



UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE

Authorization for Release of Confidential Information

To/From: UA-PTC 3d Program
1300 Interstate 30 Little
Rock, AR 72210 Phone:
501-771-6054 Fax:
501-812-2885

To/From: AEDD, Inc.
105 E Roosevelt Little
Rock, AR 72206 Phone:
501-666-0246

To/From: Arkansas Rehab
900 W. 7th Street Little
Rock, AR 72201 Phone:
501-686-2800 Fax:
501-686-9418

I, _____ the student or guardian of the student named below, give University of Arkansas - Pulaski Technical College, 3D Program permission to obtain from or give to the above agency/person pertinent social, medical, or other information. I understand this information is confidential and will only be used for the benefit of this student. I understand that the 3D Program Staff may share information about the student's disability with the staff for accommodating my student's needs in the classroom. I understand that this information may be subject to release by the recipient without the knowledge or consent of Pulaski Technical College 3D Program and that Pulaski Technical College 3D Program is in no way responsible for this action. I further understand that this consent form is considered valid for the duration of this student's enrollment. I understand that I may revoke this release at any time by requesting this in writing and submitting it to this office or by requesting this form and signing below.

Student's Name:

Date of Birth:

Signature of Student/Legal Guardian:

Date:

3D Culinary Program

13000 Interstate 30 • Little Rock, AR 72210
Phone (501) 771.6055 • Fax (501) 812.2885 • uaptc.edu/3d



UNIVERSITY OF ARKANSAS PULASKI TECHNICAL COLLEGE

Application Checklist and Certification for Admission to the 3D Program

Applications are currently being accepted for the next academic year. You will be notified via email when your entire packet has been received. Applicants will not be considered until the entire packet is received. The deadline for application submission is April 1st. A new cohort starts each August. If selected, the applicant will be interviewed independently as well as with their family or support person. An interview does not guarantee admittance to the 3D Program. Please note that additional paperwork will be required upon admissions.

Application Checklist	
	Successful submission of an application to UA - Pulaski Technical College at www.uaptc.edu/apply
	A copy of your Arkansas Identification Card or Driver's License
	A copy of your Medicaid Card (if applicable)
	Immunization Records
	Completed 3D Program application
	Completed Student Questionnaire completed by the student
	Completed Personal Support Questionnaire
	Completed Parent/Support Person Readiness Questionnaire
	Official high school transcript sent to UA - PTC Admissions Office
	Behavioral records (If the student has no record, send a letter from the high school stating there is no record.)
	Current IEP which serves as evidence of the applicant's eligibility for special education and related services under the IDEA
	A documented comprehensive and individualized psycho-educational evaluation and diagnosis of an intellectual disability by a psychologist or other qualified professional that includes an IQ score: <ul style="list-style-type: none">• Current Neuropsychological Evaluation, including IQ score• Psycho-educational Evaluation, including achievement scores within the past 5 years

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Application Checklist

	Copy of legal guardianship agreement, if applicable. We must have a copy of the legal paper to enforce guardianship.
	Completed FERPA Release of Student Information form (one form for each supporter who needs access to student records)
	Completed FAFSA form (Free Application for Federal Student Aid) at https://studentaid.gov/h/apply-for-aid/fafsa
	Apply for the Governor's Higher Education Transition Scholarship (GHETS)
	Apply for an Arkansas Rehabilitation Services counselor

Application Submission Instructions

Application, questionnaires, and all supporting application documents should be submitted to one of the following:

3D Program
University of Arkansas - Pulaski Technical College
13000 Interstate 30
Little Rock, AR 72210

3d@uaptc.edu (Official 3D Program email)

Certification & Honor Code Compliance

I certify all information provided on this application and supplementary materials is correct and complete.

I understand any untruthful statements in this application could result in my application being denied or my immediate dismissal from the 3D Program.

I understand that I am required to notify and update the 3D Program Admissions Committee of any change in status including (but not limited to) a disciplinary or criminal incident that occurs after submission of this application and prior to my enrollment in the 3D Program.

I have read and understood these statements: _____

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Student Questionnaire

(To be completed by the student)

A scribe was used for this section of the application

Why do you want to attend the 3D Program at the University of Arkansas - Pulaski Technical College?

What are your goals for the future? Where do you see yourself in 10 years?

What kind of job would you like to have when you finish school? Why?

How do you spend your free time?

What motivates you to finish a task or a chore?

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Whom do you socialize with? Family, friends, or do you prefer to be alone?

Describe a special relationship you have with a friend, mentor, or family member.

Have you ever been away from your family for an extended period of time? Please share your reflection/thoughts of that experience.

What are 3 things you are good at? What are 3 things you would like to be better at?

Have you taken a UA-PTC - CAHMI 3D tour?

Have you applied to the 3D Program before?

How did you hear about the 3D Program?

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Student Contact Information	
Student's Full Name:	Student's Preferred Name:
Date of Birth:	Cell Phone:
Medicaid #:	Social Security #:
Email address:	PASSE Member #:
Home Address(es):	City ,State, Zip:
Student Permanently Resides With:	County of Residence:
High School or Equivalent Attended:	City, State:
High School or Equivalent Completion Date:	High School Completion Document:
Describe any inclusive educational experiences or general education classes you have taken.	
Are you your own legal guardian? If no, upload documentation where indicated.	

