**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 Shaneka Jones Coordinator of Workforce Development & ABLE Pathway Program of College & Career Readiness, [smjones@randolph.edu](mailto:smjones@randolph.edu), contact number 336-633-0009
* 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 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 Shaneka Jones for additional guidance at 336-633-0009.

# 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. These can be submitted in sealed envelopes along with the program application or submitted via email to Shaneka Jones @ [smjones@randolph.edu](mailto:smjones@randolph.edu)

# INTERVIEW

Students must complete an interview with the ABLE Coordinator or Director of College and Career Readiness and demonstrate appropriate social, behavioral, and practical skills.

# ORIENTATION

Students must complete orientation and a pre-test before entering into the program. Please contact Shaneka Jones via phone to sign up for orientation.

# PATHWAY LOCATION

## The ABLE Pathway Program is located on Randolph Community College Asheboro campus in the Kinley Center building.

## *629 Industrial Park Ave.*

## *Asheboro, NC 27205*

## SEE MAP INCLOSED

# STUDENT INFORMATION

NAME

ADDRESS: \_ CITY STATE \_ZIPCODE

TELEPHONE 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes □ No □

Applicant's **Date of Birth**

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 accommodation 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, Shaneka Jones, at 336-633- 0009.

# 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 support 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORKDAYS/ 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* Shaneka Jones Coordinator of Workforce Development & ABLE Pathway Program of College & Career Readiness, [smjones@randolph.edu](mailto:smjones@randolph.edu), contact number 336-633-0009

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.*

**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

**No Non-existent Proficient Comments opportunity to (0)**

**observe (NIA)**



**(1)**

Retains and uses information

Communicates needs

appropriately Communicates

appropriate

feelings Can make

decisions and

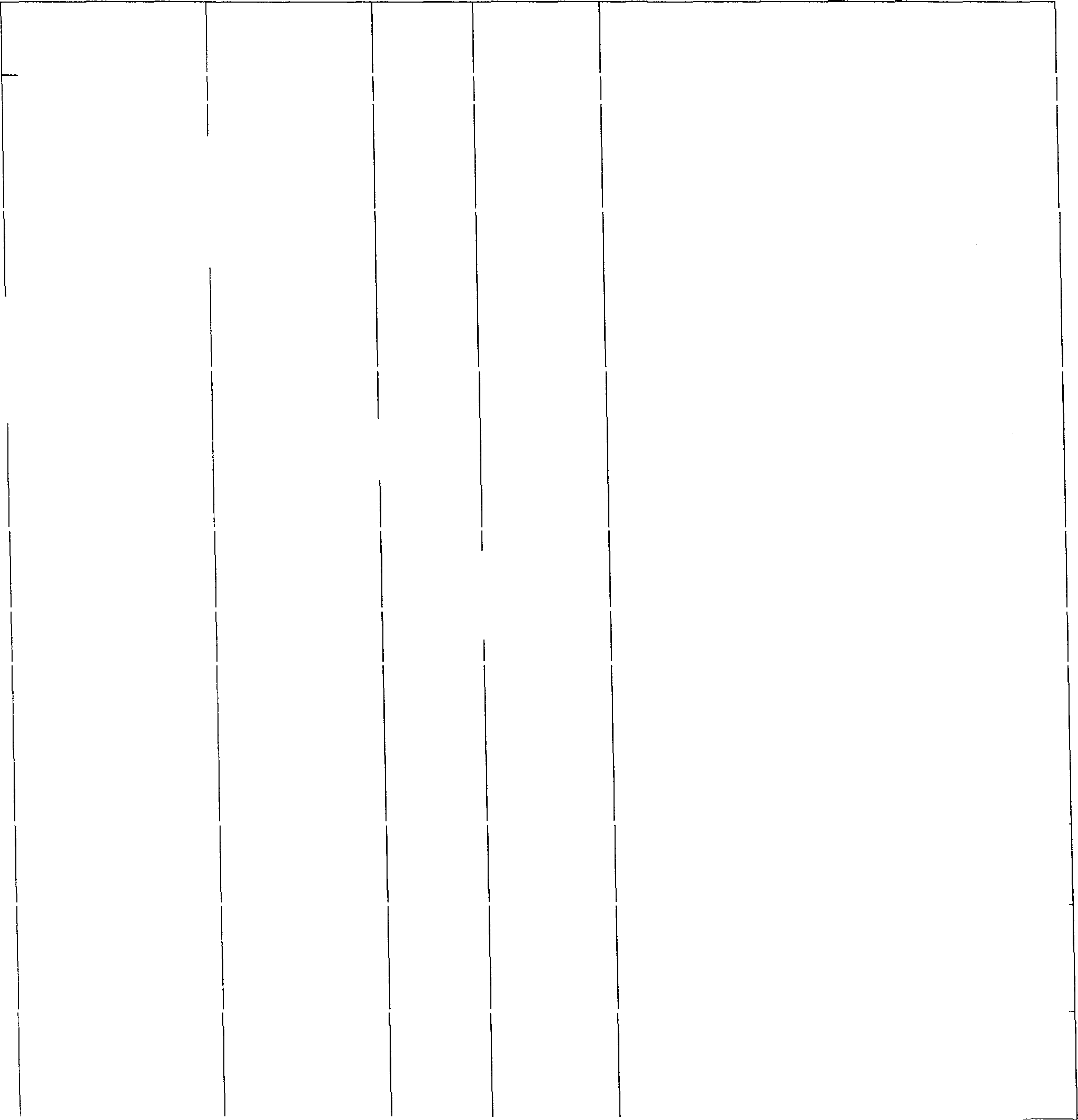
choices Able to follow

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 Non- Proficient Comments opportunity to existent (1)**

**observe (NIA) (0)**

**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.*

**Behavior** Takes care of personal needs

(ex: toileting and washing hands)

Aware of basic hygiene Demonstrates

appropriate eating behaviors

Able to navigate building independently

**NO Non- Proficient Comments opportunity existent (1)**

**to observe**



**(0)**

**(N/A)**

Signature of individual completing this form Date

RCC staff member receiving formDate

**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* Shaneka Jones Coordinator of Workforce Development & ABLE Pathway Program of College & Career Readiness, [smjones@randolph.edu](mailto:smjones@randolph.edu), contact number 336-633-0009

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 Non-existent Proficient Comments opportunity to (0) (1)**



**observe (N/A)**

## 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 Non-**

**opportunity to existent observe (N/A) (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.*

**(1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No**  **opportunity to observe**  **(N/A)** | **Non-**  **existent (0)** | **Proficient** | **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: ­­­­­­­­­\_\_\_\_\_\_\_\_ \_

First Middle

Last 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:

1. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 in 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: \_

