



UNIVERSITY OF ARKANSAS
PULASKI TECH

3D PROGRAM
STUDENT APPLICATION



APPLICATION FOR ADMISSION

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 submitted.** 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 his/her family or support person. An interview does not guarantee admittance to the Program. Please note that additional paperwork will be required upon admission.

APPLICATION CHECKLIST	
<input type="checkbox"/>	Successful submission of an application to UA-Pulaski Technical College at www.uaptc.edu/apply
<input type="checkbox"/>	A Copy of Your Arkansas Identification Card or Driver's License
<input type="checkbox"/>	A Copy of Your Birth Certificate
<input type="checkbox"/>	A Copy of Your Social Security Card
<input type="checkbox"/>	A Copy of Your Medicaid Card (if applicable)
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Student Application
<input type="checkbox"/>	Student Questionnaire completed by the student – please indicate if a scribe is used
<input type="checkbox"/>	Personal Support Questionnaire (completed by a parent or support person)
<input type="checkbox"/>	Parent/Support Person Readiness Questionnaire (completed by a parent or support person)
<input type="checkbox"/>	Official High School Transcript (must be sent directly by school)
<input type="checkbox"/>	Copy of High School Diploma or Certificate of Completion
<input type="checkbox"/>	Behavioral records (if student has no record, send a letter from the high school stating there is no record)
<input type="checkbox"/>	Current IEP which serves as evidence of the applicant's eligibility for special education and related services under the IDEA
<input type="checkbox"/>	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"> <input type="checkbox"/> Current Neuropsychological Evaluation, including IQ score <input type="checkbox"/> Psychoeducational Evaluation, including achievement scores within the past five years *Please indicate which evaluations are neuropsychological and which are psychoeducational on the front of each evaluation packet (or indicate "both" if your packet includes both).
<input type="checkbox"/>	Three Recommendation forms (included) from non-family members who have known the applicant for at least one year . Recommendations should include at least one educator
<input type="checkbox"/>	Copy of legal guardianship agreement, if applicable. We must have a copy of the legal papers to enforce guardianship
<input type="checkbox"/>	FERPA Release of Student Information (one form for each supporter who needs access to student records)
<input type="checkbox"/>	Complete the Free Application for Federal Student Aid (FAFSA®) form at https://studentaid.gov/h/apply-for-aid/fafsa
<input type="checkbox"/>	Apply for an Arkansas Rehabilitation Services Counselor

APPLICATION SUBMISSION
<p>Applications and Recommendations should be submitted to:</p> <p>3D Program ATTN: Bailey Smith University of Arkansas Pulaski Technical College 13000 Interstate 30 Little Rock, Arkansas 72210</p>

The 3D Program is a non-degree Certificate Program. Transfer credits from other colleges or postsecondary programs are not accepted.

CERTIFICATION & HONOR CODE COMPLIANCE

Important: All applicants must read and sign.

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

I understand any untruthful statement 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: _____

ADMISSION CRITERIA

Applicants must:

- Be over the age of 18 prior to the first day of class;
- Display a desire to continue academic, career development, social and independent living instruction at University of Arkansas-Pulaski Technical College;
- Have a passion for Culinary Arts, Baking and Pastry Arts or Hospitality;
- Display a desire to obtain gainful employment upon graduation;
- Have a cognitive and/or developmental disability that interferes with their academic performance and social development. The applicant must have been (or is presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA);
- Have sufficient emotional, behavioral and independent living skills necessary to participate in coursework and campus life;
- Be able to work independently for most of the day;
- Demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/her and others and have no history of disruptive or challenging behaviors;
- Be able to perform at an academic level with or without accommodations;
- Be independent in handling his/her own medication, specialized dietary, and/or medical needs. *Staff is not available to manage/administer medications. The 3D Program does not take responsibility for specialized diets or medical needs;*
- Participate in an interview with and without support from family/support person, if selected for an interview;
- Complete a reading and writing sample during the interview, if selected;
- Be able to attend all classes, tutoring and mentoring sessions, etc. once accepted to the Program;
- Have **completed** a high school program; and
- Be available to attend a University of Arkansas-Pulaski Technical College 3D Program Summer Orientation, if accepted.

PROJECTED COST FOR 1 ACADEMIC YEAR	
Academic Tuition and other fees	\$6,822 (in-state)
Program Fee	\$4,008 (in-state)
* These costs are from the 2023-2024 Academic Year and are subject to change. ** These projected costs do not include meals or books (there is a classroom copy of many of the books needed).	

