



**STRIVE Program**  
Postsecondary Transition Program  
3110 Mustang Road  
Alvin, TX 77511  
281-756-3805

Student Application Packet

## Application for Admission Procedure

This is a comprehensive program of study for unique learners who are motivated young adults whose disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

In order to be sure that the STRIVE Program at Alvin Community College is the best match for our students; we require an application packet be completed for each applicant. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- At least 3rd grade reading level and/or compensatory comprehension skills
- Basic mathematics understanding and ability to use a calculator
- Ability to function independently for a sustained period of time
- Can follow directions and accepts authority; no severe behavior or emotional problems
- Can handle and adapt to change; not overly stressed when things change
- Ability to potentially be successful in competitive employment situations
- Desire and motivation to complete a postsecondary program
- Some or work and/or volunteer experience preferred
- Must have access to dependable transportation

Letters of recommendation are extremely important as these describe current levels of performance across many areas.

Applicants will have typically received extensive special education services in their secondary schools, have graduated or are working towards a diploma.

This is a certificate program (not an accredited college degree program) and exiting students will receive a certificate of completion, **NOT** a degree from Alvin Community College.

Note: Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in STRIVE ACC; however, these students are welcome to reapply. Based on criteria and space available, **NOT** every student is accepted.

Please contact Mary Vlahovich, Program Coordinator, at [strive@alvincollege.edu](mailto:strive@alvincollege.edu) or call (281) 756-5714 if you have other questions. Please deliver or send all admissions materials to:

Alvin Community College  
Attn.: STRIVE / Mary Vlahovich  
3110 Mustang Road  
Alvin, TX 77511

## Selection Process

An application screening committee will review applications and conduct interviews and select students for admission. You will receive an email or phone call letting you know whether or not you have been accepted. **A limited number of applications 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 based on the following criteria:

- The applicant must be over the age of 18 at the start of the program.
- The applicant must have a 3<sup>rd</sup> grade reading level or similar comprehension.
- The applicant must have a cognitive and/or developmental disability that interferes with their academic and/or functional performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the ACC STRIVE Program.
- The applicant must be able to sit through 50 minute courses and function independently for 2 hour blocks of time.
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- The applicant must have family commitment and support for this program.
- The applicant must have a form of dependable transportation.
- The applicant must be able to provide self-care in areas of eating, toileting, and personal hygiene.
- The applicant must demonstrate the desire to attend the ACC Strive Program and adhere to the ACC STRIVE policies regarding attendance and participation in the coursework.
- The applicant must have the potential to successfully achieve his/her goals within the context of the ACC STRIVE Program content and setting.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed, in completing the application. You may attach additional information that supports the application. All information is confidential and will not be shared with anyone except the screening committee.

## Application Checklist

Once your completed application has been submitted, you will be contacted for a mandatory student/parent/family/guardian/support person interview. Admission is not considered without an interview.

NOTE: Applications will not be considered unless ALL requested information is present at the time of review. The application can be typed or printed neatly.

### Application Checklist

1. \_\_\_\_\_ Student Information
2. \_\_\_\_\_ Family Information
3. \_\_\_\_\_ Emergency Contact Information
4. \_\_\_\_\_ Medical History
5. \_\_\_\_\_ Release/Exchange of Information Form
6. \_\_\_\_\_ Education History
7. \_\_\_\_\_ Employment/Volunteer History
8. \_\_\_\_\_ Personal Support Inventory
9. \_\_\_\_\_ Student Questionnaire
10. \_\_\_\_\_ Two letters of recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following areas:
  - Education
  - Employment/Volunteer
11. \_\_\_\_\_ Official high school transcript and any postsecondary program records
12. \_\_\_\_\_ Educational evaluations (current and ongoing) including a measure of intelligence, achievement, and adaptive behavior such as:
  - IEP
  - FIE
  - REED
  - SOP
13. \_\_\_\_\_ A personal interview with the applicant. A parent/family/guardian/support person is required to attend the personal interview.

## Student Information

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

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

Address \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender \_\_\_\_\_

Your Social Security Number is confidential and protected under federal law. It will not be disclosed to unauthorized parties. Disclosures may be authorized for the purposes of available financial aid, academic transcripts or accountability research.

