



Fall 2020 Semester

Application for F.O.C.U.S. Program

Applications Due *Wednesday, April 8th 2019*

***Must include application fee of \$60**

Instruction for Applicants on F.O.C.U.S. Admission

Admission Process

Step 1: Application

- Application
- Documentation
- Video
- Essay
- 2 Letters of Recommendation
- Scholarship Application (Optional)

Step 2: Application Review

Step 3: F.O.C.U.S Selection

- Acceptance Letter

Step 4: Meeting and Enrollment

- STAR Planning

Application Submitted by 4:00pm Wednesday, April 8th, 2019

Checklist:

- ___ **Application**
- ___ **Documentation of Intellectual/Developmental Disability**
- ___ **Video**
- ___ **Essay**
- ___ **Letter of Recommendation**
 - ___ **Personal**
 - ___ **Professional (Non Relative)**
- ___ **Scholarship Application (Optional)**
- ___ **\$60 Application Fee**

Application Emailed, Mailed, or Dropped off to:

K. Ryan Wennerlind Office 115 University of Nevada, Las Vegas
Carlson Education Building 4505 S Maryland Pkwy Box 453014
karl.wennerlind@unlv.edu Las Vegas, NV 89154

APPLICATION FOR ADMISSION

Contact Information

Last name _____ First _____ Middle _____

Mailing Address

Mailing Address _____

Email _____ Cell Phone _____ Optional Phone _____

Parent/Guardian/Stakeholder Information

Name _____ Relation to Student _____

Mailing Address _____

Cell Phone _____ Email _____

Home Phone _____ Preferred Phone: (circle) Cell – Home

Applicant Information

Date of birth _____ Gender M___ F___

Social Security Number _____ - _____ - _____ (Providing this information is voluntary. It is used only for record-keeping purposes.)

I am a: U.S. citizen ___ Yes ___ No

If not a U.S. citizen, are you a permanent resident? ___ Yes ___ No (If a permanent resident, please attach copy of your resident card to your application.)

If not a U.S. citizen, country of citizenship: _____

Please check all that apply:

- ___ White, not of Hispanic origin
- ___ Black, not of Hispanic origin
- ___ Hispanic American or Multiracial
- ___ Hispanic or Latino descent
- ___ American Indian/Alaskan Native
- ___ Asian or Pacific Islander

____ International/other _____

School information

Lists all high schools attended (list most recent first)

High school	City	Years attended	Graduated/ Grades completed

What courses in did you enjoy most?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

What courses did you enjoy least?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Work History

Employer _____ Job Title _____ Pay _____

Start Date _____ End Date _____ Hours Per Week _____

Job Duties _____

Volunteer/Internship Experience

Organization _____ How Often _____ Hours Per Week _____

Tasks/Duties _____

Assistive Technology

Have you ever utilized assistive technology? Yes____ No ____

If so, what?

Medical History

Please provide brief description of your medical history, including disability diagnosis (Please include documentation of disability. This may include most recent IEP or MDT):

Please list any significant medical, behavioral, and/or physical conditions that may impact your participation in classroom, social, or recreational activities on campus:

Please list any current medications you are taking (include dosage, frequency, and reason, for taking the medication):

*If applicant must take medication while on campus, he/she must be independent in self-administering his/her medications.

Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? Yes _____ No _____

If yes, please list:

Please provide any other medical information that you feel would be important regarding your participation in this program:

Personal Support Inventory

Instructions: To be filled out by Parent/Family/Guardian/Support person. Please use the following scale to represent level of functioning in each section:

- (3) Student is independent
- (2) Student requires some/moderate support
- (1) Student requires complete support
- N/A

Where necessary, write notes to explain scaled response

*** Eating and Food Preparation**

Preparing/Eating Meals or Snacks:	Level of Functioning
Gather ingredients and equipment	
Opens containers	
Follows recipe	
Uses microwave	
Uses stovetop	
Uses Oven	
Uses other appliances	
Oral motor skill i.e., chewing	
Uses utensils	
Uses manners	
Sets table	
Puts away leftovers	
Wipes off work surface	

Washes dishes <ul style="list-style-type: none"> • Hand washing • Using dishwasher 	
Uses adaptive equipment	

Comments:

*** Grooming and Dressing**

Grooming:	Level of Functioning
Brushes teeth	
Uses mouthwash	
Brushes/combs hair	
Styles hair	
Skin care	
Uses make-up	
Cleans eyeglasses	
Cleans hearing aides ear molds	
Maintains appearance	
Dressing/Undressing:	Level of Functioning
Dresses and undresses self	
Chooses appropriate clothing for season/weather condition	

Comments:

*** Hygiene and Toileting**

Private/public toilet, shaving:	Level of Functioning
Toileting needs	
Washes hands	
Bath/showering	
Shampooing/rinsing hair	
Managing menstrual care	
Shaving (facial hair/legs/armpits)	
Uses deodorant	

