Aggie ACHIEVE Application 2021-2022

Thank you for your interest in the Aggie ACHIEVE inclusive postsecondary education program at Texas A&M University! Aggie ACHIEVE (Academic Courses in Higher Inclusive Education and Vocational Experiences) is a four-year inclusive comprehensive transition program for young adults with intellectual and developmental disabilities to expand their interests and prepare for employment in the community. Aggie ACHIEVE students live on campus, participate in TAMU classes, join clubs and organizations, prepare for inclusive employment, and integrate fully into student life at Texas A&M University. We are now accepting applications for our next cohort of students for the 2021-2022 academic year, beginning in August 2021.

<u>Applications are due December 1, 2020 by 11:59pm (CST).</u> You will receive a confirmation email once your application has been received.

Please review the ALL of the following information before continuing.

Prospective students for Aggie ACHIEVE should meet the following criteria:

- Completed high school and no longer receiving support from the school district as of August 2021.
- ii. Documented disability diagnosis of intellectual disability; determined eligible for IDEA services and received special education services in high school with an IEP
- iii. Demonstrate ability to communicate reliably with staff, faculty, and mentors (not limited to verbal speech).
- iv. Demonstrate ability to live independently and take care of daily functioning and basic support needs (e.g., toileting, hygiene, feeding, etc.)
- v. Demonstrate at least 3rd grade reading level in comprehension and fluency.
- vi. Demonstrate ability to function independently for a sustained period of time (e.g., able to sit through 90-minute courses and function independently for 1-hour blocks of time, including navigating campus independently)
- vii. Demonstrate basic mathematics understanding and ability to use a calculator.
- viii. Express desire and motivation to complete a postsecondary education program.
- ix. Express desire to attain a job in an inclusive employment setting upon completing the program.
- x. Demonstrate active participation throughout the application and interview process.
- xi. Demonstrate sufficient emotional and independent stability to participate in all aspects of the Aggie ACHIEVE coursework and campus environment.
- xii. Be able to handle and adapt to change; not overly stressed when schedules or people change.
- xiii. Have proof of health insurance (Medicaid, Medicare, private).

xiv. Serve as his/her own guardian.

xv. Must be able to independently self-administer and manage medication and specialized dietary needs.

xvi. Demonstrate the ability to navigate campus safely (e.g., crossing streets and parking lots independently).

There is a \$30 application fee. This fee is due when submitting the application. Applications will not be reviewed if the application fee is not received. Please go

to https://secure.touchnet.com/C21490_ustores/web/classic/product_detail.jsp?PRODUCTID=12262 to pay the application fee. An email confirmation will be sent to you once the payment is received.

Each application must have at least two references. These references must be received prior to the application deadline. References are asked to complete the following survey: https://tamucehd.gualtrics.com/jfe/form/SV 9uF55bpcU4WOTY1

By completing the application below, the applicant and his or her family have reviewed the fees that are associated with attending Aggie ACHIEVE:

Total for program support fees and TAMU fees per year: \$20,500 Approximate housing and dining meal plan costs per year: \$10,400

Each applicant who completes an application will be notified of their status once decisions are made at each phase of the application process.

Please let us know if you have any questions by emailing aggleachieve@tamu.edu

Thank you!
Aggie ACHIEVE Program Staff

I confirm that I have read the admissions criteria and understand the expectations for Aggie ACHIEVE.

O Yes, I have read the admissions criteria.

The following responses should be completed by the applicant, but a parent may help.
Applicant's Full Name
O First Name
O Middle Name
O Last Name
What is the applicant's gender?
Choose one or more races that the applicant identifies with:
White
Black or African American
American Indian or Alaska Native
Asian
Native Hawaiian or Pacific Islander
Other
What is the applicant's date of birth? Please use format: 01-01-2001.
Age of applicant as of August 1, 2021

What is the applicant's permanent mailing address?
O Address
O Address 2
O City
O State
O Postal code
Applicant's Contact Information Please make sure this is the individual with a disabilities contact information and not the parents. The applicants email below will also receive the confirmation email that the application has been successfully submitted once completed. Thank you!
O Home Phone
O Cell Phone
○ Email Address
What is the preferred method for us to communicate with the applicant about the admissions process?
O Phone
○ Email
Other
What is the applicant's social security number? Please use format 999-99-9999. This will only be used by the Admissions Office upon acceptance.

