



# COASTAL CAROLINA UNIVERSITY™

## **LIFE™ Program**

Learning Is For Everyone

### **Student Admission Application Packet**

Coastal Carolina University LIFE™ Program is a four year post-secondary education program for students with intellectual disabilities. The LIFE Program is designed to provide both residential and non-residential options to enrolled students. The purpose of the program is to promote a smooth and effective transition from secondary schools to a four-year higher education institution, as well as provide post-secondary opportunities on a college campus. This program will allow for the students' full inclusion within the campus community, as well as provide supportive and developmentally appropriate scheduling and coursework to the students' smooth, effective transition, guidance, and success throughout the program.

The program is designed to emphasize student independence and personal development, choice making, individualized work environments, communication skills, money skills, integration within the University community, and transition to an integrated work environment. The program is structured around a schedule that includes college classes, career exploration, functional living skills training, campus events, job training, community experiences, and extracurricular activities. The Coastal Carolina University LIFE™ Program will allow students with intellectual disabilities the educational and social development opportunity to address four key primary areas: **(1) academic enrichment, (2) socialization, (3) independent living skills, and (4) competitive or supported employment.**

**APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL**

**Due Date: May 29, 2009**

**All completed application packets will be reviewed**

# Coastal Carolina University LIFE™ Program

## Application for Program Admission

*Applications will not be considered for admission until ALL requested information is completed.*

Coastal Carolina University welcomes your application for admission to the **Coastal Carolina University LIFE™ Program**. The **Coastal Carolina University LIFE™ Program** is a comprehensive program of study for unique learners who are highly motivated young adults whose disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18 (*as defined by the American Association on Intellectual and Developmental Disabilities – AAIDD*).

Please read the following instructions before completing the application. The applications can be typed or printed neatly.

### Application Checklist:

- Complete the **Coastal Carolina University LIFE™ Program Application**.
- Submit a \$45 **Application Fee** (check, money order, or credit card) payable to Coastal Carolina University.
- Complete the **Student Questionnaire** (by the applicant).
- Complete the **Personal Support Inventory** (by parent/guardian).
- Complete the **Parent/Guardian Information Form** (by parent/guardian).
- Complete the **Emergency Contact/Medical Information Form** (by parent/guardian).
- Complete the Exchange of Information and Media Release Form (by parent/guardian).
- Coastal Carolina University Life™ Program Students and Educational Privacy.
- Submit **Academic Transcript Request Form** to obtain an official copy of the applicant's **High School Transcript(s)** including last **IEP** or any post-secondary program record (with appropriate payment made out to the high school/post-secondary program).
- Submit copies of all **Educational Evaluations** conducted within the past three (3) years.
- Submit all **Psychological/Behavioral Evaluations** within last three (3) years.
- Submit a current **Vocational/Occupational Screening or Assessment**.
- Please submit three (3) Student Recommendation Forms from references who have known the applicant for at least one calendar year. Submitted forms must represent the following areas: 1) education (required) and at least two recommendations from the following areas: 1) vocational/employment; 2) community involvement; and/or 3) personal. Completed Student Recommendation Forms must be submitted with the application packet and must be in a sealed envelope with signature across the seal.
- Schedule and complete a **Personal Interview** for the applicant and a parent/family/guardian/support person with the **Coastal Carolina University LIFE™ Program** (required of all applicants). Personal Interviews will be scheduled when a completed packet has been received.

## Application Process:

### STEP 1

Download a Student Admission Application at [www.coastal.edu/cec/LIFEprogram.html](http://www.coastal.edu/cec/LIFEprogram.html).

### STEP 2

Complete and submit the Student Admission Application Packet and all required documentation, including a non-refundable application fee of \$45 payable to Coastal Carolina University.