Comments:

***Sexuality, Health, Safety**

Awareness of Sexuality Issues:	Level of Functioning
Awareness of public and private activities	

Closes door for bathing, toileting, dressing, etc.	
Appropriate show of affection	
Appropriate control of sexual needs	
Awareness of bodily and sexual functions	
Knowledge and use of birth control methods	
Knowledge of sexually transmitted diseases	
General Health Concerns:	Level of Functioning
Disease transmission (i.e., covers mouth when sneezing/coughing, controls drooling, blows nose, etc)	
Health concerns specific to disability (i.e., skin care, range of motion, position of weight)	
Manages medication (i.e., knows medication schedule, ability to swallow, related behavioral concerns)	
Cares for minor injury and/or illness	
Awareness of Home Hazards and Emergency Procedures:	Level of Functioning
Uses adaptive strategies	
Poisons	
Fire	
Accidents	

Comments:

*** Household Maintenance**

Household chores:	Level of Functioning
Makes bed	
Changes bed linens	
Straightens room	
Does laundry	
Vacuums/dusts	
Cleans bathroom	
Sweeps	
Rakes leaves	
Mows lawn	
Weeds	
Water lawn and plants	
Cleans up after animals	

Comments:

***Travel**

Walking (wheeling) to and from destination:	Level of Functioning
Safety when crossing streets	
Arrives at destination	
Riding Bicycle:	
Knows safety rules	
Able to find way	
Locks bicycle	
Riding School/City Bus:	Level of Functioning
Demonstrates appropriate behavior when on bus	
Communicates with bus driver	
Can find appropriate bus	
Can read bus map	
Can make a transfer	
Knows how to pay	
Shows bus pass	
Driving Own Vehicle:	Level of Functioning
Knows laws	
Uses seat belt	
Knows what to do in emergency	
Uses appropriate adaptive equipment	
Demonstrates safe and defensive	

techniques	
Orienting Skills:	Level of Functioning
Identifies signs	
Carries identification	
Asks for help	
Responsible for possessions	
Uses caution with strangers	
Reads maps	

Comments:

*** Using Services**

Using Services:	Level of Functioning
Makes appointments	
Uses banking services	
Uses/communicates with doctor, dentist, etc.	
Uses laundry/drycleaner	

Comments:

*** General Shopping**

Handling Money/Budgeting:	Level of Functioning
Makes shopping list	
Knows budget constraints	
Handles money exchanges	
Locating items:	Level of Functioning
Pushes cart	
Uses store directory	
Asks for help	
Follows list	
Makes appropriate choices	
Does cost comparison	
Clothes/Personal Items:	Level of Functioning
Select appropriate store	
Asks for help	
Selects items within budget	
Knows sizes	
Makes wise choices	
Handles money exchanges	
Restaurant:	Level of Functioning
“Reads” menu (or alternative)	
Communicates with waitperson	

Uses manners	
Locates restrooms	
Tallies bill (including tip)	
Handles money exchange	

Comments:

*** Planning/Scheduling**

Following Daily Routine:	Level of Functioning
Shows up on time	
Gets to where they are supposed to be	
Adapts to changes in routine	
Able to tell time	
Scheduling Weekly Activities:	Level of Functioning
Uses a time management system (i.e., calendar/daytimer)	
Maps out plans (i.e., organizes time)	
Handling Time Management:	Level of Functioning
Plans homework time	
Arranges study area	
Attends to homework	
Plans time for chores, meeting, leisure time	

Arranges transportation	
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Comments:

*** Social Skills**

Telephone/Cell Phone Use:	Level of Functioning
Phone etiquette	
Takes message	
Dials phone	
Can use phone in emergency	
Can use assistive devices if necessary	
Can text message	
Caring for Others:	Level of Functioning
Pet care	
Sibling care	
Babysitting	
Elderly care	
Reciprocal Relationships:	Level of Functioning
Gift giving	
Remembers birthdays	
Behavior Management Social Skills:	Level of Functioning

Introduces self	
Follows instructions	
Accepts criticism or consequences	
Accepts no for an answer	
Greets people	
Gets peoples attention appropriately	
Makes requests appropriately	
Disagrees appropriately	
Gives negative feedback appropriately	
Resists peer pressure	
Apologizes	
Engages in conversation	
Gives compliments	
Volunteers	
Reports peer behavior appropriately	

Letters of Recommendation

Instructions for Letters of Recommendation

- Two letters of recommendation are required.
- One letter of recommendation should be a personal letter (Can be relative or family member).
- One letter of recommendation must be a professional letter (non-relative).

Letters of Recommendation must include:

- Name of Applicant
- City, State, Phone Number, Email
- Relationship to Applicant
- Length of Relationship (Years/Months)
- Discussion of the following items:
 - Description of relationship with applicant.
 - Description of why you feel the applicant would benefit from attending F.O.C.U.S and UNLV.
 - Using examples from relationship, describe the applicants desire to learn.
 - Description of parent/family/guardian/stakeholder support.

