

COLLEGE AND CAREER READINESS ABLE PATHWAY PROGRAM APPLICATION PACKET

APPLICATION CHECKLIST

Please submit the following items:

- ☐ A Completed Application
- ☐ Two (2) Adaptive Behavior Skills Checklists (completed by professionals in sealed envelopes or sent via email to Magan Barnes, Lead Instructor of College and Career Readiness, mcbarnes@randolph.edu, contact number: 336-633-0147)
- ☐ Official High School Transcript (must be in a sealed envelope)
- ☐ Copy of Psychological Evaluation (most current) and IEP or 504 Plan (if available in a sealed envelope)
- ☐ Completed FERPA form

The ABLE (Adult Basic Life-Skills Education) pathway is a tuition waived, grant-funded program.

Caregivers/guardians are expected to attend orientation with accepted students.



PROGRAM MISSION

The ABLE (Adult Basic Life-Skills Education) pathway is an academic program designed to enhance reading, writing, math, and technical skills to prepare students for volunteer, employment, or college. Pathway courses are focused on helping students gain the necessary skills to find meaningful career or volunteer opportunities upon program completion. The program also focuses on social, digital, and technical skills to further personal/professional development.

The ABLE program strives to bridge the gap and create opportunities for employers to hire and build unique positions for adults with IDD (intellectual and/or developmental disability) that will prepare them to succeed in a chosen career field. Students in the ABLE pathway program will have opportunities to volunteer on campus and in the community, in addition to assisting in our ABLE Greenhouse.

ABLE PATHWAY PROGRAM STANDARDS

AGE REQUIREMENT

Students who are applying to our program must be 18 years or older.

**Students without a high school diploma and applying to ABLE, contact Magan Barnes for additional guidance at 336-633-0147.

BASIC EDUCATION PROFICIENCY

Prospective students must achieve an educational functioning level placement score according to the NRS (National Reporting System) and the NCCCS Adult Basic Education Content Standards.

ADAPTIVE BEHAVIOR SKILLS CHECKLIST

Students must submit two (2) Adaptive Behavior Skills Checklists completed by someone who has worked with them in a ***professional capacity*** which indicate the student's ability to successfully participate in the ABLE Pathway program. A family member/parent/guardian should **not** complete the behavior checklist. Refer to the FAQs for more guidance on who is eligible to complete the checklist. These can be submitted in sealed envelopes along with the program application or submitted via email to Magan Barnes at mcbarnes@randolph.edu.

INTERVIEW

Students must complete an interview with an RCC staff member and demonstrate appropriate social, behavioral, and practical skills.

PATHWAY PREFERENCE

Please check one pathway location listed below:

☐ I am applying for the ABLE Pathway on the Asheboro campus

☐ I am applying for the ABLE Pathway on the Archdale campus

STUDENT INFORMATION

NAME _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE 1: (____) _____

TELEPHONE 2: (____) _____

EMAIL ADDRESS: _____

WILL YOU BE AT LEAST 18 YEARS OLD BY THE PROGRAM STARTING DATE?

Yes ☐ No ☐

ARE YOU YOUR OWN LEGAL GUARDIAN?

Yes ☐ No ☐

If NO, please list the name of your legal guardian. _____

Guardian's phone number _____ email address _____

DO YOU HAVE TRANSPORTATION TO OUR CAMPUS?

☐ I will apply for RCATS ☐ Someone else will drive me

☐ I will drive myself ☐ Other _____

Please Read all the answers and then only **check** the most correct answers.

HAVE YOU COMPLETED HIGH SCHOOL? ☐ YES ☐ NO

☐ Yes, I received my diploma in (month & year) _____

☐ Yes, I received my "Graduation Certificate" (formerly Certificate of Achievement) in (month & year)_____.

☐ No. My highest grade completed was grade_____in (month & year) _____

WHAT WAS THE LAST SCHOOL YOU ATTENDED?

School Name: _____

City:_____State: _____

STUDENT RECORDS

TRANSCRIPTS: Students are responsible for contacting their previous high school and requesting a sealed, official copy of their high school transcript.

DISABILITY SERVICES: Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to the Disability Services Office. For more information about these services, please contact our ABLE Coordinator, Magan Barnes at 336-633- 0147.

SCHOOL/AGENCY REFERRAL

Two ABLE Adaptive Behavior Skills Checklists must be completed and submitted along with this application. The individuals completing these forms must be someone familiar with the student's skills or work habits and must have worked with the student in a professional capacity; for example as a teacher, job coach, counselor, social worker, employer or supervisor (no friends or family members, please).

COMMUNITY SUPPORTS OR SERVICES

Listed below is a list of community supports or services. Please check the ones that you are connected with at this time:

☐ Division of Vocational Rehabilitation (VR)

☐ Managed Care Organizations (Cardinal Innovations, Sandhills, Alliance)

☐ Mental Health (Autism Society, Trinity Behavioral Health, Monarch, RHA etc.)

