The SUCCEED Program
2018 Admissions Application
The completed application, all required documents, and a non-refundable application fee of $150 must be postmarked or hand-delivered by 4:00 pm January 26th, 2018 for priority consideration. Rolling applications will be accepted through April 6th, 2018 by 4:00 pm to fill any slots remaining.

Send to: The SUCCEED Program, 113 Lucas Hall, 1 University Blvd., St. Louis, MO 63121-4400

☐ SUCCEED Application
☐ Resume (if applicable)
☐ DAY-IN-THE-LIFE Form (parent/guardian)
☐ 3 Reference (personal / professional / professional)
☐ Copy of Educational/Medical/Psychological Diagnosis of Disability
☐ Copy of most recent full transition Individualized Education Plan (IEP) with Transition Plan, Individualized Service Plan (ISP), Person Centered Plan (PCP) OR any combination thereof
☐ Copy of Functional Behavior Assessments (FBA) and/or Behavior Intervention Plans (BIP) for the past 5 years (if one was developed for applicant)
☐ Copy of High School transcript
☐ Copy of College transcript
☐ Copies of results from Career Assessments, Transition Assessments, Summary of Performance, if applicable
☐ UMSL Non-Degree Seeking Application
☐ Completed and signed SUCCEED Application Checklist
☐ $150 non-refundable application fee paid by check or money order submitted with application documents
Application Overview

The SUCCEED application process is designed to get a comprehensive picture of the applicant's goals and support needs – and how those align with The SUCCEED Program structures & supports. Our goal is to select prospective students who will participate fully and successfully in the program, to achieve their highest desired level of independence and skills in the areas of vocation, social, educational, and independent living. Therefore, we ask that applicants and their parents/guardians complete the application materials honestly and candidly.

Misrepresentation of goals and support needs will risk the likelihood of success in the program. This application should be completed by applicants and their parents/guardians collaboratively; applicants must complete all sections in this document that specifically request a student response.

*Failure to fully and accurately disclose the following information may be grounds for dismissal from the program without reimbursement.

**Student Personal Data**

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Mailing Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home Phone:</strong></td>
<td><strong>Student Cell Phone:</strong></td>
</tr>
<tr>
<td><strong>Student E-mail Address:</strong></td>
<td></td>
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<tr>
<td><strong>Date of Birth:</strong></td>
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<tr>
<td><strong>Gender:</strong></td>
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<tr>
<td><strong>What language(s) do you speak?</strong></td>
<td></td>
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<tr>
<td><strong>What is your estimated reading level?</strong></td>
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<table>
<thead>
<tr>
<th><strong>Parent/Guardian Name:</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Parent/Guardian Email:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parent/Guardian Address (if different from applicant)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parent/Guardian Home Phone:</strong></td>
<td><strong>Work Phone:</strong></td>
</tr>
<tr>
<td><strong>Parent/Guardian Cell Phone:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>What language(s) do you speak?</strong></td>
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</tbody>
</table>

**Parent/Applicant Information:**
1. If accepted, a Consent to Exchange Information form must be signed to share relevant information with participating agencies and businesses.

2. If accepted, current documentation of your disability will need to be provided to the University of Missouri – St. Louis (UMSL) Disability Access Services Office to request accommodations.

3. Equal Opportunity: Acceptance will be made without regard to race, color, religion, national origin, age, gender, political affiliation, veterans’ status, sexual orientation, or ability.

Applicant Signature: ____________________________________________________ Date: ____________

Parent/Guardian Signature: ___________________________________________ Date: ____________

*The student’s information is confidential and protected by the University from being disclosed to unauthorized parties.

SUCCEED Application Memorandum of Understanding:

Through submission of this application:

- I understand that I and my parents/guardians’ presence may be requested for a program interview.
- I understand that I and my parents/guardians’ presence may be requested for a second follow-up interview.
- I understand if admitted to the program I and my parents/guardians will be expected to attend SUCCEED summer planning events and workshops in order to help my transition into the program.
- I understand if admitted to the program, SUCCEED will take no responsibility for medication maintenance and compliancy.
- I understand if admitted to the program, SUCCEED will evaluate progress and set transitional benchmarks throughout the program. If a student is not progressing and transitioning as expected, the student could be removed from the program.
- I understand if admitted to the program, I will be expected to follow the UMSL Code of Conduct and Title IX regulations. If I violate this code of conduct I could be removed from the university.
- I understand if admitted to the program, I will be expected to meet SUCCEED academic progress. If not, I could be placed on Academic Recovery/Academic Probation and eventually removed from the program.

Applicant Signature: ___________________________________________ Date: ____________

Parent/Guardian Signature: ___________________________________________ Date: ____________
**Education Experience:** (Must attach a copy of your high school and college transcripts.)

