



LEAP

Leveraging Education for Advancement Program
A Program Provided by Albany Technical College

Inclusive Post-Secondary Education at Albany Technical College

Leading to a Certificate in Various Programs

Student Application Packet

All applications will be reviewed

L.E.A.P.
Albany Technical College
1704 S. Slappey Blvd
Albany, GA 31701
ATTN: Regina Watts, Leap Director

Application for Admission

In addition to completing the LEAP application, a FAFSA application is also required. **If approved for the L.E.A.P program,** an ATC admissions application & a \$25.00 ATC admissions application fee is required. **Acceptance into the L.E.A.P. is a competitive application process.**

NOTE: L.E.A.P. applications will not be considered unless ALL requested information is present at the time of review.

The applications can be typed or printed neatly. Include all information below. Letters of Recommendation with signatures must be included in a sealed envelope. NOTE: Documents will not be returned.

APPLICATION CHECKLIST

1. ____ Student Application
2. ____ Student Questionnaire to be completed by the applicant
3. ____ Parent/Guardian Information to be completed by parent/guardian
4. ____ Emergency Contact /Medical Information Form
5. ____ Release/Exchange of Information Form
6. ____ Recent IEP & Psychological/Behavioral Evaluation conducted within the past three years
9. ____ 3 Letters of Recommendation from people who have known the applicant for one year or longer. The recommendations should represent each of the following:
 - (1) Education
 - (2) Vocational/employment
 - (3) Personal

****Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes as directed on the form.

- 10 ____ Proof and Acknowledgement of Guardianship signature page and document, if applicable
11. Complete and submit this page with application. If applicable, submit guardianship documents.
12. ____ Graff Parent Readiness Scale

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Application for Admissions Procedure

This is a program of study for unique learners who are highly motivated young adults who have a developmental or intellectual disability. "Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills" (**AAIDD)

In order to be sure that the LEAP Program for Inclusive Learning is the best match for our applicants, we require an application packet to be completed for each student. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Have been served under IDEA
- Received a regular high school diploma or GED
- 5th grade or higher reading level preferred
- Knowledge of basic mathematics and ability to use a calculator.
- Ability to function independently for a sustained period
- No significant behavioral or emotional problems that would impact school performance.
- Ability to be successful in competitive employment situations.
- Desire and motivation to complete a postsecondary program
- It is required that applicants be on an active Vocational Rehabilitation caseload
- Have a willingness to complete all assignments with support

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

This is an accredited certificate program, and students will receive a certificate in various **approved certificates** along with a personal portfolio from Albany Technical College.

Note: **Not all applicants who complete the application will be accepted into the LEAP Program.** A decision regarding the appropriateness of each applicant's participation will be based upon the review of information in the application and recommendations.

Please email rwatts@albanytech.edu or call (229) 430-2854 if you have other questions.

Mail all admissions materials to:

Regina Watts
LEAP Program Director
Albany Technical College
1704 S. Slappey Blvd
Albany, GA 31701

****American Association of Intellectual and Developmental Disabilities**

Application Process

STEP 1

_____ Complete and submit copy of the Student Application Packet

STEP 2

_____ Submit High School Transcripts

_____ Submit recent Educational and Psychological or Behavioral Evaluations

_____ Submit Letters of Recommendations (3 total; see checklist and evaluation forms for details)

Application Selection Process

An Application Screening Committee will review applications and select eligible students for admission who may be asked to interview upon document review. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email, phone call, or letter informing you of your acceptance. **Note: A limited number of applicants will be admitted each year.**

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria. The applicant:

- Must have a significant cognitive and/or developmental disability that interferes with their academic performance.
- Must have sufficient emotional and independent stability to participate in all aspects of the LEAP Program, including coursework and campus environment.
- Should be able to sit through 50-minute courses and function independently for 2 hour blocks of time.
- Must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: The LEAP Program does not have the personnel to supervise students with difficult and challenging behaviors or to dispense medications.
- Must demonstrate the desire to attend the LEAP Program and adhere to the Albany Technical College policies regarding attendance, participation in the coursework, and code of conduct.
- Must have the ability to be successful in competitive employment situations.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed, in completing some sections of the application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Birth date _____ Age _____

Male/Female/Other _____ Email address _____

Student receives support or services from: (please check those that apply)

