

*The Arc Jacksonville Academy  
On Campus Transition (OCT) Program  
at  
University of North Florida*



**Student Application Packet  
2009-2010**

When all application materials are completed, please mail or hand deliver packet to:

**On Campus Transition Program at UNF  
One UNF Drive, Building 3, Room 1302  
Jacksonville, FL 32224  
Office: (904) 620-3890  
E-mail: [coeoct@unf.edu](mailto:coeoct@unf.edu)**

**Application Deadline for Fall Term: February 26, 2009**



# The Arc Jacksonville Academy On Campus Transition at UNF

One UNF Drive ✧ Jacksonville, FL 32224 ✧ (904) 620-3890 ✧ coeoct@unf.edu

## Steering Committee:

### Ms. Susan Corse-Adams

*Past Board President, Down Syndrome Association of Jacksonville; Board Member, National Down Syndrome Society*

### Ms. Susan Gregg

*Disability Resource Center, UNF*

### Ms. Debbie Johnson

*Board Member, Arc Jacksonville and Arc of Florida; Board Member, UNF Alumni Association; UNF Coggin College of Business Alumni Chapter and UNF Student Affairs Community Council*

### Ms. Bernadette Moran

*Board Member, Arc Jacksonville*

### Dr. Janice Seabrooks

*Chair, Department of Special Education, UNF*

### Ms. Charlotte Temple

*Director of Advocacy, Arc Jacksonville; Past Co-Chair, State Advisory Committee for the Education of Exceptional Students; Board Member, Governor's ADA Working Group*

### Dr. Kristine Webb

*Associate Professor, College of Education and Human Services, UNF; Director, Disability Resource Center, UNF*

Dear Applicant:

Thank you for demonstrating your interest in applying for admission to the On Campus Transition (OCT) Program at the University of North Florida. It is the mission of OCT to:

*“Provide a transformational learning opportunity within an inclusive educational community for young adults with developmental disabilities, university students, college educators and community leaders.”*

Our innovative transitional program is located on the UNF Campus and is offered in partnership with The Arc Jacksonville Academy. Through the partnership with UNF, we offer students 18 to 21 years of age with a developmental disability (MR), with developmental disabilities, the opportunity to have a unique “on campus” experience including: Taking noncredit college courses, peer mentoring, tutoring, job coaching, actively participating in on campus clubs, and other campus inclusion activities. It is the objective of the program to facilitate the independence of our students both on the campus and in the community, as well as improve the long-term employment outcomes of our graduates. We hope to see you in the upcoming academic year in the On Campus Transition Program at UNF!

Sincerely,

Steering Committee  
On Campus Transition  
Building 3, Room 1302  
University of North Florida  
One UNF Drive  
Jacksonville, FL 32224  
coeoct@unf.edu

The Arc Jacksonville Academy On Campus Transition at UNF ♦ 1 UNF Drive Bldg. 3, Rm. 1302,  
Jacksonville, FL 32224

904.620.3890 904. 620.3892 Fax: 904.620.4806 ♦ coeoct@unf.edu

revised 11/4/08



# The Arc Jacksonville Academy On Campus Transition at UNF

**Students in the On Campus Transition (OCT) Program at UNF will be deemed eligible upon meeting the following criteria:**

1. Have a developmental disability (MR)
2. Have completed high school coursework
3. Have not received a *standard* high school diploma (students having received a special diploma or certificate of completion are still eligible)
4. Be eligible for or receiving SSDI or SSI
5. Have a desire to receive transition services in a college setting
6. Have exhibited a need and a desire for greater independence
7. Be able to travel independently while on the college campus
8. Have transportation to and from the college campus
9. Have had two paid or unpaid community work experiences
10. Have exhibited socially adaptive and responsible behavior when left unsupervised
11. Be able to communicate with others
12. Be at least 18 years of age
13. Have satisfactory school attendance from previous schools
14. Have a health insurance (Medicaid, Medicare, Private)
15. Must consent to being photographed, videotaped, interviewed and/or quoted in media and publications
16. Have own cell phone before entering the program (This is not provided by OCT)
17. Consent to participate in OCT longitudinal research studies

