COASTAL CAROLINA UNIVERSITY

LIFE Program
Application

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 (Learning Is For Everyone) Program. LIFE Program is a comprehensive program of study for unique learners who are highly motivated young adults with an intellectual disability. The disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills and 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 picture of the applicant.
☐ Submit a \$45 check or money order application fee
☐ Complete the Student Questionnaire (by the applicant).
☐ Complete the Personal Support Inventory (by parent/guardian).
☐ Submit official high school transcript(s) including last IEP or any post-secondary program record.
☐ Submit official discipline report from high school.
□ Submit copies of all Educational Evaluations conducted within the past three (3) years.
□ Submit all Psychological/Behavioral Evaluations conducted within the 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: education (required) and at least two recommendations from the following areas: 1) vocational/employment, 2) community involvement and/or 3) personal (required of all applicants).
Completed Student Recommendation Forms must be submitted with the application packet and must be in a sealed envelope with signature of the reference across the seal.
☐ After initial screening of application, a personal interview will be scheduled when a completed packet has been received.

Application Date for Consideration:

Application deadlines are: September 1st for priority consideration and February 1st for the upcoming fall cohort. Completed applications received after February 1st will be reviewed to fill any unused student spaces for the cohort.

For additional information, contact The LIFE Program at 843-349-2665 or life@coastal.edu.

Note: This is a certificate program (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 LIFETM Program. However, applicants who are not accepted are welcome to reapply for the next year.

The Coastal Carolina University LIFE Program

Coastal Carolina University • P.O. Box 261954 • Conway, South Carolina 29528-6054

843-349-2665 • Email: life@coastal.edu

If you are admitted to the University and become a student here, any information on the application may be made public, with the exception of your Social Security number or Alien Registration number. If you wish to keep the information private, you must advise the University in writing. Forms are available in the Office of the Registrar.



LIFE Program ApplicationA nonrefundable application fee of \$45 is required with this application.

Please make check or money order payable to Coastal Carolina University with the student's name in the "for" section and "LIFE Program".

. TEI	RM 0F PR0P0SED ENROLLMENT Fall Semester YEAR						
. SO	CIAL SECURITY NUMBER						
. NA	AME Last name			Suffix (Jr., III, IV)			
Fir	rst name		Middle name				
MA	AIDEN OR FORMER NAME USED AT OTHER COLLEGES						
НО	DME/PERMANENT ADDRESS						
P.0	O. Box, RFD, Street						
Cit	ty		State Zip	code Zip +four			
Co	ounty		_				
НО	OME TELEPHONE		CELL TELEPHONE				
EM	MAIL ADDRESS Please print neatly.						
ΙA	I AM AN INTERNATIONAL STUDENT. Yes No I AM SEEKING AN F-1 STUDENT VISA. YES NO						
Co	ountry of birth		Country of citizenship				
Ιa	am a permanent resident of the United States. Yes	☐ No Alien regist	tration number (include a c	copy of Green Card):			
DA	ATE OF BIRTH (mm/dd/yy)	12. GEND	ER Male Female				
Are	LITARY VETERAN / ACTIVE MILITARY re you currently or have you ever been a member of the UYES, please check one of the following. Active duty	_	_	nent			
Are	Are you the spouse or a DEPENDENT of a full-time member of the U.S. armed forces? Yes (Spouse) Yes (Dependent) No						
	e you seeking readmission to the University after having your last semester? Yes No	been called-up to active	e military service through t	he reserves or drafted before the end			
. lp	olan to enroll in Coastal Carolina University's Army ROTC	program? Yes [□ No				
	HNIC ORIGIN / RACE am Hispanic or Latino? Yes No						
	hat is your race? Regardless of your answer to the previous process of the pre			, ,			
. FAI	MILY CONTACT INFORMATION (Check relationship to you)	☐ Parent ☐ Spouse	e 🗌 Guardian 🗌 Otl	her			
La	ast name			Suffix (Jr., III, IV)			
Fir	rst name		Middle name				
Нс	ome/permanent address · P.O. Box, RFD, Street						
Cit	ty	State	Zip code	Zip +four			
	elephones Home						
En	mail address (Please print neatly)						