diagnosis.		
Autism		
Deaf-Blindness		
Deafness		
Emotional Disturbance		
Hearing Impairment		
Intellectual Disability		
Multiple Disabilities		
Orthopedic Impairment		
Other Health Impairment		
Specific Learning Disability		
Speech and Language Impairment		
Traumatic Brain Injury		
Visual Impairment		
Other		

Please choose ALL the following categories of disabilities that correspond with the applicant's CURRENT

Is the applicant a Texas resident?
○ Yes. Please enter Texas county of residence:
O No. Please enter state or country of residence:
Is the applicant a U.S. Citizen?
○ Yes
○ No
If the applicant is not a U.S. Citizen, is the applicant a legal U.S. resident?
○ Yes
○ No
Does the applicant receive vocational rehabilitation services? If yes, please provide the name and contact information for the VR counselor.
O Yes
○ No
O Not sure
Does the applicant receive Social Security Insurance (SSI)?
○ Yes
○ No

How did you learn about the Aggie ACHIEVE program?	
Guardianship Information	
Is this applicant his or her own FULL legal guardian?	
○ Yes	
○ No	
If no, please indicate the name of the legal guardian.	
Please describe in detail the type of guardianship in place. For example, if there is n financial guardianship, and processes in place.	nedical guardianship,

Aggie ACHIEVE students are REQUIRED to be their own legal guardians. If the applicant does not have guardianship, are you willing to change this if accepted into the Aggie ACHIEVE program, and will you provide supporting documents to prove this change?
○ Yes
○ No
Parent/Guardian Information
Please indicate the name, phone number, mailing address, and email address for the primary contact for information regarding this applicant and Aggie ACHIEVE.
O Name
O Address
O Address 2
O City
O State
O Postal code
C Email Address
O Phone Number
O Phone Number

such as another parent.	
O Name	
O Address	_
O Address 2	
O City	
O State	
O Postal code	
Email Address	
O Phone Number	
O Phone Number	
Emergency Contact Information: Should be different than contacts listed above.	
O Name	
O Address	_
O Address 2	
O City	
O State	
O Postal code	
O i ostal code	
Email Address	

If needed, indicate the name, phone number, mailing address, and email address for an additional contact

Does the applicant have any siblings? If so, please list their names, gender, and age	
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Why are you interested in the Aggie ACHIEVE program for your son or daughter?	
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Describe the applicant's motivation for attending the Aggie ACHIEVE program.	
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Describe the applicant's attitude toward moving away to college.	

Describe the applicant's attitude for attaining a job in the community.	
Describe any concerns you may have that would impact the applicant's ability to b ACHIEVE.	e successful in Aggie
Describe your family's preparation in assisting the applicant to make the transition	to college life.

sett	ase describe the types of general supports that are most effective for the applican ings. Examples might include extended time, small group support, verbal read-alo sentation/organizers, experiential learning.	
	ne applicant involved in any hobbies or extracurricular activities in school or in the	community? If so, please
des	cribe.	
the	ne applicant currently employed in a paid employment setting OR recently exited elast 1 year)? If yes, please indicate the name of employer, position and job responsible the applicant has a job coach or any accommodations provided at work.	nsibilities, hours per week

To assist us with internship placements, please describe the types of supports that a applicant in vocational settings. Please also note any concerns about prior work exp training.	
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Has your son/daughter completed any other postsecondary programs since graduat please name them.	ing from high school? If so,
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Educational History	
Has the applicant completed high school?	
O Yes. Please enter the year of completion.	
O No. Please enter expected date of completion.	
Please indicate the type of diploma the applicant received or will receive.	
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Did the applicant have an Individualized Education Program (IEP) in high school?
○ Yes
○ No
If yes, please indicate the IDEA primary disability category for which the applicant was served under an IEP.
O Autism
O Deaf-Blindness
O Deafness
Emotional Disturbance
O Hearing Impairment
O Intellectual Disability
O Multiple Disabilities
Orthopedic Impairment
Other Health Impairment
O Specific Learning Disability
O Speech and Language Impairment
○ Traumatic Brain Injury
O Visual Impairment
Other

O Autism
O Deaf-Blindness
O Deafness
Emotional Disturbance
O Hearing Impairment
O Intellectual Disability
O Multiple Disabilities
Orthopedic Impairment
Other Health Impairment
Specific Learning Disability
Speech and Language Impairment
○ Traumatic Brain Injury
O Visual Impairment
Other
Please describe the type of special education assistance the applicant received OUTSIDE of the general education classroom.