☐ Other: _____

STUDENT'S EMPLOYMENT STATUS:

- ☐ Unemployed, not seeking a job ☐ Unemployed, seeking a Job
- ☐ Employed ____ Hours per week

CURRENT EMPLOYMENT INFORMATION

[Leave this section blank if currently unemployed]

EMPLOYER: _____

Please check one that apply to you:

- ☐ VOLUNTEER WORK ☐ PAID EMPLOYMENT

DIRECT SUPERVISOR: _____

WORK PHONE: (____) _____

WORK DAYS / HOURS: _____

APPLICANT'S SIGNATURE

[Please read and sign below]

By completing and submitting this application, I agree to the policies and procedures of Randolph Community College. I understand my failure to provide complete, accurate and truthful information on this application may be grounds for refusal of admission.

Student's Signature:

_____ Date: _____

ABLE Adaptive Behavior Skills Checklist

Adaptive behavior is a developmentally determined set of coping skills. Deficits in adaptive behavior are defined as non-existent in an individual's effectiveness in meeting the standards of maturation, learning, personal independence, social responsibility and school performance.

*Directions: Please rate the items on this checklist according to how the student performs, and **place this form in a sealed envelope before returning to the student.** Alternatively, you may email the completed form to Magan Barnes, Lead Instructor for College and Career Readiness at RCC, at mcbarnes@randolph.edu*

****A family member/parent/guardian should not complete the behavior checklist. Refer to the FAQs for more guidance on who is eligible to complete the checklist.***

Student Name _____

Name of Person Completing Form _____

Title of Person Completing Form (ex: Randolph Co. Schools staff, RCC staff, social worker, VR counselor)
How long have you known the applicant? _____

What is or was your relationship with this applicant? _____

Your phone number _____ Email _____

Communication Skills

Verbal, written, and listening skills needed for communication with other people, including vocabulary, responding to questions, conversation skills, academic skills, etc.

	No opportunity to observe (N/A)	Non-existent (0)	Proficient (1)	Comments
Behavior				
Demonstrates the ability to communicate via appropriate speech (coherent, sensible, mature)				
Demonstrates the ability to communicate via text/print				
Participates in class discussions and assignments				
Retains and uses information				
Communicates needs appropriately				
Communicates appropriate feelings				
Can make decisions and choices				
Able to follow multi-step directions				

Socialization Skills

Skills needed to interact socially and get along with other people, including having friends, showing and recognizing emotions, assisting others, and using manners.

	No opportunity to observe (N/A)	Non- existent (0)	Proficient (1)	Comments
Behavior				
Responds or reacts appropriately to a given situation				
Follows school rules and code of conduct and understands reasons for those rules				
Demonstrates appropriate verbal restraint (ex: talks in turn, regulates volume appropriately)				
Respects the rights and property of others				
Controls anger/feelings				
Is flexible (ex: follows a situation's demands or adjusts to new routines)				
Accepts authority (obeys, responds appropriately)				
Responds appropriately to different age groups.				
Attends school/community functions independently.				

Daily Living Skills

Skills needed for personal care, independence, responsibility, and self-control.

	No opportunity to observe (N/A)	Non- existent (0)	Proficient (1)	Comments
Behavior				
Takes care of personal needs (ex: toileting and washing hands)				
Aware of basic hygiene				
Demonstrates appropriate eating behaviors				
Able to navigate building independently				

Signature of individual completing this form _____ Date _____

RCC staff member receiving form _____ Date _____

Student Consent for Release

Name: _____
_____ Last _____ First _____ Middle
_____ Maiden

RCC Student ID(assigned upon admission): _____ Date of Birth: _____

*Under Federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (**FERPA**), I understand that my education records cannot be released without my written permission or completion of Parental Affidavit of Dependency and Request for Academic Information form by my parent or guardian. Please use this form to authorize the release of your academic records information to a third party.*

Section One: As an applicant/current/former RCC student, I voluntarily authorize the release of the following academic record information to the person or agency listed below:

I. Type of information to disclose (list individual documents):

- ☐ Attendance
- ☐ Academic Records (i.e. Transcripts)
- ☐ Financial Aid/Veterans Affairs Records; If financial aid (☐ current award year OR ☐ all award years available)
- ☐ Other (please specify): _____

II. Name and address of person(s) or agency to receive information (please note RCC will not release any information over the phone and photo id must be presented in person):

Name & Phone #: _____

Address & Relationship to Student: _____

Name & Phone #: _____

Address & Relationship to Student: _____

Name & Phone #: _____

Address & Relationship to Student: _____

Section Two: Signature Authorization

Under penalty of perjury my signature below affirms that the information provided above is true and accurate to the best of my knowledge. I also sign below stating I understand this agreement will remain in effect until a completed Revoke Release of Records is turned by me.

Student Signature _____ Date _____

For Office Use Only

Complete below if the student signed this form and provided valid picture identification to an RCC employee.

RCC employee (print name): _____ RCC employee (signature): _____

Date: _____