STUDENT INFORMATION

A scribe was used for this section of the application

CONTACT INFORMATION STUDENT			
Student's Full Name		Preferred Name	
Date of Birth (MM/DD/YY)		Birth Place	
Home Phone #	()	Cell Phone #	()
Medicaid #		Social Security #	
PASSE:		PASSE Member#:	
Home Address		City, State, Zip	
High School		City, State	
Student permanently resides with:		County of Residence:	
Does the student have a guardianship in place? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of Guardian: _____			
If yes: <input type="checkbox"/> Full <input type="checkbox"/> Partial <u>If yes, include court documentation for guardianship to be enforced</u>			
CONTACT INFORMATION PARENT(S)/Supporter(s)			
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	
PRIMARY CARE PHYSICIAN			
Name		Clinic	
Phone Number			
Address		City, State, Zip	

EDUCATIONAL HISTORY

(To be completed by student)

A scribe was used for this section of the application

Schools Attended (Name, City, and State)	Public or Private School	Calendar Years Attended	Reason for Leaving

Did/will receive: High School Diploma Equivalent Certificate

Name of certificate received: _____

Participated in general education classes: Yes No

Describe inclusive educational experiences/List inclusive classes:

List or attach accommodations used in general education classes according to Individual Education Plan (copies of notes, extended time, etc.):

1. Describe the most challenging part of school, both academically and socially.

2. What has been the most enjoyable part of high school?

3. What clubs or teams were you involved in? Awards won? Offices held?

4. Have you received any Arkansas Rehabilitation Services funding to attend a post-secondary program? Yes No

5. Have you taken a UAPTC-CAHMI 3D tour? Yes No If yes, date _____

6. Have you ever applied for the 3D Program before? Yes No If yes, year _____

How did you hear about the 3D Program?

- | | |
|--|---|
| <input type="checkbox"/> Thinkcollege.net | <input type="checkbox"/> Transition Fair: _____ |
| <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Conference: _____ |
| <input type="checkbox"/> Referred by _____ | <input type="checkbox"/> Community Event: _____ |
| <input type="checkbox"/> High School Guidance Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> UA-PTC 3D Program Social Media | |
| <input type="checkbox"/> Internet Search (Google, Bing, Yahoo) | |

STUDENT QUESTIONNAIRE

(To be completed by student)

A scribe was used for this section of the application

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

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

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

4. How do you spend your free time?

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

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

7. Have you ever been away from your family for an extended period of time? If so, when and where?

8. What are three things you are good at? Three things that you struggle with?

9. Describe how you like to spend time when you are alone.

10. Are you on Facebook, Instagram, Twitter, SnapChat, or other Social Media? Do you check your accounts regularly? On your cell phone, the computer, or both?

11. What role(s) do you see your support system play in aiding your success in the UA-PTC 3D Program?

EMPLOYMENT / VOLUNTEERING HISTORY

Please complete the following, including paid employment, unpaid employment, school-based employment training and internships. Attach a resume and references if applicable.

(Employment experience is not a requirement for admission.)

A scribe was used for this section of the application

No Work History

PAID EMPLOYMENT/VOLUNTEER/INTERNSHIP									
Company					Salary/Wage				
Address					Supervisor				
How did you obtain this job?					Job Title				
Responsibilities									
From		To		Reason for Leaving					
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer									
Company					Salary/Wage				
Address					Supervisor				
How did you obtain this job?					Job Title				
Responsibilities									
From		To		Reason for Leaving					
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer									
Company					Salary/Wage				
Address					Supervisor				
How did you obtain this job?					Job Title				
Responsibilities									
From		To		Reason for Leaving					
<input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer									

EMPLOYMENT REFERENCES

Employment / Volunteer Reference #1

Full Name		Relationship	
Company		Phone	
Address		Email	

Employment / Volunteer Reference #2

Full Name		Relationship	
Company		Phone	
Address		Email	

Employment / Volunteer Reference #3

Full Name		Relationship	
Company		Phone	
Address		Email	

1. What have you enjoyed most about your work experiences? Why?

Lined writing area for response 1, consisting of 13 horizontal lines.

2. What have you not enjoyed about your work experiences? Why?

Lined writing area for response 2, consisting of 13 horizontal lines.