### STEP 3

Upon receipt and review of the completed application packet, the applicant will be contacted to schedule a personal interview along with a parent/family/guardian/support person. Schedule a Personal Interview by e-mail at [BiddleCenter@coastal.edu](mailto:BiddleCenter@coastal.edu) or calling 843-349-2665. ,

## Admissions Criteria and Requirements:

In order to be sure that the Coastal Carolina University LIFE™ Program is the best match for our applicants, the program requires a completed application packet from each applicant prior to the review of the applicant's file. An Admissions Review Committee will review completed applications and select students for admission. Applicants are asked not to call about the status of their application, as the committee will not provide information prior to the formal acceptance letter. **Note: A limited number of applicants will be admitted each year in order to maintain the quality of the program and services.** The decision to offer or deny admission to the program will be made by the Admissions Review Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Completed program application and required documentation
- Must be between 18 and 24 years old
- Have an intellectual disability (as defined by AAIDD)
- Must have **NOT** met the requirement for and/or received a state high school diploma or its equivalent
- Have the ability to function independently for a sustainable period of time
- Exhibits no or has no history of difficult and challenging behavior or emotional problems
- Independently exhibits desire and motivation to participate in and complete a post-secondary program
- Participate in a writing sample, with appropriate accommodations as needed, that describes the candidate's future aspirations and career goals
- Participate in a Personal Interview with support from a parent/family member/guardian
- Independently demonstrates interest and desire to pursue educational, employment, and life experiences through a post-secondary education program as evidenced by the student's writing sample and individual candidate interview
- Independently express the desire to become an independent adult
- Applicants selected must be available to attend a Summer Orientation, Freshman Week and Convocation
- Exhibit and possess sufficient emotional stability and maturity to participate successfully in the program
- Agree to actively participate in assessments, such as cognitive, independent living, and others
- Participate in research and promotional activities of the Coastal Carolina University LIFE™ Program and Coastal Carolina University
- Demonstrate the knowledge, strategies, and techniques needed to read at a functional level
- Demonstrate basic mathematical skills and ability to use a calculator
- Demonstrate the potential and desire to be successfully employed
- Demonstrates emotional stability and independent desire to participate in all aspects of Coastal Carolina University LIFE™ Program and adhere to program and university policies regarding attendance and participation in the program

**Mail the completed application packet to:**

**The Biddle Center for Teaching, Learning, and Community Engagement**  
Coastal Carolina University LIFE™ Program  
P. O. Box 261954  
100 Chanticleer Dr. East  
Bill Baxley Hall 219  
Conway, SC 29528-6054

**Application Date for Consideration:**

Application deadline is **May 29, 2009** for the fall 2009 Cohort. Completed applications received after **May 29, 2009** will be reviewed to fill any unused student spaces for the cohort (*8 student cohort maximum*).

For additional information contact the Coastal Carolina University Biddle Center for Teaching, Learning, and Community Engagement: 843-349-2665 or BiddleCenter@coastal.edu or [www.coastal.edu/cec/LIFEprogram.html](http://www.coastal.edu/cec/LIFEprogram.html).

**Note:**

This is a certificate program (this program is not an accredited college degree granting program) and exiting students will receive a certificate of completion along with a personal portfolio; **NOT** a degree from Coastal Carolina University.

Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the Coastal Carolina University LIFE™ Program. However, applicants who are not accepted are welcome to reapply for the next year.

**Admitted Student Process:**

**STEP 1**

Attend the summer 2009 Coastal Carolina University LIFE™ Program Open House for accepted students (not mandatory, but recommended)

**STEP 2**

Attend the Coastal Carolina University LIFE™ Program Orientation late summer 2009

**STEP 3**

Attend the Coastal Carolina University LIFE™ Program and Coastal Carolina University Freshman Week and Convocation

# Coastal Carolina University LIFE™ Program Application 2009-2010

## STUDENT ADMISSION APPLICATION

*A non-refundable application fee of \$45 must be included with this application.*

**This form will be scanned; please print legibly in black ink inside the boxes or lines.**

Please complete all sections of this application before submitting your completed application packet. It is acceptable for the applicant to receive support, if needed, in completing this section of the application. You may attach additional information and pages for writing space if needed. Please complete all sections in order to assist the Admissions Review Committee in determining this applicant's admissibility to the Coastal Carolina University LIFE™ Program. All applicants are applying for admission into the fall 2009 cohort of the Coastal Carolina University LIFE™ Program. All information is confidential and will not be shared with any outside agencies unless written consent is given by the applicant or their court approved legal guardian.