F.O.C.U.S. Program
University of Nevada, Las Vegas

Proof and Acknowledgement of Guardianship

This is to acknowledge guardianship rights to my child even though he or she is over the age of eighteen (18). Check one:

My child is his/her own legal guardian.

I am legal guardian to my child even though he/she is over the age eighteen (18).

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 legal documents and information from the University of Nevada, Las Vegas will be shared with them.

As the applying student, I am my own legal guardian.

Applicant Signature

F.O.C.U.S. Program

University of Nevada, Las Vegas

Release and Exchange of Information Form/Research Consent

The F.O.C.U.S. Program at the University of Nevada, Las Vegas treats all written documentation obtained to verify a disability and plan for appropriate services as well as documented services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of Nevada, Las Vegas faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in the document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name _____

I give permission to exchange information about me to the following offices/individuals below-**If you wish any to be excluded, please specify at bottom of list:**

- School District(s) _____ (list district)
- School Personnel _____ (list schools)
- Department of Vocational Rehabilitation Office (VR)
- Dessert Resource Center (DRC)
- Admissions Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar's Office
- F.O.C.U.S. Program Interns
- Tutor
- (Office to be excluded) _____

Additionally, I hereby give permission for the F.O.C.U.S. Program at the University of Nevada, Las Vegas the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes. I also agree to participate in research studies conducted by the F.O.C.U.S. Program staff (Consent forms will also be distributed prior to the start of research studies).

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

F.O.C.U.S. Program
University of Nevada, Las Vegas
Student/Parent/Guardian
Memorandum of Understanding

The F.O.C.U.S. Program at the University of Nevada, Las Vegas is a post-secondary education program for adults with intellectual/developmental disabilities who typically graduated high school with an adjusted diploma. The F.O.C.U.S. Program is not an entitlement program, and it is the discretion of the F.O.C.U.S. director regarding acceptance, continuance, and exiting of F.O.C.U.S. students.

The F.O.C.U.S. Program is offered in an inclusive university setting, where F.O.C.U.S. students are University of Nevada, Las Vegas students. The F.O.C.U.S. program provides the following to students:

- Person Centered Planning
- Academic Advising
- Academic, Social, and Wellness Mentoring
- Career Development
- Campus Inclusion and Membership
- Self-Determination and Independent Living Skills Enhancement

It is a goal for the F.O.C.U.S. Program to provide students with an authentic college experience. Therefore, the F.O.C.U.S. Program does not provide the following:

- 24/7 supervision
- One-on-one companionship throughout each day
- Daily/Weekly reports regarding student progress
- Daily communication with parent or family members
- Completing coursework for the student

In addition, F.O.C.U.S. is not responsible for the following:

- Students' personal belongings
- Student conduct
- Guaranteeing employment during or upon exiting the program

The program will expect a high level of parental support regarding the mission, philosophy, and goals of F.O.C.U.S. As parent(s)/guardian, you need to clearly understand the expectations and agree to the limitation of the F.O.C.U.S. program to provide direct teacher contact/supervision of students enrolled. All coursework, whether for credit or audit, must be completed by the student. In addition, it is inappropriate for a parent(s)/guardian(s) to contact course instructors. Some

opportunities provided by the F.O.C.U.S. Program may occur beyond the hours of a traditional college day/week and may occur off the UNLV Campus. The program requirements of students include, but are not limited to:

- Students must independently mobilize around campus
- Student must arrange transportation to and from UNLV/work and F.O.C.U.S. activities
- Student must be able to manage and adhere to all of his/her schedule
- Parent/student must provide own cell phone for use when on campus (activated and on)
- Student family responsible for the cost of student's meals
- Parents/student must provide their own scholastic materials (pen, paper, notebooks, etc.)
- Parents/student are responsible for tuition costs and F.O.C.U.S. program fee
- Parents/student are responsible for text books associated with courses

The F.O.C.U.S Program offers a unique opportunity for selected students to learn, grow, and move into adult life in a natural setting-a college campus. An individualized program of study will be used to design the course of study, life skills, recreation, personal wellness, and career development opportunities for each student. However, be aware that supports and services will only be available that support the program's stated objective, which is to prepare students to transition into adult life as independently as possible. It must be recognized that F.O.C.U.S. is a non-degree program working towards an Occupational, Career, and Life Studies Certificate.

I (we) understand that if _____ is accepted into the F.O.C.U.S. Program that we will provide necessary parental support and we are aware he/she will not be in the presence of the program director or coordinator most of the time during the school days. There are risks associated with any program provided in the community, and I (we) are willing to accept those risks and do not hold F.O.C.U.S., UNLV, or their employees liable.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____