What year will you or did you graduate from high school? ______________________________________

What type of diploma/certificate will you or did you earn? ______________________________________

How did you learn about the SUCCEED program at the University of Missouri - St. Louis?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you attended college or a training program before? Yes ☐ No ☐

If yes, where? __________________________________________________________________________

How long? ______________________________________________________________________________

Did you complete the program/training? Yes ☐ No ☐

**Employment/Work Experience:**

(Attach a resume or any support documentation if applicable)

Do you currently have secured paid/volunteer employment that you wish to continue during the SUCCEED program, in addition to taking classes? Yes ☐ No ☐

If yes, where? __________________________________________________________________________

How many days/hours? ______________________________________________________________________

Describe two of your most recent job, work, or volunteer experiences at school or in the community.

<table>
<thead>
<tr>
<th>Job Site</th>
<th>Job Duties</th>
<th>DATES</th>
<th>HOURS/WEEK</th>
<th>WAS THIS A PAID POSITION?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>☐ Yes</td>
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<td>☐ No</td>
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<td>☐ Yes</td>
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<td></td>
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<td></td>
<td>☐ No</td>
</tr>
</tbody>
</table>
(Employment/work experience cont.)

If no longer employed or volunteering, why did you leave?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Service Agencies:

PLEASE NOTE: This information may be used to assist the admissions team in supporting aspects of transition throughout the program.

Are you currently receiving services or support from?

- Department of Mental Health ☐ Yes ☐ No
- Regional Case Manager ☐ Yes ☐ No

Please list name/number: ______________________________

- Department of Vocational Rehabilitation (Check all that apply) ☐ Yes ☐ No
  - Educational Services ☐
  - Vocational Services ☐

- Service Providers/Agencies ☐ Yes ☐ No

Please list:__________________________________________________________

- Mental Health Support Services ☐ Yes ☐ No

Please list:__________________________________________________________

Do you have a Medicaid Waiver? ☐ Yes ☐ No

Do you receive benefits from Social Security Administration? ☐ Yes ☐ No

If yes, please describe: ________________________________________________

Health:

Applicant’s documented intellectual and/or developmental disabilities – please check all that apply:

- Intellectual Disability ☐
- Learning disability ☐
- Autism Spectrum Disorder ☐
- Traumatic Brain Injury ☐
- Epilepsy ☐
- Cerebral Palsy ☐
- Down Syndrome ☐
- Fetal Alcohol Syndrome ☐
- Other:________________________
Mental Health Supports applicant has accessed in the last 10 years for any of the following – please check all that apply:

☐ Anxiety Disorder(s)
☐ Depression
☐ Bipolar Disorder
☐ Obsessive-Compulsive Disorder
☐ Other (define): ____________________________

☐ Psychotic Disorder
☐ Personality Disorder
☐ Schizophrenia
☐ PTSD

List all medications that you currently take (prescription and over the counter):

<table>
<thead>
<tr>
<th>Medication</th>
<th>Purpose</th>
<th>Times per day / Time of day</th>
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<tbody>
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</table>

Please describe your process (or daily routine) of taking your medications, including what supports (people or technology) you benefit from having:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
List any other support needs or any barriers/concerns that you feel may affect your participation in The SUCCEED Program at UMSL.

<table>
<thead>
<tr>
<th>Support Need / Concern / Barrier</th>
<th>How may it affect your participation?</th>
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</table>

**Other Support Summary:**

*Please attach DAY-IN-THE-LIFE forms for both student and parent/guardian. This information will help the Admissions team understand your current daily life routines and the types of support needed throughout the day.*

*Please attach relevant Functional Behavior Assessments and/or Behavior Intervention Plans for the past 5 years*

Please share what accommodations and/or modifications, including positive behavioral strategies, you need to be successful in the following environments?

Independent Living: __________________________________________________________

________________________________________________

Social: __________________________________________________________

________________________________________________

Academic: __________________________________________________________

________________________________________________

Vocational: __________________________________________________________

________________________________________________

Positive Behavioral Strategies: __________________________________________________________

________________________________________________

Other Accommodations and/or modifications: __________________________________________________________

________________________________________________
Applicant Essay Questions

PLEASE NOTE: Complete in your own words with or without a person assisting you to write your responses. Please type responses, and attach to this application.

*Alternative and creative formats to answer these questions will be accepted (video, PowerPoint, etc.), but should not exceed 5 minutes.*

1) Why do you want to be a student in SUCCEED at the University of Missouri – St. Louis?
2) Describe your disability and support needs in your own words:

References:
*Please attach reference forms for each person listed below to your application. Please have these references mail forms directly to The SUCCEED Program offices. Do not turn in with your application.*

Mail to:
The SUCCEED Program
113 Lucas Hall
One University Blvd.
St Louis MO, 63121

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Reference &amp; Notes</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Personal Reference (not a family member)</td>
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<tr>
<td>2.</td>
<td>Educational Reference</td>
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<tr>
<td>3.</td>
<td>Professional</td>
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</table>

The person assisting the student to complete this application is (if applicable):

Name: ________________________________
Relationship: _________________________
Phone Number: ________________________

Signature: ___________________________ Date: ___________
DAY-IN-THE-LIFE FORM (Student)

Student Name: ________________________________________________

This document serves as an assessment to give insight into what an average day in your life is like. Please include general times at which each of the activities occur; the help needed to successfully perform the activities; and any additional notes that you think would be helpful.