**By signing this form, the potential student and his or her parent(s)/guardian(s) acknowledge having read and understood the eligibility requirements for OCT. This form must be signed and included in the application packet. It must also be noted that this form includes the basic eligibility requirements for admittance to the OCT Program. Final acceptance to the program will be determined by the Admissions Committee.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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



# The Arc Jacksonville Academy On Campus Transition at UNF

Please ensure that all of the following documents have been fully completed with the required information and signatures. Incomplete application packets will delay the application review and admittance process.

1. \_\_\_\_\_ Application Checklist (signed)
2. \_\_\_\_\_ Signed Student Eligibility Requirements
3. \_\_\_\_\_ Application (verify following sections are complete)
  - a. \_\_\_\_\_ Student Information (Include Support Plan, if applicable)
  - b. \_\_\_\_\_ Family Information (Include Guardianship Documentation, if applicable)
  - c. \_\_\_\_\_ Educational History
  - d. \_\_\_\_\_ Work/Volunteer History
  - e. \_\_\_\_\_ Medical History
  - f. \_\_\_\_\_ Student Questionnaire
  - g. \_\_\_\_\_ Be sure to sign the application
4. \_\_\_\_\_ Personal Support Inventory
5. \_\_\_\_\_ **Two** Letters of Recommendation must be submitted using the **Personal Recommendation Form**.  
Please request your recommendations from teachers, or vocational/transition specialists. Other possibilities might include: therapists, social workers, friends, neighbors, physicians, family, or friends
6. \_\_\_\_\_ **One** Letter of Recommendation must be submitted using the **Workplace Recommendation Form**.  
Please request this recommendation from a supervisor or manager. The Workplace Checklist must also be provided to the employer for evaluation.
7. \_\_\_\_\_ Workplace Checklist (**Form should be attached to letter of recommendation**)
8. \_\_\_\_\_ Student/Parent/Guardian Memorandum of Understanding
9. \_\_\_\_\_ Research Informed Consent
10. \_\_\_\_\_ Release of Information and Exchange Form
11. \_\_\_\_\_ Copy of current Individual Education Plan (IEP)
12. \_\_\_\_\_ Recent private evaluations that may not be included in the student’s school records (optional)
13. \_\_\_\_\_ A psychological assessment or evaluation
14. \_\_\_\_\_ Copies of high school transcripts or final report cards from past two years
15. \_\_\_\_\_ Check made payable to: The Arc Jacksonville for \$75.00 a non-refundable application fee.

A **personal interview** for the applicant and a parent/guardian/family/support person is required. You will be contacted to schedule this interview after the application is received and if the student meets basic eligibility requirements.

**I have completed all required application requirements and have included them in the application packet which will be returned to the On Campus Transition Program at UNF.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

# The Arc Jacksonville On Campus Transition Application

The University of North Florida, OCT Program, One UNF Drive, Building 3, Room 1302 • Jacksonville, Florida 32224-2648

A completed application and appropriate documentation must be submitted. Incomplete applications will delay the review process. It is acceptable for the applicant to receive support in completing the application. **You may attach pages for additional information and writing space if needed.** All information will be kept confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application. Please type or print with pen.