If applicable, please indicate the IDEA secondary disability category for which the applicant was served under

Please indicate the applicant's level of independence of completing academic assigni assignments.	ments or homework
O Completely independent	
Reviewing with adult	
O Direct assistance	
What type of support services did the applicant receive in high school? Examples inc physical therapy, speech and language therapy, and assistive technology. Please deservice and accommodations needed.	
Please indicate whether any of these support services will continue while the applicar ACHIEVE. If so, please note that the applicant is responsible for therapeutic support	
Provide a description of the applicant's reading abilities (and approximate grade level	equivalent):

Provide a description of the applicant's writing/composition abilities (and appro	ximate grade level equivalent):
Provide a description of the applicant's math abilities (and approximate grade I	evel equivalent):
	
Has the applicant utilized assistive technology (voice recognition, iPad, etc.)? I	f so, what?
	

Academic Skills

, toddoniio Graiio	Requires Assistance	Requires Some Assistance	Independent	NA
Understands the value of money	0	0	0	0
Handles money to make purchases	0	\circ	0	0
Following verbal directions	\circ	\circ	\circ	\circ
Following written directions	0	\circ	0	\circ
Demonstrates motivation to learn	0	\circ	0	0
Navigating the internet	0	\circ	\circ	\circ
Using a computer for word processing	0	0	0	0
Maintaining and following a daily schedule	0	\circ	0	0
Asking for help when needed	0	\circ	\circ	\circ
Adjusting to schedule changes appropriately	0	0	0	0
Adjust to busy environments appropriately	0	\circ	0	\circ
Can sit still for 90 minutes	\circ	\circ	\circ	0
Accessing remote learning	\circ	\circ	\circ	0

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Independent Living

	Requires Assistance	Requires Some Assistance	Completely Independent	NA
Toileting and hygiene	0	0	0	0
Ordering and purchasing items from a restaurant or store	0	0		0
Laundry	0	\circ	\circ	\circ
Basic cooking	0	\circ	0	\circ
Basic cleaning	0	\circ	0	\circ
Managing personal belongings	0	\circ	\circ	0
Asking questions when needed	0	\circ	\circ	\circ
Adjusting to new environments or situations	0	\circ	0	\circ
Emergency skills	0	\circ	\circ	\circ
Managing his/her medication and health needs	0	0	0	0
Crossing streets and parking lots safely	0	0	0	0
Using a cell phone	0	\circ	\circ	\circ
Money management (e.g., spending, budgeting)	0	0	0	0

Are there any specific concerns regarding independent living?	
Please describe if the applicant has stayed overnight from you and/or his/her primary years. If yes, where did the applicant stay and for how long? What level of supervisior Were there any adjustment issues?	
Does the applicant have a driver's license?	
○ Yes	
○ No	
Does the applicant have his or her own vehicle?	
○ Yes	
○ No	

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Social Skills and Communication

	Requires Assistance	Requires Some Assistance	Independent	NA
Appropriately communicates needs	0	0	0	0
Appropriately relates to others in social situations	0	0	0	0
Handling conflict with others	\circ	0	\circ	0
Respects authority	0	0	\circ	\circ
Sending and receiving text messages	0	0	0	0
Texting an appropriate amount	0	\circ	\circ	\circ
Using email	\circ	\circ	\bigcirc	\bigcirc
Providing personal information such as his/her name, address, phone number	0	0	0	0
Adjusts appropriately to changes to environment or tasks	0	0	0	0
Maintaining appropriate peer relationships	0	0	0	0
Maintaining appropriate romantic relationships	0	0	0	0
Uses social media platforms appropriately	0	\circ	0	0

Working in groups with peers			0	0	
Are there any spec	cific social skill concern	s or possible trigg	ers for behaviors?		
Additional comme	nts on the applicant's in	ndependent living	skills (if needed)		
Medical History					

Primary Care Physician Information:	
O Name	
O Address	
O Address 2	
O City	
O State	
O Postal code	
O Country	
O Phone Number	
When was the applicant's last medical exam? Please use format: 01-01-2001.	
Does the applicant require any assistance with mobility?	
Yes. Please describe types of mobility aid (e.g., wheelchair, prosthesis, canin	e assistance)
○ No	
Does the applicant have any history of seizures?	
O Yes. Please describe:	
○ No	

Does the applicant have a chronic illness?
O Yes. Please describe medical diagnosis:
○ No
Does the applicant have a history of frequent hospitalization?
O Yes. Please describe:
○ No
List any medications the applicant is currently taking and the frequency of medication usage.
Please list any allergies.