____ Supplemental Security Income

____ Medicaid Waiver

____ Social Security Disability Insurance

____ Georgia Vocational Rehabilitation Agency

____ Special Education Services (IDEA funding)

Are you currently on an active Vocational Rehabilitation caseload? Yes ____ No ____

If yes, what is the name of your VR counselor? _____

Contact information: _____

What services have been provided to date? _____

FAMILY INFORMATION

Student lives with:

_____ Both parents _____ Mother _____ Father _____ Guardian(s) _____ Other

Mother/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email address _____

Father/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email address _____

Siblings:

Name	Age
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT INFORMATION: **IN CASE OF AN EMERGENCY, PLEASE CONTACT...**

_____ at _____ OR
(Name) (phone)

_____ at _____
(Name) (phone)

EDUCATION HISTORY

High school(s) and post-secondary educational institutions attended (Name, City , State)	Dates of attendance (From-To)	Reason for leaving

Did you complete high school? (Circle one) No Yes

From (school and address) _____ Date _____

In a few words, please describe your academic strengths and weaknesses.

In a few words, how do you think you learn best? (e.g. small groups, extra time)

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

Independent living: _____

Social/recreational/leisure: _____

Employment: _____

Have you participated in general education classes in your home school? Yes No

If yes, list subjects _____

Was any accommodation used? Yes No

If yes, what kind? _____

EMPLOYMENT HISTORY

Please complete the following.

Note: prior work experience is not a requirement for admission into this program

Name of Business/Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

Are you currently participating as a volunteer? _____ if yes, please list details:

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

TRANSPORTATION

Have you used public transportation?

Do you have a means of transportation to and from Albany Technical College and to and from any community outings?

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

Note: Albany Technical College is unable to provide transportation to and from the campus.

MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnoses that you may have:

Please list any significant medical or physical conditions that may affect your participation in classroom, social, or recreational activities on campus, including severe allergies:

Please list any current medications and indicate for what the medications are taken:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Albany Technical College LEAP Program does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatric, speech therapy, behavioral therapy? If so, please indicate which services:

Are you independent in self-care such as toileting, and basic hygiene? _____

List any limitations: _____

Note: If not, the applicant will need to arrange for personal assistance services to attend the LEAP Program. This is not included in any of the program or college services.

Below, please provide any other medical information that you feel would be important regarding your participation in this program.

Albany Technical College
Leveraging Education for Advancement Program (LEAP)
Release and Exchange of Information Form

Albany Technical College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Georgia Vocational Rehabilitation Agency as confidential. However, it may be necessary for our staff to exchange some information about you with the Albany Technical College faculty and staff, as well as outside agencies, to complete the student evaluation process for admissions. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of obtaining the applicable information to complete the admissions process.

Name _____

I give permission to exchange information about me to the following offices/individuals checked below:

- _____ School District(s) _____
- _____ School Personnel _____ (list schools)
- _____ Georgia Vocational Rehabilitation Agency
- _____ Work Sites and Field Experiences
- _____ Supporting Agencies
- _____ Parents/Guardians
- _____ Tutor
- _____ Other (Specify) _____

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

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

Witness _____ Date _____

**Albany Technical College
Leveraging Education for Advancement Program (LEAP)**

Proof and Acknowledgement of Guardianship

**** Read completely and include in application**

This is to acknowledge that even though my child is over the age of eighteen (18), I am his/her legal guardian.

I have attached a copy of the court-ordered guardianship.

Parent/Guardian Signature

As the applying student, I acknowledge that legal guardianship resides with my parents and that all documents and information from Albany Technical College will be shared with them.

Student Signature

OR

I am my own guardian:

Student signature

PERSONAL SUPPORT INVENTORY

PERSONAL SUPPORT INVENTORY

To be filled out by:

Parent/Family/Guardian/Support person

**Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your student.

PERSONAL SUPPORT INVENTORY

To be filled out by:

Parent/Family/Guardian/Support person

Independent Living Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Negotiating/Finding way around campus environment					
Ordering and Purchasing from a restaurant/ cafeteria/ store					
Managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: copes with Stress					
Adjust to new situations					

Social Skills and Communication	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Communicating needs in an appropriate manner					
Engaging in appropriate social interaction					
Using phone, cell phone, email					

Academic Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Handling money: counting, change/bills, understanding values, using bank accounts					
Math skills: Approximate Grade Levels: _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading and writing skills: Approximate Grade Levels: _____ Reading _____ Writing _____ Listening _____ Comprehension					
Computer Skills: Word processing Internet					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Has the applicant utilized any assistive technology? _____ If yes, what?