## Student Information

<p><b>Today's Date:</b> _____</p> <p><b>1. *U.S. Social Security Number</b> _____ / _____ / _____</p> <p>Last Name _____ Jr., III, etc.</p> <p>First Name _____ Middle Name _____</p> <p><small>* Your Social Security Number is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of the state and federal financial aid, academic transcripts or accountability research.</small></p> <p><b>4. Date of Birth:</b> Month ____ Day ____ Year ____</p> <p><b>5.</b> <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><b>7. Race/Ethnicity (Voluntary)</b> Provided information will only be used for research purposes.</p> <p><input type="checkbox"/> White (Not of Hispanic origin)    <input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Black (Not of Hispanic origin)    <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p>	<p><b>2.</b> Enter here any name(s) other than those listed in Item 1: _____</p> <p><b>3. PRINT</b> your permanent address:</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State/Nation _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number      Cell Phone Number      Email Address</p> <p><b>6. Student receives support from:</b> (Please check all that apply)</p> <p><input type="checkbox"/> Supplemental Security Income and/or Social Security Disability Income</p> <p><input type="checkbox"/> Division of Vocational Rehabilitation <b>If, yes which provider? _____ Provide IPE</b></p> <p><input type="checkbox"/> Waiting List for waiver services <b>If yes, which Agency? _____</b></p> <p><input type="checkbox"/> McKay Scholarship <b>If yes, Matrix Level _____</b></p> <p><input type="checkbox"/> Home and Community Based Medicaid Waiver (HCBS) <b>If yes, provide support plan.</b></p> <p><input type="checkbox"/> Consumer Directed Care Plus Medicaid Waiver <b>If yes, provide support plan</b></p> <p><input type="checkbox"/> Florida New Freedom Social Security Waiver</p> <p><input type="checkbox"/> Family and Supported Living Medicaid Waiver <b>If yes, provide support plan</b></p> <p><b>Medical Coverage:</b> (Check all that apply) Student must have health insurance.</p> <p><input type="checkbox"/> Medicaid    <input type="checkbox"/> Medicare    <input type="checkbox"/> Private Insurance    <input type="checkbox"/> Other: _____</p>
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## Family Information

<p><b>8. *Student lives with:</b></p> <p><input type="checkbox"/> Both Parents    <input type="checkbox"/> Father    <input type="checkbox"/> _____ (Other)</p> <p><input type="checkbox"/> Mother    <input type="checkbox"/> Guardian</p> <p><b>9a. Mother/Guardian (Please Circle):</b></p> <p>Last Name _____ First Name _____ MI _____</p> <p><b>9b. Address of Mother/Guardian</b></p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number      Cell Telephone Number      Email Address</p> <p><b>11a. Primary Contact Person</b></p> <p>In case of an emergency, indicate the person you request the university to contact:</p> <p>Last Name _____ First Name _____ M. I. _____</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number      Cell Phone Number      Relationship</p>	<p><b>8a. Student's Legal Rights:</b>    <input type="checkbox"/> Makes own legal/medical decisions/gives consent</p> <p><input checked="" type="checkbox"/> Guardianship                      <input type="checkbox"/> Guardian Advocate</p> <p>(include Legal Guardianship or Guardian Advocate papers with application)</p> <p><b>10a. Father/Guardian (Please Circle):</b></p> <p>Last Name _____ First Name _____ MI _____</p> <p><b>10b. Address of Father/Guardian</b></p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number      Cell Telephone Number      Email Address</p> <p><b>11b. Alternative Contact Person</b></p> <p>In case of an emergency, indicate the person you request the university to contact:</p> <p>Last Name _____ First Name _____ M. I. _____</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number      Cell Phone Number      Relationship</p>
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## Education Information

Please list in **chronological order past educational institutions attended**.  
Use a separate sheet if necessary. Please include in the application packet the following: transcripts and psychological assessments. Also, please include any psychological evaluations that are not included in official school records.

Name of Schools Attended (City/State)	Years Attended	Classroom Setting (e.g., Resource Room, self-contained, inclusive)

**A.**  Have you ever received a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_  Do you have a Special Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have a Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Graduation Date or Date that Diploma/Certificate will be awarded \_\_\_\_\_ (month/year)

**B.** In a few words, please describe your academic strengths and weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.** In a few words, how do you think you learn the best? (e.g. small groups, extra time, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- i. Independent Living:** \_\_\_\_\_
- ii. Academics:** \_\_\_\_\_
- iii. Social/recreational/leisure:** \_\_\_\_\_
- iv. Employment:** \_\_\_\_\_

**E.** Have you ever participated in general education classes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list subjects: \_\_\_\_\_  
\_\_\_\_\_

**F.** Were any accommodations used for you in any educational setting? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what kind? \_\_\_\_\_  
\_\_\_\_\_

**G.** Have you used assistive technology? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

## Work History

Please complete the following as accurately as possible.  
List work experiences in chronological order from most recent.