Does the applicant manage his or her own medications and health needs independently? If no, please
describe the type of assistance required for administering medications.

Does the applicant have any history of aggressive physical or verbal behaviors? If yen ature of the situation, including dates.	es, please describe the
Does the applicant have a history of legal violation, arrest, or probation? If yes, pleas he situation, including dates.	e describe the nature of
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Essay Questions for Applicant	
The answers should come directly from the applicant's ideas.	
What do you enjoy doing in your free time (hobbies/sports)?	

	
What do you do really well?	
	
What is your biggest accomplishment in life so far?	
Why do you want to attend Aggie ACHIEVE at Texas A&M University?	

What are some skills that you would like to learn in Aggie ACHIEVE?	
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What overwhelms you or makes you feel anxious? For example, crowds, loud noises schedule changes, etc. How do you best handle those feelings?	s, working in groups,
What concern(s) do you have if you were to enroll in Aggie ACHIEVE?	
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Do you want to have a job in the future? If yes, what kind of job do you want?	

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What are you most excited about learning or doing in college?	
	-
	-
Is there anything else we should know about you?	-
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Important Files to Upload	
Please upload the applicant's official high school transcript. Unofficial is acceptable if completed high school yet.	f the applicant has not
Please upload the applicant's most recent IEP document, in its entirety.	

Please upload the most recent educational evaluation, including school re-evaluation, Peabody Individual Achievement Test (PIAT), Kaufman Test of Educational Achievement (KTEA), and Woodcock Johnson III or Revised Test of Achievement.
Please upload the most recent Functional Behavioral Assessment, if applicable.
If applicable, please upload the applicant's resume.
Video Upload Please upload a video of yourself (the applicant) that speaks to why you want to come to Aggie ACHIEVE. If you are unable to record a video then please submit an audio recording. First share a little bit about yourself and then touch on each of the following: 1. Tell us about yourself. What do you like to do for fun? 2. Why do you want to attend Aggie ACHIEVE? 3. Do you want to work one day? If so, where do you want to work? 4. What are your goals for after college? 5. Why would you be the best candidate?
Please upload your video below.
References Please copy and paste the link below and send it to at least two people who have known the applicant for one year or longer. References by family members will not be accepted References should represent at least two of the following areas: education, vocational/employment, community involvement, and personal. If possible, please have at least one prior or current teacher. Link to send to references: https://tamucehd.qualtrics.com/jfe/form/SV_9uF55bpcU4WOTY1 The link for references is also on our website.
I acknowledge that I have sent the link to at least two individuals to serve as my references.

Have you completed the Free Application for Federal Student Aid (FAFSA) or do you plan to complete the FAFSA for the 2021-2022 academic year?
O Yes, I have already completed it.
O No, but I plan on completing it.
O No, and I do not plan on completing it.
I am not sure. I would need more information.
By completing the application, the applicant and his or her family understand the fees that are associated with attending this program: Total for program support fees and TAMU fees per year: \$20,500 Approximate housing and dining meal plan costs per year: \$10,400
Please note: Aggie ACHIEVE does not qualify for any state funds at this time, although federal aid may be available through the FAFSA.
O By clicking here, I certify that I understand the fees associated with this program. I acknowledge that scholarships and financial aid are not guaranteed and that if accepted, the applicant and their family are response for the fees above in order to attend the program.
Application Fee
There is a \$30 application fee. Please go to the site below and pay your fee prior to submitting the application:
https://secure.touchnet.com/C21490_ustores/web/classic/product_detail.jsp?PRODUCTID=12262
An email confirmation will be sent to you once the payment is received.
Applications will only be accepted upon receiving fee.
I certify that I have paid the \$30 application fee.