## Family Information

Student lives with:

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

**Is the student his/her own guardian?**      **Yes**      **No**

If no, please list student's guardian(s) and/or Power of Attorney \_\_\_\_\_

**Parent/Guardian:** Is this person also an emergency contact?    **Yes**      **No**

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

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

**Parent/Guardian:** Is this person also an emergency contact?    **Yes**      **No**

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

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

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

### Emergency Contact Information

If neither of the above are emergency contacts please provide that information below:

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

Relationship to student \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Medical History

Give a brief description of student's medical history including any disability diagnoses that you may have:

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List any significant medical or physical conditions that may affect student's participation in the classroom, social, or recreational activities on campus, including severe allergies:

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List current medications, reason for taking and side effects:

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If medication is required while on campus, can student self-administer?    Yes    No

Does applicant currently receive private therapeutic services such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, indicate which services:

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Can student provide self-care in areas of eating, toileting, and personal hygiene?    Yes    No

\*Note: Guardians will be responsible for obtaining assistance if student requires help with personal care issues.

## Release/Exchange of Information Form

Alvin Community College (ACC) 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 ACC STRIVE Program as confidential. However, it may be necessary for our staff to exchange some information about the student with ACC faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with the student or guardian's written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. This authorization may be terminated, in writing, at any time.

Student Name \_\_\_\_\_

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

- \_\_\_\_\_ Texas Workforce Commission Department of Vocational Rehabilitation Services
  - \_\_\_\_\_ Office of Disability Services
  - \_\_\_\_\_ Course Instructors
  - \_\_\_\_\_ Parents/Guardians
  - \_\_\_\_\_ Externship Sites
  - \_\_\_\_\_ Potential Employers
  - \_\_\_\_\_ Others (Specify) \_\_\_\_\_
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\_\_\_\_\_ I agree, as part of the application process, to waive my right to access the student recommendation forms.

Additionally, I hereby give permission for the ACC STRIVE Program at ACC the right to use my photograph, quotes, and/or video of me for public relations and/or training purposes.

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

Parent/Guardian/Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



## Education History

High School  
(Name, City, State)

Graduation Date

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Type of diploma or equivalent received \_\_\_\_\_

Describe academic strengths.

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Describe academic weaknesses.

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Did student participate in general education classes in the high school setting?    Yes    No

If yes, list subjects: \_\_\_\_\_

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Were any accommodations used in the student's educational plan?    Yes    No

If yes, what kind? \_\_\_\_\_

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Were any support services used in the student's high school?    Yes    No

If yes, what kind? \_\_\_\_\_



## Personal Support Inventory

To be completed by: Parent/Family/Guardian/Support Person

Completed by: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

<b>Independent Living Skills</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Finds way around new places						
Purchases from restaurant/cafeteria or store						
Takes care of personal hygiene						
Stays home alone						
Takes / Uses public transportation						
Uses good judgment skills in an emergency						
Emotional: Copes with stress						
Adjusts to new situations						
Uses cell phone to communicate via calling and texting						
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Communicates needs in appropriate manner						
Engages in appropriate social interaction						
Has similarly aged friends						

Comments: \_\_\_\_\_

\_\_\_\_\_

<b>Academic Skills</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Navigates the internet						
Keeps planner or daily schedule						
Counts money						
Uses email						
Has motivation to learn and persist on new tasks						
Knows and verbalizes (or writes) personal information: name, address, phone, SSN						
Has ability to follow verbal directions						
Has ability to follow written directions						
Uses a calculator						

Comments:

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What are the applicant's employment goals? (Full time, part time, etc).

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What are the applicant's strengths and weaknesses? (Please comment on social characteristics: e.g., self-reliance, sense of humor, shyness, assertiveness, etc....)

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Has the applicant experienced any difficult challenges or personal setbacks in recent years? (Please include any particular concerns of which the ACC STRIVE Program should be aware)

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Has the applicant utilized any assistive technology?      Yes      No  
If yes, please explain:

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Identify anything else that you feel would be beneficial for the instructors and coordinator to know about this applicant.