### Applicant Information:

1. Social Security Number \_\_\_\_\_

### 2. Name:

Last Name \_\_\_\_\_ Suffix (Jr., III, IV) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

3. Maiden or Former Name used in School \_\_\_\_\_

### 4. Home Permanent Address:

Address (P.O. Box, RFD, Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+Four \_\_\_\_\_

County \_\_\_\_\_

5. Home Telephone \_\_\_\_\_ 6. Cell Telephone \_\_\_\_\_

7. E-mail Address \_\_\_\_\_

8. I am an International Student  Yes  No

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

I am a Permanent Resident of the United States  Yes  No

Alien Registration Number (include a copy of Green Card) \_\_\_\_\_

9. Date of Birth (mm-dd-yyyy) \_\_\_\_\_ 10. Gender  Male  Female

**11. Ethnic Origin/Race:**

I am Hispanic or Latin?  Yes  No

What is your Race" (Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be)

- American Indian or Alaska Native  Asian  Black/African American  
 Native Hawaiian/Other Pacific Islander  White

**12. Family Contact Information:** (Check relationship to applicant)

- Parent  Guardian  Other \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., III, IV) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address (P.O. Box, RFD, Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+Four \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**13. I Plan to Live my First Year**  At Home  In University Housing  Off-Campus

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

- Supplemental Security Income  
 Division of Developmental Disabilities  
 Medical Assistance  
 Social Security Disability Insurance  
 Division of Vocational Rehabilitation  
 Special Education Services (IDEA funding)  
 Other (please list) \_\_\_\_\_

---

---

---

---

---

---

---

---

**15. I first learned about Coastal Carolina University and Coastal Carolina University Life™ Program from** (check the most appropriate):

- |   |   |
|---|---|
| <input type="checkbox"/> A family member who graduated from Coastal Carolina University             | <input type="checkbox"/> A student currently attending Coastal Carolina University      |
| <input type="checkbox"/> A visit to campus  | <input type="checkbox"/> The Coastal Carolina University Web site                       |
| <input type="checkbox"/> A family member who attended/currently attends Coastal Carolina University | <input type="checkbox"/> A Coastal Carolina University faculty or staff member referral |
| <input type="checkbox"/> High School referral   | <input type="checkbox"/> Vacation travel to Myrtle Beach                                |
| <input type="checkbox"/> Alumnus referral   | <input type="checkbox"/> Meeting an admissions counselor at a college fair              |
| <input type="checkbox"/> I received a mailing from Coastal Carolina University                      | <input type="checkbox"/> Other. Specify: _____  |

**16. Emergency Contact Information:** *(in case of an emergency)*

First Contact:

Name \_\_\_\_\_

Relationship to Applicant/Student \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Second Contact:

Name \_\_\_\_\_

Relationship to Applicant/Student \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

**17. Education History:** *(Please complete the following)*

Name of school attended	City, State	Years attended	Reason for leaving
<hr/>			
<hr/>			
<hr/>			

Did you receive a high school diploma or equivalent?  Yes  No

If not, did you receive an alternative exit high school document?  Yes  No

If yes, please list the alternative exit high school document \_\_\_\_\_

Address of last school attended: (school name and mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_
- Academically (math, science, English, history, art): \_\_\_\_\_
- Social/recreational/leisure: \_\_\_\_\_
- Employment \_\_\_\_\_

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

If yes, list subjects

---

---

---

---

Were any accommodations used?  Yes  No

If yes, what kind?

---

---

---

---

Was any assistive technology used?  Yes  No

If yes, what kind?

