

**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 Shaneka Jones Coordinator of Workforce Development & ABLE Pathway Program of College & Career Readiness, 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.

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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 2 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 indicates 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

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. During the interview, students will be signed up for testing and complete any necessary paperwork for enrollment.

ENROLLMENT & EVALUATION POLICY



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Students seeking admission to the ABLE Pathway Program must achieve at least an NRS Level 2 on their assessment to be considered for acceptance. Upon acceptance, students will participate in a six-month enrollment evaluation period to ensure their success within the program.

During this evaluation period:

- The coordinator, parents, and instructor will work collaboratively to provide guidance and support.
- **Accommodations:** Will be made as needed to help the student improve and succeed.
 - If a student requires one-on-one support: We understand that some students may still benefit from individualized assistance. While our program **DOES NOT** provide this support directly, parents/guardians are welcome to arrange and provide a one-on-one support person for their student.
 - If this is needed:
 - 1. You must coordinate and provide the support staff independently (e.g., through a provider agency or private arrangement).
 - 2. Please notify us ahead of your students' start date if they will be accompanied by a one-on-one worker.

If sufficient improvement is not observed by the end of the evaluation period:

1. The student and their parents will meet with the coordinator to discuss progress.
2. The student will be dismissed from the program if it is determined that they are unable to meet program requirements.
3. The family will receive referrals to external resources to support the student outside the college.

This process ensures that each student receives the support they need while maintaining the program's standards for success.

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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 _____ ZIP CODE _____

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) _____



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☐ 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: _____

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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: _____



COLLEGE AND CAREER READINESS ABLE PATHWAY PROGRAM APPLICATION PACKET

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, 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 _____

COLLEGE AND CAREER READINESS ABLE PATHWAY PROGRAM APPLICATION PACKET

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 (NIA)	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				

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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.				

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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 _____

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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:

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: _____



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