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## Student Questionnaire

This section is to be filled out by the applicant and may include additional pages. Complete this section without assistance if possible. If assistance is required, explain how the applicant was assisted. This is an excellent opportunity for the applicant to demonstrate writing skills, critical thinking skills and creativity.

Applicant's Name \_\_\_\_\_

Who provided assistance? (if applicable) \_\_\_\_\_

What assistance was used? (if applicable) \_\_\_\_\_

1. Why do you want to attend ACC STRIVE Program?

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2. What areas of study are you interested in learning more about?

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3. What kind of jobs are you interested in after you leave school?

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4. What jobs or chores do you do at home?

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5. What do you do in your free time?

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6. Do you, now or ever, participate in Special Olympics or other sports? If so, when and what sport?

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7. Use the space provided to share additional information about yourself that is relevant to your goals. (This may include pictures and drawings if you wish).

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**Letter of Recommendation Form**  
**Education**

To be completed by Educator

Applicant \_\_\_\_\_

Completed by \_\_\_\_\_

Organization \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Date \_\_\_\_\_

The above named individual is applying for admission to the STRIVE postsecondary program at Alvin Community College. This program is designed to prepare students with intellectual and/or developmental disabilities who desire a postsecondary experience on a college campus and require a strong system of support. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess an adequate level of 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 with accurate descriptions of the student's current ability levels. Attach additional pages as needed. Please return this form to the applicant in a sealed envelope with your signature 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.





## Personal Support Inventory

To be completed by Educator

Completed by: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

<b>Independent Living Skills</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Finding way around new places						
Purchasing from restaurant/cafeteria or store						
Take care of personal hygiene						
Takes / Uses public transportation						
Use of judgment skills in an emergency						
Emotional: Copes with stress						
Adjusts to new situations						
Uses cell phone to communicate via calling and texting						
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Communicating needs in appropriate manner						
Engages in appropriate social interaction						

<b>Academic Skills</b>	<b>Requires complete assistance</b>	<b>Needs moderate assistance</b>	<b>Needs some assistance</b>	<b>Needs minimal assistance</b>	<b>Completely independent</b>	<b>Not Sure</b>
	1	2	3	4	5	
Navigates the internet						
Keeps planner or daily schedule						
Counts money						
Uses a calculator						
Motivation to learn and persist on new tasks						
Knows and verbalizes (or writes) personal information: name, address, phone, SSN						
Ability to follow verbal directions						
Ability to follow written directions						
Motivated to learn and persist on a new task						
Reading: Approximate Grade Level _____	N/A	N/A	N/A	N/A	N/A	N/A
Writing: Approximate Grade Level _____	N/A	N/A	N/A	N/A	N/A	N/A
Listening Comprehension: Approximate Grade Level _____	N/A	N/A	N/A	N/A	N/A	N/A

Additional comments:

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Discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

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My signature indicates that the information provided in this recommendation is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Letter of Recommendation Form Employment

To be completed by employer / supervisor / job coach

Applicant \_\_\_\_\_

Completed by \_\_\_\_\_

Organization \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Date \_\_\_\_\_

The above named individual is applying for admission to the ACC STRIVE postsecondary program at Alvin Community College. This program is designed to prepare students with cognitive and intellectual disabilities who desire a postsecondary experience on a college campus and require a strong system of support. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess an adequate level of 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 with accurate descriptions of the student's current ability levels. Attach additional pages as needed. Please return this form to the applicant in a sealed envelope with your signature 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.



## Personal Support Inventory

To be completed by employer / supervisor / job coach

Completed by: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

<b>Independent Skills</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Finding way around new places						
Is on time						
Has a professional appearance						
Is reliable						
Use of judgment skills in an emergency						
Emotional: Copes with stress						
Adjusts to new situations						
Uses work time wisely						
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Communicating needs in appropriate manner						
Works well with coworkers						

<b>Academic Skills</b>	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Not Sure
	1	2	3	4	5	
Navigates the internet						

Keeps planner or daily schedule						
Counts money						
Uses a calculator						
Uses a cash register						
Motivation to learn and persist on new tasks						
Communicates needs appropriately						
Ability to follow verbal directions						
Ability to follow written directions						

Additional comments:

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Discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

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My signature indicates that the information provided in this recommendation is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date