---

---

---

---

**18. 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 in a work experience, paid or unpaid?  Yes  No

Which of the listed jobs? \_\_\_\_\_

Are you currently participating as a volunteer?  Yes  No

If yes, please list details: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**19. Community Standards:**

In an effort to maintain a safe learning community, completion of the following questions and the required documentation are required of all applicants. Your “yes” answer to one or more of the following questions will not necessarily preclude you from being admitted, however, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission or to dismiss you after enrollment. For the purpose of the following questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

If you answer “yes” to questions 1, 2, 3, 4, 5, or 6 below, you are required to provide a written explanation of the event(s) and a statement from your legal representative summarizing the event(s) and the final disposition of your case. If you are/were not represented by legal counsel in connection with the event(s), in addition to your own written explanation, you must provide court records summarizing the event(s) and the final disposition of your case. Print your full name at the top of each page, and date and sign each page. All documentation must be mailed to the Biddle Center for Teaching, Learning, and Community Engagement.

- 1.  Yes  No Have you been convicted of a crime?
- 2.  Yes  No Have you entered a plea of guilty, a plea of no contest, a plea of “nolo contendere,” or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?
- 3.  Yes  No Have you otherwise accepted responsibility for the commission of a crime?
- 4.  Yes  No Do you have any criminal charges pending against you?
- 5.  Yes  No Have you ever been suspended (out-of-school), expelled, placed on probation, or otherwise subject to any disciplinary sanction by any high school, college or university? This may include, but is not limited to, academic cheating, conduct violations, or alcohol policy infractions. If you answer “yes,” you are required to attach a statement from an appropriate school official corroborating your summary of the event in addition to your own explanation of the event.
- 6.  Yes  No If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? If you have not served in the military, respond “No.”

**20. Application Agreement:**

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I agree to inform the Biddle Center for Teaching, Learning, and Community Engagement, in writing, of any change in my plans to attend the University and any change of address. I understand that if I discontinue my enrollment in the Coastal Carolina University LIFE™ Program at Coastal Carolina University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for admission to Coastal Carolina University LIFE™ Program.

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University’s Student Handbook. A copy of the handbook can be found at [www.coastal.edu/students/StudentHandbook.pdf](http://www.coastal.edu/students/StudentHandbook.pdf).

**Signature of Applicant**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Legal Guardian**

\_\_\_\_\_ **Date** \_\_\_\_\_



# Coastal Carolina University LIFE™ Program

## Medical Information Form

Please attach results of a physical exam given within the last year and health history (*see Physical Examination and Health History Forms*). Please answer the following additional questions. Use a separate sheet if needed to provide additional information and/or documentation.

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 the condition the medications have been prescribed:

---

---

---

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

---

---

---

Are you independent in self-care such as toileting and basic hygiene?  Yes  No

List any limitations: \_\_\_\_\_

**Note: If the applicant must take medications while on campus, the applicant must be independent in administering his/her medications. If the applicant is not independent of self-care the applicant must arrange for personal assistance services for their self-care needs. Coastal Carolina University and Coastal Carolina University LIFE™ Program do not have the personnel or facility to administer medications or assist with self-care.**

### Medical Insurance

Name of Company \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

On a separate sheet, please provide any additional medical information that you feel may be important regarding your participation in this program.

## Coastal Carolina University LIFE™ Program Physical Examination Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_

Vision R20/\_\_\_\_ L20/\_\_\_\_ Pupils  Equal  Unequal

Vision Corrected  Yes  No How? (i.e., glasses, contacts, etc.) \_\_\_\_\_

Medical	Normal (✓)	Abnormal Findings (please specify)	Initials/Date
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart Murmur			
Pulse			
Lungs			
Abdomen			
Genitourinary(males)+			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Please check one for the final results of the applicant's physical examination:

Cleared without restriction: \_\_\_\_\_ Date \_\_\_\_\_  Not Cleared

Cleared with specific restrictions (list) \_\_\_\_\_

Cleared with recommendations for further evaluation or treatment for: \_\_\_\_\_

Print Name and Address of Physician completing this form:

Name \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

# Coastal Carolina University • Student Health Services • Health History Form

Last name (print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Today's date \_\_\_\_\_ Social Security number \_\_\_\_\_  
 Permanent address \_\_\_\_\_  
 City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ Date of birth \_\_\_\_\_  Male  Female  
 Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Emergency contact telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Business telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Marital status \_\_\_\_\_ Month/year you are entering the University \_\_\_\_\_  
 Health insurance company name \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Policy holder's name \_\_\_\_\_ Policy number \_\_\_\_\_

**Are you ALLERGIC to any of the following?**

Yes  No MEDICATIONS: If yes, name \_\_\_\_\_  
 Yes  No FOOD: If yes, name \_\_\_\_\_  
 Yes  No INSECT VENOM: If yes, name \_\_\_\_\_  
 Yes  No POLLEN, DUST, MOLD, ANIMALS: If yes, name \_\_\_\_\_  
 Yes  No OTHER \_\_\_\_\_

### FAMILY HISTORY

	Age	State of Health	Occupation	Age of Death	Cause of Death		Yes	No	Relationship
Father						Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mother						Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brothers						Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sisters						Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Depression/Drug/Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
						Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____

HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO	HAVE YOU HAD	YES	NO
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Bone Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Gall Bladder Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Rupture, Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Weight Changes	<input type="checkbox"/>	<input type="checkbox"/>	STDs	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		
<b>MALES ONLY</b>			<b>FEMALES ONLY</b>			Hernia Repair		<input type="checkbox"/>	_____		
Testicular Mass	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problem	<input type="checkbox"/>	<input type="checkbox"/>	Other surgery (specify):		_____			
Prostate Infection	<input type="checkbox"/>	<input type="checkbox"/>	Endometriosis	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____			

**PRESENT MEDICATIONS:** (Please include birth control, vitamins and herbal supplements.)

Drug	Dose	Reason

Do you smoke?  No  Yes If yes, how much \_\_\_\_\_  
 Do you use alcohol?  No  Yes If yes, how much \_\_\_\_\_  
 Do you exercise?  No  Yes If yes, how often/type \_\_\_\_\_

The above information is true to the best of my ability. I consent to medical treatment at Coastal Carolina University's Student Health Services. Payment for any incurred charges will be the responsibility of the student.

Student signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent signature required if student is younger than 16 years old.)

# Immunization Form (Complete if you were born in 1957 or later.)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_

Permanent address - PO Box, RFD, Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

To achieve immunization compliance, students born in 1957 or later must provide Student Health Services with proof of 2 MMRs (Measles, Mumps and Rubella) **OR** 2 Measles (Rubeola), 1 Rubella and 2 Mumps **OR** documentation of physician-diagnosed measles, mumps and laboratory evidence of immunity to rubella. In addition, international students from high risk countries must provide a tuberculin skin test PPD (Mantoux) within the past six months. If there is a history of a positive skin test, a chest X-ray is required. All immunization and tuberculin skin test documents must be submitted in English. You must forward the required information to:

Coastal Carolina University, Biddle Center for Teaching, Learning, and Community  
Engagement, P.O. Box 261954, Conway, SC 29528-6054

## Required Immunizations

Measles/Mumps/Rubella (MMR) Dose #1: (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  Dose #1: (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$   
(2 doses required at least 28 days apart)

OR

Rubeola (Measles)(Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  Reimmunized (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  OR Titer (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  OR Illness (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Rubella (German Measles) (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  Reimmunized (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Mumps (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  Reimmunized (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  OR Titer (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  OR Illness (Date)  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

## Required Tuberculosis Screening (if from high risk countries)\*

Tuberculin Skin Test (PPD)

(within past 6 months)

Date given:  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$  Date read:  $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive \_\_\_\_\_ negative \_\_\_\_\_

\*Go to [http://www.coastal.edu/health/i\\_requirements.html](http://www.coastal.edu/health/i_requirements.html) for list of high risk countries.