ACADEMIC HISTORY

16.	HIGH SCHOOL YOU LAST ATTENDED, WILL GRADUATE OR GRADUATED FROM														
	Nan	ne o	of high s	chool											
	Stat	e _			Years attended (yyy	y to yyyy)		_ to			CEE	CEEB HS Code		
	High	n sc	hool gra	duation date:	Month/Year (mm/yy)		or GED	mm/yy	y)			Issued	in which state?		
17.				ests you have	taken or will take in the futu	ıre (list te	st dates by month	and ye	ar):						
	Ц	SA ^r		n/yy) / _	Date 2 (mm/yy)	_/	Date 3 (mm/yy)	/		Dat	e 4 (mm/yy)	_/	Date 5 (mm/yy) _	/	
		AC Da		n/yy) / _	Date 2 (mm/yy)	_/	Date 3 (mm/yy)	/		Dat	e 4 (mm/yy)	_/	Date 5 (mm/yy) _	/	
18.	LIST	ALL	. COURSE	S IN WHICH YOU	ARE CURRENTLY ENROLLED IN	OR PLAN	TO REGISTER FOR A	ND COMP	PLETE D	URINO	G YOUR SENIOR YE	AR IN HIGH	SCHOOL.		
	_														
19.	If ye	s, p	lease lis	st below all col	attended any college, eithe lleges attended, current or n he University may verify you	nost rece	nt first, and ask th	e institu	ition(s)	to fo	rward an official	transcript	of your work direc		
				•	ne oniversity may verify you					Ū			· ·		
	Ivali				Date ent								/_		
	Man														
	ivan				Date ent								te/ _		
	Nan														
		C	realts ea	arned	Date ent	erea (mm	1/yy)	_/_			_ Date leavin	ig (mm/yy)	/_		
20.	I FIR	I FIRST LEARNED ABOUT COASTAL CAROLINA UNIVERSITY FROM (check the most appropriate): A. A family member who graduated from Coastal Carolina University F. Meeting an admissions counselor at a college fair													
	Ш	A.		•	o graduated from Coastal C		•				A visit to camp		counselor at a colle	ge fair	
				nship				_	_		A coach's refe				
	П	В.			o attended/currently attends	s Coastal	Carolina Universi	ty					Coastal Carolina U	Iniversity	
				ıs referral	•						The Coastal Ca			•	
		D.	A stude	ent currently a	ttending Coastal Carolina U	niversity				K.	Vacation travel	to Myrtle	Beach		
		E.	A Coas	stal Carolina U	niversity faculty or staff mer	mber refe	rral			L.	Other. Specify	:			
21.	All applicants are required to complete responses to a series of community standards questions on the application for admission. Responses to these question are initially reviewed by the Office of Admissions, and some cases are referred to the Community Standards Committee for review. An applicant must be approved by the community standards review process prior to being considered for admission. This community standards review process supports the University's goal of maintaining a safe learning community. Failure to submit complete responses and/or falsification of responses may result in revocation of the admission decision or dismissal if the student presents false information or an incomplete response is discovered after enrollment. Any incident resulting in any change to a community standards question subsequent to the application must be immediately reported by the applicant to the Office of Admissions in writing. Failure to do so may result in the revocation of the admissions decision or dismissal of the applicant after enrollment. In addition, registered sex offenders are not allowed to enroll in classes or participate in campus activities. Failure to disclose registration at any time shall result in immediate dismissal.														
	arre by le	st re egal the	eport an I counse	d/or a statemed in connection of your	ons 1-9 below, you are requent from an appropriate officen with the event(s), in additiour case. Print your full name	cial summon on to you	narizing the eventour or own written exp	s) and t lanation	he fina n, you r	ıl disp must	oosition of your also provide co	case. If yourt records	ou are/were not repose summarizing the	resented event(s)	
	1.] Yes	□ No	Have you been adjudicate or arrested without a conv		ssed, involved in	oretrial o	diversio	on pr	ogram or entere	ed into a co	ontract through juve	enile court,	
	2.		Yes	☐ No	Have you ever been parde and conviction.	oned or h	ad your record ex	punged	l in any	/ cou	rt? If so, please	provide d	etails as to the crin	ne	
	3.		Yes	☐ No	Have you ever entered int	to any pre	etrial diversion pro	gram as	s an ac	dult?					

