



**The SUCCEED Program  
2019 Admissions Application**



# The SUCCEED Program 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 February 1st, 2019 for priority consideration. Rolling applications will be accepted through April 5<sup>th</sup>, 2019 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)**
- 4 Reference (personal /educational /vocational/clinical)**
- 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**



# The SUCCEED Program Admissions Application

## 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

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

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

Gender: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

What is your estimated reading level? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Address (if different from applicant) \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

## **Parent/Applicant Information:**



# The SUCCEED Program Admissions Application

1. If accepted, a Consent to Exchange Information form must be signed to share relevant information with participating agencies and businesses.
2. 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: \_\_\_\_\_



# The SUCCEED Program Admissions Application

**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.

Job Site	Job Duties	DATES	HOURS/ WEEK	WAS THIS A PAID POSITION?
				<input type="checkbox"/> Yes  <input type="checkbox"/> No
				<input type="checkbox"/> Yes  <input type="checkbox"/> No



# The SUCCEED Program Admissions Application

**(Employment/work experience cont.)**

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

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**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/Community 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: \_\_\_\_\_



# The SUCCEED Program Admissions Application

**(Health cont.)**

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):

Medication	Purpose	Times per day / Time of day

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

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# The SUCCEED Program Admissions Application

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

Support Need / Concern / Barrier	How may it affect your participation?

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





# The SUCCEED Program Admissions Application

## 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*

	Name	Type of Reference	Phone Number	Email Address
1.		Personal Reference ( <u>not</u> a family member)		
2.		Educational Reference		
3.		Vocational		
4.		Clinical		

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

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

Relationship: \_\_\_\_\_

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



# The SUCCEED Program Admissions Application

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.).

Time	Activity	Who assists you with this activity?	What tools, technology, or other supports help you? (e.g., sensory supports?)
Early Morning			
Mid-Morning			
Midday			
Afternoon			



## The SUCCEED Program Admissions Application

Early Evening			
Evening			
Night			
When I get frustrated.			



## 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.).

Time	Activity	How do you assist your child with this activity?	What tools, technology, or other supports help your child? (e.g., sensory supports?)
Early Morning			
Mid-Morning			
Midday			
Afternoon			



## The SUCCEED Program Admissions Application

Early Evening			
Evening			
Night			
When my student gets frustrated.			



# The SUCCEED Program Admissions Application

## Reference Form – Personal (not family member)

\_\_\_\_\_ (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

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](http://www.umslsucceed.com).

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

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_



# The SUCCEED Program Admissions Application

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.

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?



# The SUCCEED Program Admissions Application

## Reference Form – Educational

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# The SUCCEED Program Admissions Application

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# The SUCCEED Program Admissions Application

## Reference Form – Professional

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# The SUCCEED Program Admissions Application

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# The SUCCEED Program Admissions Application

## Reference Form – Clinical (Physician, Psychologist, Counselor)

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# University of Missouri-St. Louis

## Quick Application for Visiting & Non-Degree Students



UMSL Student Number \_\_\_\_\_

This application is only for students applying to UMSL as a visiting or non-degree seeking student. There is no application fee required. Submit this application to the Office of Undergraduate Admission, 351 MSC, 1 University Blvd., St. Louis, MO 63121 or fax to 314-516-5310. Financial aid is not available for visiting and non-degree students at UMSL.

CHECK ONE

- Visiting Student** – I am a degree-seeking student in good standing at another college or university who would like to enroll in courses at UMSL and transfer them to my home institution.
- Non-Degree Student** – I would like to enroll in courses for academic enrichment. I do not plan to earn a degree from UMSL and I have not been academically dismissed from any University.

**1. Legal Name:**

\_\_\_\_\_

Last First MI Other

**2. SSN or UMSL Student I.D.:** \_\_\_\_\_ **3. Date of Birth (MM/DD/YY)** \_\_\_\_\_

**3. Home Address:** \_\_\_\_\_

Street City State ZIP

**4. Home Phone #:** \_\_\_\_\_ **5. Work Phone #:** \_\_\_\_\_

**6. Place of Birth:** \_\_\_\_\_ **7. Email Address:** \_\_\_\_\_

City, State

**8. Are you a U.S. citizen?**  Yes  No If No, what country? \_\_\_\_\_

**9. Are you a Missouri resident?**  Yes  No If YES, since (Month / Year) \_\_\_\_\_

If less than one year, list previous (County / State): \_\_\_\_\_ since (Month / Year) \_\_\_\_\_

If NO, list current (County / State): \_\_\_\_\_ since (Month / Year) \_\_\_\_\_

**10. Are you a permanent resident?**  Yes  No If Yes, please attach a copy of the front & back of your PR card

If No, what is your Visa status? \_\_\_\_\_

*We are required by federal law to solicit certain demographic information to meet federal reporting requirements. Questions 11-13 will not be used in a discriminatory manner.*

**11. Gender:**  Female  Male **12. Are you Hispanic/Latino?**  Yes  No

**13. Which of the following do you consider to be your racial background? Please check one or more that apply:**

- American Indian or Alaska Native  Native Hawaiian or other Pacific Islander
- African-American/Black  White
- Asian (includes Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
- Asian (underrepresented)

**14. For which term are you applying?**  Fall  Spring  Summer Year \_\_\_\_\_

**15. Academic level?**  Freshman  Sophomore  Junior  Senior  Post Baccalaureate

**16. Academic Area?**  A&S  BUS  COFAC  EDUC  Teacher Certification

Certificate If so, which one? \_\_\_\_\_

**17. Have you previously applied to UMSL?**  Yes  No If Yes, what term/year? \_\_\_\_\_

**18. Please provide the name and location of your college/university and dates of attendance**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

Visiting  
Students

I have read and understand the options and limitations offered to Visiting and Non-Degree Students by UMSL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date