## Coastal Carolina University *recommends* the following additional immunizations.

### ► Tetanus-Diphtheria-Pertussis (TDAP) (Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years.)

Dose #1:     /    /        Dose #2:     /    /        Dose #3:     /    /        Dose #4:     /    /      
          M   D   Y            M   D   Y            M   D   Y            M   D   Y

Booster: Td or TDaP within the last ten years (Date)     /    /      
  M   D   Y

### ► Tuberculin Skin Test (PPD) (within past 6 months)

Date given:     /    /                Date read:     /    /      
              M   D   Y                    M   D   Y

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive \_\_\_\_\_ negative \_\_\_\_\_

### ► Hepatitis A (2 Doses)

Dose #1:     /    /                Dose #2:     /    /      
          M   D   Y                    M   D   Y

### ► Hepatitis B (3 Doses)

Dose #1:     /    /                Dose #2:     /    /                Dose #3:     /    /      
          M   D   Y                    M   D   Y                    M   D   Y

### ► Varicella (chicken pox) (immunization or disease) (3 Doses)

History of Disease:  YES     NO

Documented by Medical Provider

Dose #1:     /    /                Dose #2:     /    /                Dose #3:     /    /      
          M   D   Y                    M   D   Y                    M   D   Y

### ► Meningitis (Strongly recommended by the American College Health Association)

Dose:     /    /      
      M   D   Y

### ► Quadrivalent Human Papillomavirus (HPV) (3 Doses)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2 and 6 month intervals.)

Dose #1:     /    /                Dose #2:     /    /                Dose #3:     /    /      
          M   D   Y                    M   D   Y                    M   D   Y

### ► Influenza (flu)

Dates:     /    /                    /    /                    /    /                    /    /      
          M   D   Y            M   D   Y            M   D   Y            M   D   Y

Medical Provider's Signature or Stamp \_\_\_\_\_ Date \_\_\_\_\_



**COASTAL CAROLINA  
UNIVERSITY™  
LIFE™ Program**  
Learning Is For Everyone

**EXCHANGE OF INFORMATION AND MEDIA AND  
LIABILITY RELEASE FORM**

To be filled out by:  
Parent/Family/Guardian/Support Person

*Please read carefully. You are releasing certain rights.*

Coastal Carolina University treats and regards as confidential all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Disability Services Office. However, it may be necessary for our staff to exchange some information about you with the Coastal Carolina University 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 this document and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

# Coastal Carolina University LIFE™ Program

## Exchange of Information and Media Release Form

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

### Exchange of Information

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

- |  |  |
|--|--|
| <input type="checkbox"/> School District(s) _____                          | <input type="checkbox"/> Financial Aid Office            |
| <input type="checkbox"/> Department of Vocational Rehabilitation Office    | <input type="checkbox"/> Parents/Guardians               |
| <input type="checkbox"/> Department of Disability and Special Needs Office | <input type="checkbox"/> Registrar's Office              |
| <input type="checkbox"/> Admissions Office                                 | <input type="checkbox"/> Tutor/Mentor                    |
| <input type="checkbox"/> Course Instructors                                | <input type="checkbox"/> Other<br>(Please Specify) _____ |

### Media Release

I hereby give permission for the Coastal Carolina University LIFE™ Program the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes. I am aware that I am participating in a pilot program funded by the National Down Syndrome Society and the College Transition Connection and that aggregate data (*data about the entire group*) from this program will be collected and disseminated.

- I have read the Media Release and choose not to agree to its authorization.**
- I have read this authorization and it is freely given by me without expectation of any compensation whatsoever.**

I hereby authorize Coastal Carolina University and those acting pursuant to its authority to:

- a. record my participation, image, and appearance on video tape, audiotape, film, photograph or any other medium;
- b. use my name, likeness, image, voice, and biographical material in connection with these recordings and/or images;
- c. exhibit or distribute and modify such recordings and/or images in whole or in part without restrictions or limitations for any educational or promotional purpose that the University and those acting pursuant to its authority may deem appropriate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



**COASTAL CAROLINA  
UNIVERSITY™**

**LIFE™ Program**

Learning Is For Everyone

**COASTAL CAROLINA UNIVERSITY LIFE™ PROGRAM  
STUDENTS AND EDUCATIONAL PRIVACY**

**The Family Educational Rights and Privacy Act  
(FERPA)**

## Coastal Carolina University LIFE™ Program Students and Educational Privacy

The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords students the right to have access to their education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records.

