warning at any previously attended institution? (If yes, you must list corresponding dates and provide a concise description of the circumstances.)

   Yes  No

3. Are you currently charged with, or have been found guilty of, any violation of academic honesty, honor code, or conduct regulations of a previously attended institution? (If yes, you must list each separate charge pending against you or with which you have been found responsible. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)

   Yes  No

4. Have you left a previous institution while there were pending charges of any violation of academic honesty, honor code, or conduct regulation? (If yes, you must list each separate charge pending against you. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)

   Yes  No

5. Have you been found guilty of any violation of a federal, state, or municipal law, regulation or ordinance (other than for minor traffic violations, or convictions subsequently discharged, expunged, or otherwise ordered by the court to be removed from the applicant’s criminal record, including offenses for which any type of first offender status was offered but subsequently revoked for failure to successfully complete program requirements)? (If yes, you must list each separate charge for which you were convicted. For each charge, you must list the corresponding dates and provide a concise description of the circumstances. For example, if you have been charged with D.U.I., underage drinking, and possession, you must list all three individual charges even though they stem from the same incident.)

   Yes  No
6. Have you ever entered a plea of guilty, no contest, nolo contendere, an Alford plea, or otherwise accepted responsibility for the commission of a crime? (If yes, you must list each separate charge for which you have entered such a plea or admission of responsibility. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)

   Yes          No

7. Have you received any type of discharge from military service other than an honorable discharge? (If yes, you must list all individual charges for which you were found responsible. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)

   Yes          No

8. Are you currently charged with, or have been found guilty of, any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status have been granted? (If yes, you must list each separate charge pending against you or for which you have been convicted. Dead-docketed charges constitute pending charges and must be disclosed. For each charge, you must list the corresponding dates and provide a concise description of the circumstances. For example, if you have been charged with D.U.I., underage drinking, and possession, you must list all three individual charges even though they stem from the same incident.)

   Yes          No
Georgia State University Tuition Classification Questions

Have you established and maintained legal residency and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll?

Yes
No

If you are under the age of 24, has a parent(s) or U.S. court-appointed legal guardian established and maintained legal residency and domicile in Georgia for at least 12 consecutive months?

Yes
No

Do you consider yourself to be a resident of Georgia for Tuition and Fee payment purposes?

Yes
No

Are you applying for instate tuition?

Yes
No

What is your Georgia county of residence?

Have you ever lived outside the state of Georgia?

Yes
No

If you lived in another country or any US state or territory other than the state of Georgia how many years have you continuously resided in the state of Georgia

Years:
Months:
Date from: to:

If you have lived outside of the state of Georgia, what was your primary reason for moving to the state of Georgia?

Should you wish to elaborate on why you moved to Georgia, please use the space below.

Have you attended a Georgia high school for at least one year? Have you graduated, or will you graduate from a Georgia high school?
Do you have a driver’s license or state-issued ID?

Yes                     No

If yes, in which U.S. state/territory was it issued?

Do you own a motor vehicle?

Yes                     No

If yes, in which U.S. state/territory is it registered?

Did you file a state income tax return in the past year?

Yes                     No

If yes, in which U.S. state/territory did you file?

Did your parent, court appointed legal guardian, or spouse claim you on their federal income taxes in the last year?

Yes                     No

Did your parent, court appointed legal guardian, or spouse claim you on their state income taxes in the last year?

Yes                     No

If yes, in which U.S. state/territory did he/she file?

First name:             Last name:
Relationship:
In order to complete this section: **Georgia State University requires a copy of one of the following:**

**Submission of one of the following documents:**
- Current Georgia Driver’s License issued by the State of Georgia after January 1, 2008*
- Current Georgia ID Card issued by the State of Georgia after January 1, 2008*
- Current U.S. Passport *
- Certified U.S. Birth certificate (must be submitted in person)
- Permanent Resident Card (front and back copy)*
- U.S. Certificate of Naturalization *
- U.S. Certificate of Citizenship *
- U.S. Certificate of Birth Abroad*
- Military ID (must be verified in person)
*Copies of these documents are acceptable.*
Georgia State University Military Questions:

Are you currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces?

Yes  No

If "Active Duty" to above, then, which branch?

What is your record of home state?

Please list

Are you stationed or assigned to Georgia?

If "National Guard" or "Reservist" to the above, then are you stationed or assigned to Georgia?

Are you the spouse or dependent child under the age of 24 of someone who is currently active duty, a veteran, or a member of the National Guard?

Yes  No

If "Yes" to the above then, please specify current status/component of the military member

If "Active Duty" to above, please specify military member's branch of service Military member's home of record.