PLEASE NOTE: Activities are the motions your child goes through during the day (getting dressed, preparing and eating food, transportation to school or work, etc.).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Who assists you with this activity?</th>
<th>What tools, technology, or other supports help you? (e.g., sensory supports?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Morning</td>
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<tr>
<td>Mid-Morning</td>
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<td>Midday</td>
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<td>Afternoon</td>
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<td>Course</td>
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<tr>
<td>Early</td>
<td>Evening</td>
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<td>Evening</td>
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<td></td>
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<tr>
<td>Night</td>
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</tbody>
</table>
DAY-IN-THE-LIFE FORM (PARENT/GUARDIAN)

Student Name: ____________________________

This document serves as an assessment to give insight into what an average day in your child’s life is like. Please include general times at which each of the activities occur; the help needed to successfully perform the activities; and any additional notes that you think would be helpful.

PLEASE NOTE: Activities are the motions your child goes through during the day (getting dressed, preparing and eating food, transportation to school or work, etc.).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>How do you assist your child with this activity?</th>
<th>What tools, technology, or other supports help your child? (e.g., sensory supports?)</th>
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<tbody>
<tr>
<td>Early Morning</td>
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<td>Mid-Morning</td>
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<td>Time</td>
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<tr>
<td>Early Evening</td>
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<td>Evening</td>
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<tr>
<td>Night</td>
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</table>
Reference Form – Personal (not family member)

(name of student) has applied for admission to SUCCEED at the University of Missouri – St. Louis. SUCCEED promotes a supported education model that provides individualized supports to students with intellectual and developmental disabilities seeking postsecondary education to enhance their skills for independent living and employment. SUCCEED will include:

- Specialized core classes that emphasize life and social skills, independent living, academic enrichment and career development
- Career counseling and field placements to help students focus on employment that matches their skills and interests
- On-campus living in a residence hall supported by specially trained Resident Assistants and Peer Advisors
- Full integration into residential, social and community life

The curriculum, learning activities, and internships are structured around social interaction, personal development, independent living skills, preparation for employment and/or preparation for a degree-seeking program. Each student will complete four semesters of course work and vocational internships earning a SUCCEED certificate. Please answer the following questions to the best of your ability (you may use additional space if needed) and return the form to the SUCCEED Program offices. Letters of recommendation will also be accepted. For more information about the SUCCEED program, please refer to the website www.umslsucceed.com.

Return this form to:
The SUCCEED Program
113 Lucas Hall
One University Blvd
St Louis MO, 63121

Name: ___________________________ Relationship to applicant: ___________________________
How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from SUCCEED at UMSL?

Describe the strengths that the applicant has that will make him/her a strong candidate for the SUCCEED certificate program. Think in terms of character qualities such as compassion, creativity, and dependability as well as personal skills such as communication, ability to work as a team, and initiative.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?

What challenges do you anticipate for this applicant’s successful integration into university life?
Reference Form – Educational

____________________________ (student name) has applied for admission to SUCCEED at the University of Missouri – St. Louis. SUCCEED promotes a supported education model that provides individualized supports to students with intellectual and developmental disabilities seeking postsecondary education to enhance their skills for independent living and employment. SUCCEED will include:

• Specialized core classes that emphasize life and social skills, independent living, academic enrichment and career development
• Career counseling and field placements to help students focus on employment that matches their skills and interests
• On-campus living in a residence hall supported by specially trained Resident Assistants and Peer Advisors
• Full integration into residential, social and community life

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St Louis MO, 63121

Name: ___________________________ Relationship to applicant: ___________________________
Address: ___________________________________
How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from SUCCEED at UMSL?

Describe the strengths that the applicant has that will make him/her a strong candidate for the SUCCEED certificate program. Think in terms of character qualities such as compassion, creativity, and dependability as well as personal skills such as communication, ability to work as a team, and initiative.

In your opinion, what kinds of supports would be most helpful for this applicant to succeed in the certificate program?
What challenges do you anticipate for this applicant’s successful integration into university life?

Reference Form – Professional

_________________________ (student name) has applied for admission to SUCCEED at the University of Missouri – St. Louis. SUCCEED promotes a supported education model that provides individualized supports to students with intellectual and developmental disabilities seeking postsecondary education to enhance their skills for independent living and employment. SUCCEED will include:

• Specialized core classes that emphasize life and social skills, independent living, academic enrichment and career development
• Career counseling and field placements to help students focus on employment that matches their skills and interests
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Return this form to:
The SUCCEED Program
113 Lucas Hall
One University Blvd
St Louis MO, 63121

Name: __________________________ Relationship to applicant: __________________________
Address: ____________________________________________

________________________________________________________________________
Email: ________________________ Phone: ________________________

How long have you known the applicant and in what capacity?

How do you feel the applicant would benefit from SUCCEED at UMSL?

Describe the strengths that the applicant has that will make him/her a strong candidate for the SUCCEED certificate program. Think in terms of character qualities such as compassion, creativity, and dependability as well as personal skills such as communication, ability to work as a team, and initiative.

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What challenges do you anticipate for this applicant’s successful integration into university life?