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience. _____

STUDENT QUESTIONNAIRE

This section is to be filled out **by the applicant** and may include additional pages. This is an excellent opportunity to demonstrate writing skills, critical thinking skills, and creativity.

STUDENT QUESTIONNAIRE

Why do you wish to be considered for Albany Technical College's – Leveraging Education for Advancement Program (LEAP)?

Are you interested in working in an office?

Have you taken any computer classes while in high school?

Do you know how to email?

Do you know how to type?

What kind of jobs are you interested in after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

Do you spend time with friends outside of school? (Circle one) YES NO

If yes, what do you like to do with your friends?

Discuss two of your goals for the future upon completion of this program?

Use this page to provide us with additional information about yourself, in your own words.

LETTERS OF RECOMMENDATION FORMS

Please submit 3 Letters of Recommendation from people who have known the applicant for one year or longer. The recommendations should represent each of the following if applicable:

- (1) Education
- (2) Vocational/employment
- (3) Community involvement

Make 3 copies of pages 17-20 and give one copy to each of the 3 evaluators.

****Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator's signature across the flap.



L.E.A.P.

Leveraging Education for Advancement Program

A Program Provided by Albany Technical College

Student Recommendation Form for

_____ (Applicant's name)

Completed by: _____

Albany Technical College Leveraging Education for Advancement Program (LEAP)

Recommendation Form

Recommendation for _____ (applicant's name)

The above-named individual is applying for admission to the Albany Technical College Leveraging Education for Advance Program (LEAP). This program is designed to provide students with developmental disabilities, who require a strong system of support, a postsecondary college experience leading to a Certificate of Credit. This is an inclusive program focused on academic enrichment, social development, and employability. These students should be highly motivated young adults who have received extensive educational services in either public or private schools and would be excluded from participating in a traditional college program due to entrance requirements. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your name _____
Last First MI Title

Address _____
Street Apt #

City State County Zip

Organization _____
Name Phone #

1. How long have you known the applicant and in what capacity?
2. Please describe why you feel the applicant would benefit from a post-secondary education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the Leveraging Education for Advancement Program?

_____ Unlikely _____ Likely _____ Quite Likely _____ Highly likely

4. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program. (Use the back of this page or attach additional pages)

Personal Support Inventory
To be filled out by: Reference

Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, indicate this by using U for Unknown.

Independent Living Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Negotiating/Finding way around campus environment					
Ordering and Purchasing from a restaurant/ cafeteria/ store					
Managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: ability to cope with stress					
Adjusting to new situations					

Social Skills and Communication	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Communicating needs in an appropriate manner					
Engaging in appropriate social interaction					
Using pay phone, cell phone, email					

Academic Skills	1 (Requires Complete Assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Handling money: counting change/bills, understanding values, using bank account					
Math skills: Approximate Grade Levels: _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading and writing skills: Approximate Grade Levels: _____ Reading _____ Writing _____ Listening _____ Comprehension					
Computer Skills: Word processing Internet					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

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

Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

Graff Parent Readiness Scale (GPRS)

This scale helps determine the families' readiness for the student with an intellectual and/or developmental disability to attend a postsecondary program. Please circle your response with 1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the College.
Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-one support all day.
Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.
Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.
Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.
Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my students support staff.
Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.
Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student's judgment.
Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student's ability to handle small sums of money.
Strongly Agree 1 2 3 4 5 Strongly Disagree

11. I know my student, with support, will develop friendships.
Strongly Agree 1 2 3 4 5 Strongly Disagree

12. I know my student, with support, will try new opportunities.
Strongly Agree 1 2 3 4 5 Strongly Disagree

13. My student has the ability to handle frustration.
Strongly Agree 1 2 3 4 5 Strongly Disagree

14. My student has the ability to seek assistance.
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. Often, I am in contact with my students more than 3 times a day.
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. Often, I am telling my student what to do and say.
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. I check up on my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. I check to see if my student has the correct facts.
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. I believe I know what is best for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. I believe a postsecondary education is important for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. I feel that my student knows what is best for him/herself.
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. I feel that my student wants to attend the College.
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. My student will live independent of our family after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. My student will have meaningful employment after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
25. Person Centered Planning will help my student achieve their goals.
Strongly Agree 1 2 3 4 5 Strongly Disagree