	4.		Yes	☐ No	Have you been convicted of a crime as an adult or juvenile?			
	5. Yes No Have you entered a plea of guilty, a plea of no contest, a plea of "nolo contendere," an Alford plea, or a plea of delinquency in juvenile court, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?							
	6.		Yes	☐ No	Have you otherwise accepted responsibility for the commission of a crime or entered a pretrial diversion program?			
	7.		Yes	☐ No	Do you have any criminal charges pending against you?			
	8.		Yes	□ No	Have you ever been suspended or expelled (out-of-school) from high school or placed on disciplinary probation by any 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.			
	9.		Yes	☐ No	If you 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."			
	Writ	tten	stateme	nt (required	for all "yes" responses):			
22.	H0\	N CA	N YOUR E	DUCATIONAL	EXPERIENCE AT COASTAL CAROLINA UNIVERSITY HELP YOU ACHIEVE YOUR FUTURE GOALS?			
23.	I ful	lly ur Atter Coop Fully Fully Adhe Adhe Main Fully	nderstan nd and operate we participe participere to the ere to the ntain Adu comply mpliance	d that the ficomplete all vith all LIFE pate in plant pate in job see job place e Independ alt Rights (muy with the Coe with these	ROGRAM AT COASTAL CAROLINA UNIVERSITY ollowing are the requirements of completion of the program: assignments within the LIFE Program curriculum and Coastal Carolina University classes with modified assignments. Program staff. ned LIFE Program activities. hadowing and employment activities. ment requirements per the employment coordinator. ent Living Skills activity requirements. ust retain own personal guardianship) poastal Carolina University LIFE Program Code of Student Conduct. prequirements may result in the following:			
	•	Acad			eam meeting with action plan. Program.			
24.	I ce kno und Tea I dis app	rtify wing lersta ching scon propr	g omission anding t g, Learn Itinue my Tiate dea	se response ons or falsif hat I shall n ing and Con y enrollmen dline. I also	es are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any ication herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my ot be considered for admission to the University until I have submitted all credentials. I agree to inform the Biddle Center for mmunity Engagement, in writing, of any change in my plans to attend the University and any change of address. I understand that if t in the Coastal Carolina University LIFE Program at Coastal Carolina University at any time, I must submit a new application by the understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for arolina University LIFE Program.			
					oromise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and as outlined in the University's Student Handbook. The handbook can be found at coastal.edu/students/StudentHandbook.pdf.			
Signa	ature o	of App	plicant _		Date			

Signature of Parent or Legal Guardian ____ (if applicant is under 18 years of age) _____ Date _____

Student Questionnaire

► To be completed by the Student Applicant

This section is to be completed by applicant and may include additional pages.

This is an excellent opportunity for the applicant to demonstrate writing skills, critical thinking skills and creativity.

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 space to provide us with any additional information about yourself that you wish to share.							

Coastal Carolina University LIFE Program Personal Support Inventory

► To be completed 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 this student.

Independent Living Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
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					
Adjusts to new situations					
Academic Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: Approximate Grade Levels:AdditionSubtractionMultiplicationDivision					
Reading and writing skills: Approximate Grade Levels: Reading Writing Listening Comprehension					
Computer Skills: Word ProcessingInternet					
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					

(continued from page 3)

	Social Skills and Communication	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
	Introduces self					
	Complies with instructions					
	Accepts criticism or consequences					
	Accepts no for an answer					
	Greets people					
	Gets people's attention appropriately					
	Makes requests appropriately					
	Disagrees appropriately					
	Gives negative feedback appropriately					
	Resists peer pressure					
	Apologizes					
	Engages in conversation					
	Gives compliments					
	Utilizes cell phone and email					
A d	ditional Remarks: Please list/discuss any physical, intellest-secondary experience for this applicant.	ectual, social, or e	motional conditio	ns that may need	d to be considere	ed when planning a
_						

Guidance Counselor or Teacher Recommendation Form

► Completed Recommendation Form must be submitted with the application packet and must be in a sealed envelope with signature across the seal.

	ons: Please attach the applicant's official transcript, included transcript legend.	uding courses in	progress, and, if av	vailable, a school	
Student's	s name				
Cumulativ	ve grade point average	of			
Rank	in a class of	Rank is	estimated	☐ computed	
► Chec	k the box that indicates the type of exit document receive	ed or anticipated.			
	Type of High School Exit Document		State	Year	
	State High School Diploma				
	State High School Certificate				
	District High School Certificate / Certificate of Attendand	ce			
	State Occupational Diploma				
	District Occupational Diploma				
	Other				
	udent is a South Carolina resident, will the student have sites for applicants to South Carolina public colleges an		•	IE high school course ☐ N/A	
Commer	nts and recommendations:	ool policy preclu	des any recommen	dations	
RECOMMENDATION: Highly Recommend Recommend Recommend with Reservations Do Not Recommend					
Name of	school (please print or type)				
Counselo	or's name				
Position					
Office tel	lephone ()	Fax ()		
Email ad	dress	ī			

CEEB/ACT School Code

Coastal Carolina University LIFE Program Personal Support Inventory

► To be completed by Guidance Counselor or Teacher

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

Independent Living Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
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					
Adjusts to new situations					
Academic Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: Approximate Grade Levels: AdditionSubtractionMultiplicationDivision					
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					

(continued from page 2)

	Social Skills and Communication	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
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ĺ	Makes requests appropriately					
ĺ	Disagrees appropriately					
İ	Gives negative feedback appropriately					
İ	Resists peer pressure					
	Apologizes					
Ì	Engages in conversation					
Ì	Gives compliments					
Ī	Utilizes cell phone and email					
Ad pos	ditional Remarks: Please list/discuss any physical, intellest-secondary experience for this applicant.	ectual, social or er	notional conditior	ns that may need	to be considere	d when planning a



The Coastal Carolina University LIFE Program
Coastal Carolina University • P.O. Box 261954 • Conway, South Carolina 29528-6054
843-349-2665 • Email: LIFE@coastal.edu

Recommendation Form

- ▶ Applicants must 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: **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.