Business/Employer Supervisor	Location	Paid/Unpaid	Hours per week	Job Responsibilities	Reason for Leaving

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

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## Transportation

A. What transportation plan will you be using to attend the On Campus Transition Program at UNF?

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B. Will this plan allow for recreational, social, and leisure opportunities to occur after 3:00pm and on weekends?

Yes       No

C. Are there any limitations, support needs, or related issues to transportation? (Please List)

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## Medical History

**A.** Please give a brief description of your medical history, including disability diagnoses that you have and/or possibly have:

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**B.** Please list any significant medical, psychiatric, behavioral, and/or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies:

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**C.** \*Please list any current medications you are taking (**Include dosage, frequency, and reason for taking the medication**):

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\* **Note:** If the applicant must take medications while on campus, he/she must be independent in self-administering his/her medications.

**D.** Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If **yes**, please list below:

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**In case a medical emergency or situation occurs while on the UNF campus or while participating in OCT activities outside of regular school hours, please provide the following information:**

**Family or Primary Physician:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Office Hours:** \_\_\_\_\_

**Medical Insurance Name** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Please provide any other medical information that you feel would be important regarding your participation in this program.**

**Please specify:** \_\_\_\_\_

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**Student meets Immunization Requirements for UNF?** \_\_\_ Yes \_\_\_ No

**Comment:** \_\_\_\_\_

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## On Campus Transition Program at UNF Student Questionnaire

Please answer the following questions to the best of your ability. Answers should be **brief**, but you may attach additional sheets of paper if necessary.

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**A.** Discuss any activities, hobbies, and/or groups (social, volunteer, civic organizations) that you belong to or participate in. (You may not have an answer for all of the categories, and that is OK).

a. I play the following sports:

b. I belong to the following clubs and/or religious organizations:

c. I work at:

d. My other interests are:

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**B.** Discuss two of your goals for the future:

1.

2.

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**C.** I would like to take a class about.....

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**D.** Why would you like to participate in the On Campus Transition Program at UNF?

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**Failure to answer this question and provide the supporting documentation may result in the denial of application for admission to The Arc Jacksonville Academy OCT Program at UNF:**

a. Are you now or have you ever been charged with or subject to a disciplinary action for misconduct at school? \_\_\_yes \_\_\_no

b. Have you ever been convicted and/or have charges pending of any criminal offense? \_\_\_yes \_\_\_no

c. Have you ever been Baker Acted? \_\_\_yes\_\_\_ no

If your answer to either of these questions is "YES" you are required to provide written documentation of the event. You may be required to provide OCT with documentation from your school administration or legal representation and copies of all official documentation explaining the final disposition of the proceedings. If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions.

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I understand that this application is for admission to the Arc Jacksonville Academy On Campus Transition (OCT) Program at University of North Florida and is only valid for the term indicated. I further agree to the release of any transcript, records, student records and test scores to OCT. I certify that the information given in this application and all required documentation provided is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of the UNF and OCT. Should any of the information change prior to my enrollment, I shall notify the Admissions Committee at OCT.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED**

# On Campus Transition Program's Personal Support Inventory

(This form is to be completed by the student and/or family)

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

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

**\*The response, Not Sure, may be used for items that are not applicable or lack personal information for evaluation. All items require a response (check mark). Be sure to be as accurate as possible.**

<b>INDEPENDENT LIVING SKILLS</b> (Section 1)	<b>1</b> Requires complete assistance	<b>2</b> Needs moderate assistance	<b>3</b> Needs some assistance	<b>4</b> Needs Minimal Assistance	<b>5</b> Completely independent	<b>Not Sure (NS)</b>	<b>Comments:</b>
<b>Finding way around environment</b>							
<b>Ordering/purchasing:</b> Restaurant							
Store							
<b>Handling personal affairs:</b> Laundry							
Household cleaning							
Managing personal belongings							
Grooming							
Personal Hygiene Independence							

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

<b>INTERPERSONAL SKILLS</b> (Section 2)	<b>1</b> Requires complete assistance	<b>2</b> Needs moderate assistance	<b>3</b> Needs some assistance	<b>4</b> Needs minimal assistance	<b>5</b> Completely Independent	<b>Not Sure (NS)</b>	<b>Comments:</b>
<b>Ability to relate to others</b>							
<b>Asks for help, clarification, or questions</b>							
<b>Use of judgment in an emergency</b>							
<b>Emotional:</b> Copes with stress							
Adjusts to new situations							
<b>Social Skills and Communication:</b>							
Communicates needs appropriately							
Appropriate in social interactions							
Uses home telephone							
Uses cell phone							
Uses e-mail							

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

<b>ACADEMIC SKILLS</b> (Please provide grade level when appropriate)	<b>1</b> <b>Requires complete assistance</b>	<b>2</b> <b>Needs moderate assistance</b>	<b>3</b> <b>Needs some assistance</b>	<b>4</b> <b>Needs minimal assistance</b>	<b>5</b> <b>Completely Independent</b>	<b>Not Sure (NS)</b>	<b>Comments:</b>
<b>Handling money:</b>							
Counts money							
Uses Checks							
Stays in budget							
<b>Math Skills:</b>							<b>Grade level:</b>
Addition							<b>Grade level:</b>
Subtraction							<b>Grade level:</b>
Multiplication							<b>Grade level:</b>
Division							<b>Grade level:</b>
<b>Reading/Writing:</b>							<b>Grade level:</b>
Reading							<b>Grade level:</b>
Writing							<b>Grade level:</b>
Comprehension							<b>Grade level:</b>
<b>Computer Skills:</b>							
Word Processing							
Internet							
<b>Motivation</b>							
<b>Persistence</b>							
<b>Know and write:</b>							
Name							
Address							
Telephone							
<b>Follows verbal directions</b>							

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

<b>Follows written directions</b>							
<b>Keeps daily schedule</b>							
<b>Meets deadlines</b>							
<b>Uses the library</b>							

**Has applicant utilized any assistive technology? If yes, what?**

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**Does the applicant need any assistive technology? If yes, what?**

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# The Arc Jacksonville Academy On Campus Transition at UNF

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## Personal Recommendation Form

### Applicant Information:

Name \_\_\_\_\_

### About the Person Writing the Recommendation:

Name/Credentials \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_

### Please use a separate piece of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

**\*Note: The Letter of Recommendation Form should be no more than one (1) page in length. Return this form and your letter of Recommendation, in a sealed envelope, to the applicant who needs to enclose them in his/her application package.**



# The Arc Jacksonville Academy On Campus Transition at UNF

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## Personal Recommendation Form

### Applicant Information:

Name \_\_\_\_\_

### About the Person Writing the Recommendation:

Name/Credentials \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

I have known the applicant for \_\_\_\_\_

### Please use a separate piece of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

**\*Note: The Letter of Recommendation Form should be no more than one (1) page in length. Return this form and your letter of Recommendation, in a sealed envelope, to the applicant who needs to enclose them in his/her application package.**

# On Campus Transition Program's Workplace Checklist

Student Name: \_\_\_\_\_ Completed by: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

This checklist must be completed by a supervisor or manager from the applicant's previous paid job and/or volunteer experience. The checklist should be provided back to the applicant in a sealed envelope.

Only rate the applicant in areas you are experienced and comfortable with. If you cannot evaluate the applicant on a particular item, please respond NS (Not sure.)

Areas:	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely Independent	NS (Not Sure)	Comments:
<b>General:</b>							
Initiative							
Reliability							
Motivation							
Perseverance							
General Attitude							
<b>Interpersonal-Ability to relate to others:</b>							
Coworkers with disabilities							
Coworkers without disabilities							
Work supervisors							
Adults-Nonprofessional							