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Support Services and Additional Questions

What kinds of support services do you currently receive? (This could include OT, ABA Therapy, Speech Therapy, etc.). Please include provider and dates of services.

Are there any behavioral considerations? how are these behaviors presented?

Have you received any Arkansas Rehabilitation Services funding to attend a post-secondary program?

What sorts of assistive technology (assistive, adaptive, or rehabilitative devices) has the applicant utilized?

Do you regularly use a computer, a cell phone, or social media? If so, do you check your accounts and messages regularly?

What role(s) do your support system (family and friends) play in your success when you've been enrolled in school?

Have you ever volunteered or worked previously? If so, please include the location and dates.

Have you ever been convicted of a felony or are currently involved in any pending felony investigation? Have you ever been convicted of a crime or are currently involved in any pending criminal investigation? If yes, please explain below.

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Supporter Contact Information

Parent/Support Person #1:	Parent/Support Person #2:
Full name:	Full Name:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Address:	Address:
City, State, Zip:	City, State, Zip:
Email Address:	Email Address:
Does the student have a guardianship in place? <i>*If yes, include court documentation for guardianship to be enforced.</i>	

Primary Care Physician Information

Name:	Clinic:
Address:	City, State, Zip:
Phone:	Email:

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Parent Readiness Survey

(To be completed by parent, guardian, or support person)

Applicant Information

Student Name:	Parent/Guardian Name:
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Student Safety

I expect one-on-one support for my student all day.	
I worry about my student talking to other students unsupervised.	
I worry about my student crossing the street.	
I check to see if my student has the correct facts.	

Post-Secondary Programs

I expect to know everything my student does at the college.	
I need to know the homework assignments for each class my student takes in college.	
I need to know the calendar of social activities offered to my student.	
I know my student, with support, will develop friendships.	
I know my student, with support, will try new opportunities.	

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Direct Involvement	
I would like to attend classes to see my student interact with others.	
Often, I am in contact with my student more than three times a day.	
Often, I tell my student what to do or say.	
I check up on my student in person, if I can.	
I understand I will have limited contact with the UA-PTC 3D Program and that communication will primarily go through my child.	

Student's Strengths and Challenges	
My student has the ability to handle frustration appropriately.	
I trust my student's judgment.	
My student has the ability to seek assistance.	
I believe I am ready for my student to attend college.	
I feel that my student knows what is best for themselves.	

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My student has the ability to seek assistance.	
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I feel that my student knows what is best for themselves.	

Concerns About the Future	
I believe a post-secondary education is important for my student.	
I feel that my student wants to attend the college.	
My student will live independent of our family after graduation.	
My student will have meaningful employment after graduation.	
My student will no longer have a disability after graduation.	
My student will lead planning sessions in order to achieve their goals.	

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Parent Readiness Survey

(To be completed by parent, guardian, or support person)

What goes does the family/parent/guardian/supporters have for the student while in college and after college?

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Personal Support Survey

Please select the appropriate information below as completely and honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the program. **Please select the best answer.**

Independent Living Skills	
Finds way around new environments	
Follows a schedule independently	
Knows and can verbalize and/or write personal information	
Manages daily personal hygiene	
Manages personal belongings	
Asks for help, or clarification	
Uses good judgment in an emergency	
Copes well with stress	
Adapts well to changing environments	
Ability to relate to others	
Manages their time on their own	
Operates household equipment (dryer, dishwasher, iron, etc.)	
Cooks	
Sets appointments for themselves	

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Independent Living Skills	
Uses rideshare apps	
Uses public transportation	
Uses debit or credit card	
Uses a cell phone	
Uses a laptop or desktop	
Uses email and printers	
Orders and purchases from a restaurant or store	
Attended trip or camp away from home	
Distinguishes between friends and strangers	
Engages in age appropriate interactions with others	
Maintains appropriate social behavior	
Communicates needs appropriately	
Deals with conflict	
Follows rules	

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Independent Living Skills	
Respects authority figures	
Is able to provide personal information in an emergency	
Cuts fingernails and toenails	
Shaves face and legs (if applicable)	

What chores is the student responsible for at home?

Is the student currently involved in activities that are specifically created for individuals with disabilities?
If so, what activities?

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Independent Living Skills (Continued)

Does the student plan to obtain a driver's license?

To what extent has the student traveled either alone or with family?

Is the student able to maintain social relationships (family, friends, dating relationships, etc.)?

Is the student able to follow verbal directions?

Is the student able to follow written directions?

How does the student manage their own time?

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Independent Living Skills (Continued)

Reading Skills

Listening Skills

Math Skills

Computer Skills

Writing Skills

Study/Note Taking Skills

What assistive technology does the student use?

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Independent Living Skills (Continued)

Has the student been hospitalized in the past 12 months for anger/anxiety/stress or other mental health concerns? If yes, please explain.

Has the student seen a doctor or therapist to help manage their anger/stress/anxiety? If yes, provide the date of last visit.

How does the student currently manage anger/anxiety/stress?

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