In a K-12 setting, both students and parents have the right to access the student's private/protected educational record. **When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student.**

Coastal Carolina University recognizes the unique role of parents and guardians in the lives of our LIFE™ program students. In order to maintain compliance with the student's federal educational privacy rights, and also meet the need of our LIFE™ program student's parents and guardians, the following methods of conveying protected information have been approved:

Upon enrollment in the Coastal Carolina University LIFE™ program, each student will have the opportunity to authorize the creation of a unique authentication passcode, which a student can share with a trusted parent or guardian. During telephone conversations where private/protected information needs to be discussed, the passcode will be used to authenticate the caller as one who is authorized by the student to receive protected information. Students have the right to grant/revoke this access at any time.

If a parent/guardian wishes to discuss private/protected information from a student's academic record in a telephone conversation and does not have the student's unique passcode, then this secondary authentication method may be utilized:

The student must be present at the time of the telephone conversation with the instructor/administrator in order to authenticate the caller and grant permission for the transfer of protected information to occur. If at any time during the conversation the student revokes his/her permission, then all conversation regarding protected information must end.

Please note that protected information cannot be transmitted by:

- E-mail or any other electronic means (as these are not secure mediums)

Note: This document is a special addendum to the University's FERPA policy that is unique to the Coastal Carolina University LIFE™ program. For the University's standard annual **Notification Of Student Rights Under The Family Educational Rights And Privacy Act (FERPA)** document, please see <http://www.coastal.edu/registrar/ferpa.pdf>.



**COASTAL CAROLINA**  
**UNIVERSITY™**  
**LIFE™ Program**  
Learning Is For Everyone

**PERSONAL SUPPORT INVENTORY**

To be filled out by:  
Parent/Family/Guardian/Support Person

# Coastal Carolina University LIFE™ Program

## 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 child.

<b>Independent Living Skills</b>	<b>1</b> <i>Requires complete assistance</i>	<b>2</b> <i>Needs moderate assistance</i>	<b>3</b> <i>Needs some assistance</i>	<b>4</b> <i>Needs minimal assistance</i>	<b>5</b> <i>Completely independent</i>
Negotiating/finding way around campus environment					
Ordering and purchasing from a restaurant/cafeteria/store					
Handling personal affairs: laundry, light cooking, cleaning, 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					
<b>Academic Skills</b>	<b>1</b> <i>Requires complete assistance</i>	<b>2</b> <i>Needs moderate assistance</i>	<b>3</b> <i>Needs some assistance</i>	<b>4</b> <i>Needs minimal assistance</i>	<b>5</b> <i>Completely independent</i>
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
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 persistence 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					





**COASTAL CAROLINA**  
**UNIVERSITY™**  
**LIFE™ Program**  
Learning Is For Everyone

**STUDENT QUESTIONNAIRE**

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

**Coastal Carolina University LIFE™ Program**

## STUDENT QUESTIONNAIRE

1. Why do you wish to be considered for the Coastal Carolina University LIFE™ Program?
2. What would you like to learn about in a college class?
3. What do you want to learn that you did not learn in high school?
4. What kind of jobs are you interested in after you leave college?
5. What do you do in your free time?
6. What is your favorite hobby or sport?
7. What is your favorite musical group or favorite singer?
8. Do you spend time with friends outside of school?  Yes  No  
If yes, what do you like to do with your friends?
9. Discuss two of your goals for the future upon completion of this program.
10. Please use this page to provide us with any additional information about yourself that you wish to share.