Please list

Is the military member stationed or assigned to Georgia?

Yes  No

If "National Guard" or "Reservist" to the above, is the military member stationed or assigned to Georgia?

Signature: ______________________________ Date: _________________________
GSU’s Inclusive Digital Expression and Literacy Program

Release and Exchange of Information Form

Georgia State University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Vocational Rehabilitation as confidential. However, it may be necessary for our staff to exchange some information about you with the Georgia State University faculty and staff, as well as outside agencies, in order to complete the student evaluation process for admissions. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of obtaining the applicable information to complete the admissions process.

Name________________________________________________

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

- School District(s) ________________________
- School Personnel ________________________________ (list schools)
- Department of Vocational Rehabilitation Office
- Work Sites and Field Experiences
- Supporting Agencies
- Parents/Guardians
- Tutor
- Other (Specify)____________________________________

_____I agree, as part of the application process, to waive my right to access the completed student recommendation form.

Student Signature ___________________________________________ Date____________

Parent/Guardian__________________________________________________ Date__________

Witness _______________________________________________________ Date__________
PERSONAL SUPPORT INVENTORY

To be filled out by:
Parent/Family/Guardian/Support person

**Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your student.**
**PERSONAL SUPPORT INVENTORY**

To be filled out by: 

*Parent/Family/Guardian/Support person*

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<th><strong>Independent Living Skills</strong></th>
<th>1 (Requires Complete Assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<tr>
<td>Negotiating/Finding way around campus environment</td>
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<td>Knows and can verbalize and/or write personal information: name, address, phone number, email address, etc.</td>
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<td>Managing personal belongings</td>
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<td>Interpersonal Skills: Ability to relate to others</td>
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<td>Asks for help, clarification, or questions</td>
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<td>Use of judgment skills in an emergency</td>
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<td>Emotional: copes with Stress</td>
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<td>Adjust to new situations</td>
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<th><strong>Social Skills and Communication</strong></th>
<th>1 (Requires Complete Assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<tr>
<td>Communicating needs in an appropriate manner</td>
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<td>Engaging in appropriate social interaction</td>
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<td>Using phone, cell phone, email</td>
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What is your students preferred form of communication?

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<th>Academic Skills</th>
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<th>5</th>
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<td>Handling money: counting change/bills, understanding values, using bank account</td>
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<td>Computer &amp; Multimedia Skills</td>
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<td>Approximate Grade Levels:</td>
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<td>Math skills:</td>
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<td>Multiplication</td>
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<td>Division</td>
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<td>Reading and writing skills:</td>
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</table>
Has applicant utilized any assistive technology? ☐ Yes  ☐ No

If yes, which AT tools and devices?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

____________________________________________________________________________

____________________________________________________________________________
This section is to be filled out by the applicant and may include additional pages. This is an excellent opportunity to demonstrate writing skills, critical thinking skills, and creativity.
STUDENT QUESTIONNAIRE

Why do you wish to be considered for Georgia State University IDEAL Program?

What do you wish to gain from participating in the GSU IDEAL Program?

What interests you about the GSU IDEAL Program? Do you have past experiences with technology, etc.?

What would you like to learn about in a college class?

What do you want to learn that you have not learned in high school?
What kind of jobs are you interested in after you leave school?

What are your strengths and weaknesses?

What accommodations do you think you would need in this GSU IDEAL Program?

What works best for you in terms of learning for success?

What do you do in your free time?
What is your favorite hobby or sport?

What is your favorite musical group or favorite singer?

Do you spend time with friends outside of school? (Circle one)  YES   NO

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

Discuss two of your goals for the future upon completion of this program?

Use this page to provide us with additional information about yourself, in your own words.
LETTERS OF RECOMMENDATION FORMS

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:

(1) Education  
(2) Vocational/employment  
(3) Community involvement and/or Personal

Make 3 copies of pages 19-22 and give one copy to each of the 3 evaluators.

****Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap.
Georgia State University
IDEAL Program
GSU’s Inclusive Digital Expression and Literacy Program

Student Recommendation Form for

__________________________________________________________
(Applicant’s name)

Completed by: _____________________________________________
Georgia State University
Recommendation Form

Recommendation for _____________________________ (applicant’s name)

The above named individual is applying for admission to the Georgia State University Inclusive Digital Expression and Literacy Program. This program is designed to provide students with developmental disabilities, who require a strong system of supports, a postsecondary college experience leading to a Certificate of Digital Expression and Literacy. This is an inclusive program focused on academic enrichment, social development and employability. These students should be highly motivated young adults who have received extensive educational services in either public or private schools and would be excluded from participating in a traditional college program due to entrance requirements. 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 a Personal Support 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     MI     Title

Address_______________________________________________________________

Street

Apt #

City     State     County     Zip

Organization___________________________________________________________

Name

Phone #

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 Inclusive Digital Expression and Literacy 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)
## Personal Support Inventory
To be filled out by: Reference

<table>
<thead>
<tr>
<th><strong>Independent Living Skills</strong></th>
<th>1 (Requires Complete Assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<tbody>
<tr>
<td>Negotiating/Finding way around campus environment</td>
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<td>Knows and can verbalize and/or write personal information: name, address, phone number, email address, etc.</td>
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<td>Managing personal belongings</td>
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<td>Interpersonal Skills: Ability to relate to others</td>
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<td>Asks for help, clarification, or questions</td>
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<td>Use of judgment skills in an emergency</td>
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<td>Emotional: copes with Stress</td>
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<td>Adjust to new situations</td>
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<th><strong>Social Skills and Communication</strong></th>
<th>1 (Requires Complete Assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<td>Communicating needs in an appropriate manner</td>
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<td>Engaging in appropriate social interaction</td>
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<td>Using phone, cell phone, email</td>
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<td>What is your students preferred form of communication?</td>
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<td>Academic Skills</td>
<td>1 (Requires Complete Assistance)</td>
<td>2 (Needs moderate assistance)</td>
<td>3 (Needs some assistance)</td>
<td>4 (Needs minimal assistance)</td>
<td>5 (Completely Independent)</td>
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<td>Handling money: counting change/bills, understanding values, using bank account</td>
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<td>Computer &amp; Multimedia Skills</td>
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<td>Approximate Grade Levels:</td>
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<td>Web design</td>
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<td>Math skills:</td>
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<td>Division</td>
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<td>Reading and writing skills:</td>
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Has applicant utilized any assistive technology? ☐ Yes  ☐ No  ☐ Don’t Know

If yes, what?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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

Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, indicate this by using U for Unknown.
Georgia State University Academic Transcript Request

To the applicant:
Use this form to request that a copy of your high school transcripts be sent to the Georgia State University Inclusive Digital Expression and Literacy Program.

To the registrar/counseling office:

________________________________________________________________________
High School

Street Address City State Zip

Please send two (2) individually sealed copies of my high school transcript to:

ATTENTION:
IDEAL Program
75 Piedmont Avenue, Suite 906
Atlanta, GA 30303

Amount enclosed: $_______  (Please telephone high school to determine transcript fee prior to mailing this form.)

__Ms.  __Mr.  _____________________________
Last name  First name  MI

Social Security Number: __________________________

Address: _____________________________
Street  City  State  Zip

Dates of Attendance: __________________________

Student Signature __________________________ Date________

Parent/Guardian Signature __________________________ Date________
Graff Parent Readiness Scale (GPRS)
(To be completed by student’s parent or guardian)

This scale helps determine the families’ readiness for the student with an intellectual and/or developmental disability to attend a postsecondary program. Please circle your response with 1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-one support all day.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my students support staff.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student’s judgment.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student’s ability to handle small sums of money.
    Strongly Agree 1 2 3 4 5 Strongly Disagree

11. I know my student, with support, will develop friendships.
    Strongly Agree 1 2 3 4 5 Strongly Disagree

12. I know my student, with support, will try new opportunities.
    Strongly Agree 1 2 3 4 5 Strongly Disagree
13. My student has the ability to handle frustration.
Strongly Agree 1 2 3 4 5 Strongly Disagree

14. My student has the ability to seek assistance.
Strongly Agree 1 2 3 4 5 Strongly Disagree

15. Often, I am in contact with my students more than 3 times a day.
Strongly Agree 1 2 3 4 5 Strongly Disagree

16. Often, I am telling my student what to do and say.
Strongly Agree 1 2 3 4 5 Strongly Disagree

17. I check up on my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

18. I check to see if my student has the correct facts.
Strongly Agree 1 2 3 4 5 Strongly Disagree

19. I believe I know what is best for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

20. I believe a postsecondary education is important for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

21. I feel that my student know what is best for him/herself.
Strongly Agree 1 2 3 4 5 Strongly Disagree

22. I feel that my student wants to attend the university.
Strongly Agree 1 2 3 4 5 Strongly Disagree

23. My student will live independent of our family after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree

24. My student will have meaningful employment after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree

25. Person Centered Planning will help my student achieve their goals.
Strongly Agree 1 2 3 4 5 Strongly Disagree