PERSONAL SUPPORT INVENTORY

(To be completed by parent/support person)

Completed by: _____

Please fill in the 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.

Check all that apply.

INDEPENDENT LIVING SKILLS	
Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Bathes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Changes clothes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Brushes teeth daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Uses good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer <input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> Does not do laundry

INDEPENDENT LIVING SKILLS (CONT.)

Cooks	<input type="checkbox"/> No <input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (Example: _____ _____ _____)
Has attended camp away from home	<input type="checkbox"/> Yes (For how long? _____) <input type="checkbox"/> No
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Does the student use rideshare apps or public transportation?	<input type="checkbox"/> Uber / Lyft <input type="checkbox"/> Metro / City Bus <input type="checkbox"/> Has app on phone, uses independently <input type="checkbox"/> Parent arranges/orders rideshare for student <input type="checkbox"/> Does not use rideshare apps
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive
What chores is the student responsible for at home?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is student independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Email <input type="checkbox"/> Printer
Cuts fingernails and toenails	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Shaves face/legs	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from a restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Is able to provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Social security #
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
Dating experience	<input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating
Is the student currently involved in activities that are specifically created for individuals with disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, inclusive activities

<p>Has the student been hospitalized in the past 12 months for anger/anxiety/stress or other mental health concerns? If yes, please explain.</p>	
<p>Has the student seen a doctor or therapist to help manage his/her anger/anxiety/stress? If yes, provide the date of last visit.</p>	
<p>How does the student currently manage anger/anxiety/stress?</p>	

ACADEMIC SKILLS

<p>Reading skills Approximate grade level reading ability: _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapterbooks <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____
<p>Math skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No functional math skills <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget
<p>Computer skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer
<p>Following verbal directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Following written directions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
<p>Time Management</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
<p>Study Habits</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
<p>Note-taking</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
<p>Writing skills</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing

PARENT READINESS SURVEY

(To be completed by parent or support person)

APPLICANT INFORMATION	
Student Name	Parent/Guardian Name

STUDENT SAFETY	
I expect one-on-one support for my student all day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student talking to other student unsupervised.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student crossing the street.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check to see if my student has the correct facts.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POST-SECONDARY PROGRAMS	
I expect to know everything my student does at the college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I need to know the homework assignments for each class my student takes in college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POST-SECONDARY PROGRAMS (CONT.)

I need to know the calendar of social activities offered to my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will develop friendships.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will try new opportunities.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

DIRECT INVOLVEMENT

I would like to attend classes to see my student interact with others.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I am in contact with my student more than three times a day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I tell my student what to do or say.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check up on my student in person, if I can.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I understand I will have limited contact with the UAPTC-3D Program and that communication will primarily go through my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT'S STRENGTHS AND CHALLENGES

My student has the ability to handle frustration appropriately.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I trust my student's judgment.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES (CONT.)

My student has the ability to seek assistance.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I believe I am ready for my student to attend college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student knows what is best for him/herself.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

CONCERNS ABOUT THE FUTURE

I believe a post-secondary education is important for my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student wants to attend the college.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will live independent of our family after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will have meaningful employment after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will no longer have a disability after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will lead planning sessions in order to achieve his/her goals.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

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

Authorization for Release of Confidential Information

To/From: UA-PTC 3D Program
13000 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 named 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 _____

RECOMMENDATIONS AND RELEASE

Please list the following information for recommendations. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for college:

RECOMMENDATION 1 (EDUCATOR)	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION 2	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION 3	
Name	Position
Address, City, State	
Phone	Email

RECOMMENDATION RELEASE		
I agree to waive my right to access the student recommendation forms.		
Applicant Name	Applicant Signature	Date
Parent Name	Parent Signature	Date



UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE

3D PROGRAM
STUDENT RECCOMENDATION FORM



RECOMMENDATION FORM FOR:

(Applicant name)

The above named individual has applied for admission to the 3D Program at the University of Arkansas-Pulaski Technical College (Visit <http://uaptc.edu/3d> to learn more about the program.) The 3D Program serves to provide young adults with intellectual disabilities an inclusive college experience that will provide access to high quality education that promotes student learning and enables individuals to develop to their fullest potential. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept at the strictest confidence. Your timely completion and returning of this form is greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records. If you have any further questions, please contact Bailey Smith at 501-800-3246. Thank you.