This section (only) to b requesting recommend	•	nd signed by LIFE [™]	Program applicant before
I agree as part of the applicatio ☐ Yes ☐ No	-	my right to access of	this completed recommendation form.
Name of applicant (print)			
Signature of applicant			
Signature of parent or legal gua (If applicant is under 18 years of ag			
► This section to be cor	npleted by per	son making the r	recommendation
is designed to provide students who college campus, the opportunity and young adults who have received extended to the college campus, the opportunity and young adults who have received extended to the college campus.	b have intellectual dis d support system to tensive educational s n a traditional college	sabilities and who desire succeed. Students in the ervices in either public o degree program. Studen	LIFE™ Program are highly motivated r private schools and would likely have nts should have a strong desire to become
With the above information in mind, Personal Support Inventory (attache a sealed envelope and sign across t completed Student Admission Appl	ed). Attach additional the seal. The applica	pages as needed. Pleas nt will submit all Recomn	e return this form to the applicant in nendation Forms as part of his/her
Recommendation prepared by:			
Your Name			
First name	Middle	initial	Last name
Address			
City	State	County	Zip code
Organization			
Position / Title			
Email address			
Telephone number(s)			

Date

Signature _

Please describe why you feel the applicant would benefit from a post-secondary education experience. 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 Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program? (Attach additional pages if needed.)	Hov	w long have you known the applicant and in what capacity?
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 Please describe the strengths and challenges that the applicant may have that will make him/her a strong		
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Personal Support Inventory

► To be completed by person completing the Recommendation Form

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

Independent Living Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
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Computer Skills: Word ProcessingInternet					
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					

(continued from page 3)

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	Introduces self					
ĺ	Complies with instructions					
İ	Accepts criticism or consequences					
	Accepts no for an answer					
İ	Greets people					
	Gets people's attention appropriately					
İ	Makes requests appropriately					
Ì	Disagrees appropriately					
Ì	Gives negative feedback appropriately					
Ì	Resists peer pressure					
Ì	Apologizes					
İ	Engages in conversation					
İ	Gives compliments					
İ	Utilizes cell phone and email					
Ad	ditional Remarks: Please list/discuss any physical, intellect st-secondary experience for this applicant.	ctual, social or er	notional condition	ns that may need	to be considere	d when planning a
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Coastal Carolina University LIFE Program Recommendation Form

- ▶ Applicants must 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: **education** (required) and at least **two recommendations** from the following areas: 1) vocational/employment, 2) community involvement, and/or 3) personal.
- ► Completed Recommendation Form must be submitted with the application packet and must be in a sealed envelope with signature across the seal.

envelope with signature across the se	al.		
This section (only) to be con requesting recommendation	•	ned by LIFE P	rogram applicant before
I agree as part of the application proc ☐ Yes ☐ No	_	ight to access of tl	
Name of applicant (print)			
Signature of applicant			
Signature of parent or legal guardian (If applicant is under 18 years of age)			
► This section to be complet	ed by person	making the re	ecommendation
The above named individual is applying for designed to provide students who have int campus, the opportunity and support syste who have received extensive educational s difficulty succeeding in a traditional college independent adult and must possess emotions.	ellectual disabilities em to succeed. Stud ervices in either pub e degree program. S ional stability and m	and who desire a polents in the LIFE Proble or private school tudents should have atturity to participate	ost-secondary experience on a college ogram are highly motivated young adults als and would likely have considerable a strong desire to become an e successfully in this program.
With the above information in mind, please Personal Support Inventory (attached). Atta a sealed envelope and sign across the seal completed Student Admission Application	ach additional pages I. The applicant will s	s as needed. Please submit all Recomme	return this form to the applicant in
Recommendation prepared by:			
Your Name			
First name	Middle initial		Last name
Address			
City	State	County	Zip code
Organization			
Position / Title			
Email address			
Telephone number(s)			

Signature

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? (Attach additional pages if needed.)

Personal Support Inventory

► To be completed by person completing Student Recommendation Form

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

Independent Living Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
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					
Adjusts to new situations					
Academic Skills	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: Approximate Grade Levels:AdditionSubtractionMultiplicationDivision					
Reading and writing skills: Approximate Grade Levels: Reading Writing Listening Comprehension					
Computer Skills: Word ProcessingInternet					
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					

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	1	Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely independent
Introduces self						
Complies with instructions						
Accepts criticism or consequences						
Accepts no for an answer						
Greets people						
Gets people's attention appropriately						
Makes requests appropriately						
Disagrees appropriately						
Gives negative feedback appropriately						
Resists peer pressure						
Apologizes						
Engages in conversation						
Gives compliments						
Utilizes cell phone and email						
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