



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

**Student Application Packet**  
*(Updated 10/30/2018)*

## 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. \_\_\_\_\_ Three 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. \_\_\_\_\_ Bacterial Meningitis Vaccination or Signed Waiver (located on ACC website)
14. \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_

**Mother/Guardian:** (Please add names of step parents if applicable)

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

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

Address \_\_\_\_\_

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

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

**Father/Guardian:**

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

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

Address \_\_\_\_\_

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

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

**Siblings:**    Name

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical History

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

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

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Please list current medications (please include reason you take them and any side effects):

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If medication is required while on campus, can you administer your own medication?    Yes    No

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

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



## 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 you with ACC faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as 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 at any time in writing.

Name \_\_\_\_\_

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

- \_\_\_\_\_ Department of Vocational Rehabilitation Office
  - \_\_\_\_\_ Office of Disability Services
  - \_\_\_\_\_ Course Instructors
  - \_\_\_\_\_ Parents/Guardians
  - \_\_\_\_\_ Tutor/Mentor
  - \_\_\_\_\_ Externship Sites
  - \_\_\_\_\_ Potential Employers
  - \_\_\_\_\_ Others (Specify) \_\_\_\_\_
- 

\_\_\_\_\_ 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

Schools (Name, City, State)	Years Attended	Reason for Leaving
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Did you receive a high school diploma or equivalent? (Circle one)      Yes      No

From (school, address, date) \_\_\_\_\_

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Please describe your academic strengths and weaknesses.

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How do you learn best? (Small groups, extra time, visual, auditory, kinesthetic)

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In the following areas, describe what skills you would like to learn:

- Academics: \_\_\_\_\_
- Social/recreational/leisure: \_\_\_\_\_
- Independent Living: \_\_\_\_\_
- Employment: \_\_\_\_\_

Have you participated in general education classes in your high school setting?    Yes    No

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

\_\_\_\_\_

Were any accommodations used in your high school?    Yes    No

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

\_\_\_\_\_

Were any support services used in your high school?    Yes    No

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

\_\_\_\_\_

Were you required to take any statewide assessments while in your high school?    Yes    No

If yes, what accommodations were provided? \_\_\_\_\_

\_\_\_\_\_

## Employment/Volunteer History

Current Employer/Volunteer Position \_\_\_\_\_

\_\_\_\_\_ Paid or \_\_\_\_\_ Unpaid                      To/From Dates \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer/Volunteer Position \_\_\_\_\_

\_\_\_\_\_ Paid or \_\_\_\_\_ Unpaid                      To/From Dates \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Employer/Volunteer Position \_\_\_\_\_

\_\_\_\_\_ Paid or \_\_\_\_\_ Unpaid                      To/From Dates \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What work experiences do you have an interest in or enjoy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Personal Support Inventory**

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

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

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

## Personal Support Inventory

<b>Independent Living Skills</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Negotiating/finding way around campus environment.					
Ordering or purchasing from restaurant/cafeteria or store					
Handling personal affairs: laundry, light cooking, cleaning, 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					
Adjusts to new situations					
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Communicating needs in appropriate manner					
Engaging in appropriate social interaction					
Using cell phone, email, social media					

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

\_\_\_\_\_

\_\_\_\_\_

<b>Academic Skills</b>	<b>Requires complete assistance</b>	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Addition Subtraction Multiplication Division					
Reading Writing Listening Comprehension					
Computer Skills: Word processing and internet					
Motivation to learn and persist on new tasks					
Knows and verbalize and/or write personal information: name, address, phone, SSN					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Comments:

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What are your goals for the applicant in the ACC STRIVE Program?

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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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Please list any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience/job site externship.

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**Student Questionnaire**



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

1. Why do you want to attend ACC STRIVE Program?
2. What do you want to learn about in a college class?
3. What do you want to learn that you have not learned in high school?
4. What kind of jobs are you interested in after you leave school?
5. What do you do in your free time?
6. What is your favorite hobby or sport?
7. Do you participate in Special Olympics or any other sports?

8. What are your favorite musical group/singer, movie, TV show, and/or video game?

9. Do you spend time with friends outside of school? (circle one)    Yes            No

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

11. Discuss two of your goals for the future after finishing this program.

12. Please use the space below to provide us with any additional information about yourself that you want to share (this may include pictures and drawings). You may add an additional page if needed.

## **Education**

## Letter of Recommendation Form

Applicant Recommendation for \_\_\_\_\_

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 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.

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/support person of this applicant will support the philosophy and goals of the ACC STRIVE Program?
  
  
  
  
  
  
  
  
  
  
4. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program?
  
  
  
  
  
  
  
  
  
  
5. Please explain how the applicant communicates his or her needs. In your opinion, does the applicant communicate in an appropriate manner?

## **Personal Support Inventory**

**(To be completed by Educator)**

Please complete the following to the best of your knowledge. If you are not familiar with the applicant in a particular area, please indicate this by using U for unknown.

<b>Independent Living Skills</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Negotiating/finding way around campus environment.					
Ordering or purchasing from restaurant/cafeteria or store					
Handling personal affairs: laundry, light cooking, cleaning, 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					
Adjusts to new situations					
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Communicating needs in appropriate manner					
Engaging in appropriate social interaction					
Using cell phone, email, social media					

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

<b>Academic Skills</b>	<b>Requires complete assistance</b>	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
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	1	2	3	4	5
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math-Approximate Grade Levels: _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading-Approximate Grade Levels: _____ Reading _____ Writing _____ Listening Comprehension					
Computer Skills: Word processing and internet					
Motivation to learn and persist on new tasks					
Knows and verbalize and/or write personal information: name, address, phone, SSN					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Has the applicant utilized any assistive technology? Yes No

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

Please discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience. (you may use back of page)

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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 / Supervisor**  
(to be completed regarding paid or volunteer work experience)

Applicant Recommendation for \_\_\_\_\_

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.

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/support person of this applicant will support the philosophy and goals of the ACC STRIVE Program?
  
  
  
  
  
  
  
  
  
  
4. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program?
  
  
  
  
  
  
  
  
  
  
5. Please explain how the applicant communicates his or her needs. In your opinion, does the applicant communicate in an appropriate manner?

**Personal Support Inventory**  
(To be completed by employer or volunteer supervisor)



Please complete the following to the best of your knowledge. If you are not familiar with the applicant in a particular area, please indicate this by using U for unknown.

<b>Independent Living Skills</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Negotiating/finding way around campus environment.					
Ordering or purchasing from restaurant/cafeteria or store					
Handling personal affairs: laundry, light cooking, cleaning, 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					
Adjusts to new situations					
<b>Social Skills and Communication</b>	Requires complete assistance	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
	1	2	3	4	5
Communicating needs in appropriate manner					
Engaging in appropriate social interaction					
Using cell phone, email, social media					

Comments:

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<b>Academic Skills</b>	<b>Requires complete assistance</b>	Needs moderate assistance	Needs minimal assistance	Needs occasional assistance	Completely independent
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	1	2	3	4	5
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math: addition subtraction multiplication and division					
Reading, writing, listening and comprehension					
Computer Skills: word processing and internet					
Motivation to learn and persist on new tasks					
Knows and verbalize and/or write personal information: name, address, phone, SSN					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date