CONTACT INFORMATION		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

<p>1. How long have you known the student?</p> <p>2. What is your relationship to the student?</p> <p>3. Are you familiar with the 3D Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. How do you feel the student would benefit from post-secondary education in the area of academics? Please describe the student's current level of academic functioning.</p>
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5. Do you feel the applicant would benefit from post-secondary education in the area of **socialization**?
Why or why not? Describe the current level of socialization that you have observed.

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education in the area of **career development**?
Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the 3D Program? Yes No
Comments:

9. Describe the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No

Comments:

13. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the admissions committee in ensuring the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning, and employment readiness:

Thank you.

Please return the completed recommendation form to:

**3D Program
ATTN: Bailey Smith
University of Arkansas Pulaski Technical College
13000 Interstate 30
Little Rock, Arkansas 72210**



UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE

3D PROGRAM STUDENT RECCOMENDATION FORM



RECOMMENDATION FORM FOR:

(Applicant name)

The above named individual has applied for admission to the 3D Program at the University of Arkansas-Pulaski Technical College (Visit <http://uaptc.edu/3d> to learn more about the program.) The 3D Program serves to provide young adults with intellectual disabilities an inclusive college experience that will provide access to high quality education that promotes student learning and enables individuals to develop to their fullest potential. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept at the strictest confidence. Your timely completion and returning of this form is greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records. If you have any further questions, please contact Bailey Smith at 501-800-3246. Thank you.

CONTACT INFORMATION		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

1. How long have you known the student?

2. In what capacity?

3. Are you familiar with the 3D Program? Yes No

4. How do you feel the student would benefit from post-secondary education in the area of **academics**?
Please describe the student's current level of academic functioning.

5. Do you feel the applicant would benefit from post-secondary education in the area of **socialization**?
Why or why not? Describe the current level of socialization that you have observed.

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education in the area of **career development**?
Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the 3D Program? Yes No
Comments:

9. Describe the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No
Comments:

13. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the admissions committee in ensuring the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning, and employment readiness:

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University of Arkansas Pulaski Technical College
13000 Interstate 30
Little Rock, Arkansas 72210**



UNIVERSITY OF ARKANSAS
PULASKI TECHNICAL COLLEGE

3D PROGRAM
STUDENT RECCOMENDATION FORM



EDUCATOR RECOMMENDATION FORM FOR:

(Applicant name)

The above named individual has applied for admission to the 3D Program at the University of Arkansas-Pulaski Technical College (Visit <http://uaptc.edu/3d> to learn more about the program.) The 3D Program serves to provide young adults with intellectual disabilities an inclusive college experience that will provide access to high quality education that promotes student learning and enables individuals to develop to their fullest potential. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept at the strictest confidence. Your timely completion and returning of this form is greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records. If you have any further questions, please contact Bailey Smith at 501-800-3246. Thank you.

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Phone	Email Address	

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2. In what capacity?

3. Are you familiar with the 3D Program? Yes No

4. How do you feel the student would benefit from post-secondary education in the area of **academics**?
Please describe the student's current level of academic functioning.

5. Do you feel the applicant would benefit from post-secondary education in the area of **socialization**?
Why or why not? Describe the current level of socialization you have observed.

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education in the area of **career development**?
Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the 3D
Program? Yes No
Comments:

9. Describe the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No

Comments:

INDEPENDENT LIVING SKILLS

Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent
Hygiene	<input type="checkbox"/> Is an issue <input type="checkbox"/> Is not an issue
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Use good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
What responsibilities outside of classwork does the student have at school?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrive on time <input type="checkbox"/> Allow enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Has participated in community based instruction	<input type="checkbox"/> No <input type="checkbox"/> Yes, successfully <input type="checkbox"/> Yes, unsuccessfully
Students knows and understands his/her own disability	<input type="checkbox"/> Not aware of disability <input type="checkbox"/> Knows disability, but does not understand <input type="checkbox"/> Knows and understands

SOCIAL SKILLS AND COMMUNICATION

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with traditional students <input type="checkbox"/> Socializes only with students with disabilities
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Is able to provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> Uses account with assistance <input type="checkbox"/> Uses account independently <input type="checkbox"/> Uses a flash drive <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	<hr/> <hr/> <hr/>

ACADEMIC SKILLS

<p>Reading skills Approximate gradelevel reading ability _____</p>	<p><input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapterbooks <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____</p>
<p>Math skills Approximate grade level: _____</p>	<p><input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget <input type="checkbox"/> