

Mississippi State University ACCESS Program
Mississippi State University
P.O. Box 806
01 Montgomery Hall
Mississippi State, MS 39762

(Abbreviated Version)

Application for Admission Fall 2017

Applications must be completed by March 1, 2017. Once your completed application has been submitted and reviewed, chosen applicants will be contacted for an interview.

Please submit all documents by mail to the above address.

NOTE: Reports should be less than two years old. Applications need to have all requested documentation to complete the review process:

- Completed application, Parts A-E
- A current photograph of the applicant
- Psychological Evaluation/Functional Behavioral Assessment
- Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc)
- Most recent Individualized Education Plan (IEP)—please include all pages
- Most recent Educational Evaluations
- Applicant's Resume
- Completed Mississippi State University ACCESS Program Release Form (page 10)
- Two letters of recommendation from a non-relative (pages 12-15 and pages 16-19)
One should be from a teacher and one from a related service provider or employer.
These may be mailed directly or in sealed envelopes with the application.

STUDENT DEMOGRAPHIC INFORMATION

| | | | |
|-----------------------|--------------------------------------|--------------------|-----------------------|
| Last Name: | First Name: | MI: | Phone: |
| <hr/> | | | |
| Address: | Highs School Graduation Date: | | |
| <hr/> | | | |
| City: | State: | Zip: | Date of Birth: |
| <hr/> | | | |
| Email address: | | Cell phone: | |
| <hr/> | | | |

FAMILY DEMOGRAPHIC INFORMATION

Parent:

Last Name: _____ **First Name:** _____ **MI:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Occupation/ Employer: _____ **Work Phone:** _____

Email address: _____ **Cell phone:** _____

Parent:

Last Name: _____ **First Name:** _____ **MI:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Occupation/ Employer: _____ **Work Phone:** _____

Email address: _____ **Cell phone:** _____

Siblings:

| Name | Age |
|------|-----|
| | |
| | |
| | |
| | |

MEDICAL/DISABILITY HISTORY

Part A

Please list disability diagnoses and give a brief description of applicant’s medical history. Detail any conditions that may impact the applicant’s ability to function within the classroom, on campus, and within the residential hall, including severe allergies. Additionally, discuss when the applicant was first diagnosed and any subsequent issues. If you need more space, please attach an additional page.

EMPLOYMENT HISTORY

Part B

Please complete the following if applicant has any prior work/vocational experience. Begin with current or most recent experience. Provide a resume.

| Name of Business/Company | Paid or Unpaid? | Reason for Leaving | Amount of time at Job |
|---------------------------------|------------------------|---------------------------|------------------------------|
| | | | |

Please list job responsibilities:

List any support services provided:

| Name of Business/Company | Paid or Unpaid? | Reason for Leaving | Amount of time at Job |
|---------------------------------|------------------------|---------------------------|------------------------------|
| | | | |

Please list job responsibilities:

List any support services provided:

| Name of Business/Company | Paid or Unpaid? | Reason for Leaving | Amount of time at Job |
|---------------------------------|------------------------|---------------------------|------------------------------|
| | | | |

Please list job responsibilities:

List any support services provided:

SUPPORT INVENTORY

Part C

Please rate the applicant's ability in the following areas:

| Independent Living Skills | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
|---|---------------------------|--------------------------|--------------------------|--------------------------|
| Finding way around new environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following a schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing personal belongings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparing simple meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ordering and purchasing from a restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finding items in a store | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking public transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washes own clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Social Skills and Communication | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Communicating needs appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asking for help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing with conflict | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distinguishing between friends & strangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacting appropriately with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respecting authority figures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using cell phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbalizing and/or writing personal information (name, address, phone, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Academic Skills | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
|--------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Identifying value of coins/bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counting change/bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a calculator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing a checking account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staying within a budget | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using a computer for word processing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Navigating the Internet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following verbal directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following written directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reading and writing skills: (check highest level)

Writing:

- no functional writing writes name writes/copies all letters
 writes complete words writes short sentences correctly uses punctuation
 drafts, revises, edits
 uses Assistive Technology If yes, please identify: _____

Reading:

- no functional reading identifies letters recognizes familiar words/names
 applies reading strategies (sentence structure, meaning, phonetic clues)
 reads chapter books reads books silently

Listening comprehension:

- retells a simple story
 can retell the beginning, middle, and end of stories
 able to retell settings, characters, problems, major events and solutions of stories

RECOMMENDATION AND RELEASES

Part D

The following people will be submitting letters (pages 12-15 and pages 16-19) of recommendation for the applicant:

Name:

Relationship:

Address and Phone:

Name:

Relationship:

Address and Phone:

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

(parent/guardian signature)

(date)

(applicant signature)

(date)

Mississippi State University ACCESS Program Release Form

AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS

_____ I hereby authorize the Mississippi State University ACCESS Program to use, reproduce, and/or publish all written and/or visual materials, including photographs and video that may pertain to me/my son or daughter. I understand that this material may be used in various publications, publicity presentations, recruitment materials, or for other educational purposes. This material may also appear on the Mississippi State University ACCESS Program Website. I also understand that once an image is posted on the Mississippi State University ACCESS Program website, the image can be viewed by any computer user on or off campus. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

_____ I do not authorize the use of written materials/photographs.

Applicant's Signature

Date

Parent/Guardian of Applicant Signature

Date

**Please mail completed form to:
Mississippi State University ACCESS Program
P.O. Box 806
Mississippi State, MS 39762**

**Mississippi State University ACCESS Program
Recommendation for:**

(Applicant name)

The above named individual has applied for admission to the ACCESS Program at Mississippi State University. The ACCESS Program, established in 2010, serves to provide young adults, whose disabilities have traditionally excluded them from higher education, with an inclusive university experience that will further their literacy skills and prepare them for employment and independent living in their communities. More information about the program can be found at <http://msstate.edu>. With this in mind, please answer the following question to the best of your ability. Applicants have waived their right to access the recommendation form. Thank you.

| | | | |
|-----------------------------|--------------------------|---------------------|-------------------|
| Your Name: _____ | Title: _____ | | |
| Address: _____ | City: _____ | State: _____ | Zip: _____ |
| Organization: _____ | Work Phone: _____ | | |
| Email address: _____ | | | |

How long have you know the applicant, and in what capacity?

Do you feel the applicant would benefit from the ACCESS Program? yes no
Why or why not?

Does the applicant have any behaviors that would interfere with their ability to participate in the ACCESS Program?

yes no

Comments:

Do you feel that the parent/family will be supportive of this applicant's participation in the ACCESS Program?

yes no

Comments:

SUPPORT INVENTORY

Please rate the applicant's ability in the following areas:

| Independent Living Skills | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
|---|---------------------------|--------------------------|--------------------------|--------------------------|
| Finding way around new environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following a schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing personal belongings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparing simple meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ordering and purchasing from a restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finding items in a store | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking public transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washes own clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Social Skills and Communication | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
|--|---------------------------|--------------------------|--------------------------|--------------------------|
| Communicating needs appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asking for help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealing with conflict | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distinguishing between friends & strangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacting appropriately with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respecting authority figures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using cell phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Academic Skills | Needs complete assistance | Needs much assistance | Needs little assistance | Completely independent |
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(Applicant name)

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Your Name: _____ **Title:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Organization: _____ **Work Phone:** _____

Email address: _____

How long have you know the applicant, and in what capacity?

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Why or why not?

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Comments:

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yes no

Comments:

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| Staying within a budget | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Using email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Following written directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reading and writing skills: (check highest level)