# COASTAL CAROLINA UNIVERSITY™

## **LIFE™ Program** Learning Is For Everyone

### **STUDENT RECOMMENDATION FORMS AND PERSONAL SUPPORT INVENTORY**

**To be filled out by:  
Reference**

Please submit three (3) Student Recommendation Forms from references who have known the applicant for at least one calendar year. Please duplicate the Student Recommendation Form as needed. Submitted forms must represent the following areas:

Required Recommendation

- Education

Recommendations from two of the following areas:

- Vocational/Employment;
- Community Involvement; and/or
- Personal

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

**Coastal Carolina University LIFE™ Program**

## Student Recommendation Form

I agree, as part of the application process, to waive my right to access the Student Recommendation Form

Yes

No

\_\_\_\_\_   
Applicant's Signature

Recommendation for \_\_\_\_\_

Applicant's Name

The above named individual is applying for admission to the Coastal Carolina University LIFE™ Program. This program is designed to provide students with cognitive and intellectual disabilities who desire a post-secondary experience on a college campus and the opportunity and support system to succeed. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. 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 will submit all Student Recommendation Forms as part of his/her completed Student Admission Application Packet. Thank you for your assistance in this matter.

Recommendation Prepared by:

Your Name \_\_\_\_\_

Title

First

MI

Last

Address \_\_\_\_\_

Street

Apt #

City

State

County

Zip

Organization \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_   
E-mail Address

\_\_\_\_\_   
Telephone

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Date

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 Coastal Carolina University LIFE™ Program? Please explain your answer.

\_\_\_\_\_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)*

# Coastal Carolina University LIFE™ Program

## PERSONAL SUPPORT INVENTORY

To be filled out by:

To be filled out by: **REFERENCE**

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

<b>Independent Living Skills</b>	<b>1</b> <i>Requires complete assistance</i>	<b>2</b> <i>Needs moderate assistance</i>	<b>3</b> <i>Needs some assistance</i>	<b>4</b> <i>Needs minimal assistance</i>	<b>5</b> <i>Completely independent</i>	<i>Unknown</i>
Negotiating/finding way around campus environment						
Ordering and purchasing from a restaurant/ cafeteria/store						
Handling personal affairs: laundry, light cooking, cleaning, 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						
<b>Academic Skills</b>	<b>1</b> <i>Requires complete assistance</i>	<b>2</b> <i>Needs moderate assistance</i>	<b>3</b> <i>Needs some assistance</i>	<b>4</b> <i>Needs minimal assistance</i>	<b>5</b> <i>Completely independent</i>	<i>Unknown</i>
Handling money: counting change/bills, understanding values, using checkbook, staying within budget						
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 persistence 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						





COASTAL CAROLINA  
UNIVERSITY™

**LIFE™ Program**

Learning Is For Everyone

**ACADEMIC TRANSCRIPT REQUEST FORMS**

Please send one (1) copy of my high school transcript to:

**The Biddle Center for Teaching, Learning, and  
Community Engagement**

Coastal Carolina University LIFE™ Program

P. O. Box 261954

100 Chanticleer Dr. East

Bill Baxley Hall 219

Conway, SC 29528-6054

# Coastal Carolina University LIFE™ Program

## Academic Transcript Request

To the applicant:

*Use this form to request that a copy of your high school transcripts be sent to the Coastal Carolina University LIFE™ Program.*

To the High School/Post-secondary Program Registrar/Counseling Office:

\_\_\_\_\_  
High School/Post-secondary Program

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please send one (1) copy of my high school transcript to:

**ATTENTION: The Biddle Center for Teaching, Learning, and  
Community Engagement**

Coastal Carolina University LIFE™ Program

P. O. Box 261954

100 Chanticleer Dr. East

Bill Baxley Hall 219

Conway, SC 29528-6054

Amount enclosed: \$\_\_\_\_\_ (*Applicant must contact high school/post-secondary program to determine transcript fee prior to mailing this form*) Please enclose a check or money order made payable to Coastal Carolina University LIFE Program.

Ms./Mr. \_\_\_\_\_

First Name

MI

Last Name

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Attendance: \_\_\_\_\_

Microsoft Office Word 2003.Ink

Signature \_\_\_\_\_

Date \_\_\_\_\_