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

Georgia State University
Center for Leadership in Disability
75 Piedmont Ave NE
Suite 514
Atlanta, GA 30303

Application for Admission

Applications will be accepted as of March 11th for program admittance 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 require 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.*

12. _____ Copy of one of the following documents (GA ID Card, US Passport, US Birth Certificate; Permanent Resident Card, US Certificate of Naturalization, US Certificate of Citizenship, US certificate of Birth Abroad, Military ID)

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 catergory(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…

_____ at _____
(Name) (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.

High school(s) and post-secondary educational institutions attended (Name, City , State)	**Date Start**	**End Date**	**Graduated from this school?**

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: _____

Music/Singing/Playing of a Music Instrument/Computer Music Making: _____

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

Name of Business/Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

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 in 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

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

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					
Knows and can verbalize and/or write personal information: name, address, phone number, email address, etc.					
Managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: copes with Stress					
Adjust 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 phone, cell phone, email					

What is your students preferred form of communication?					
Academic Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Handling money: counting change/bills, understanding values, using bank account					
Computer & Multimedia Skills Approximate Grade Levels: _____Web design _____Word Processing _____Internet _____Video _____ Sound _____ Editing _____ Email _____ PowerPoint _____ Photoshop					
Math skills: Approximate Grade Levels: _____Addition _____Subtraction _____Multiplication _____Division					
Reading and writing skills: Approximate Grade Levels: _____Reading _____Writing _____Listening Comprehension					
Motivation to learn and persist on new tasks					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

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

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					
Knows and can verbalize and/or write personal information: name, address, phone number, email address, etc.					
Managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: copes with Stress					
Adjust 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 phone, cell phone, email					
What is your students preferred form of communication?					

Academic Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Handling money: counting change/bills, understanding values, using bank account					
Computer & Multimedia Skills Approximate Grade Levels: _____Web design _____Word Processing _____Internet _____Video _____ Sound _____ Editing _____ Email _____ PowerPoint _____ Photoshop					
Math skills: Approximate Grade Levels: _____Addition _____Subtraction _____Multiplication _____Division					
Reading and writing skills: Approximate Grade Levels: _____Reading _____Writing _____Listening Comprehension					
Motivation to learn and persist on new tasks					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

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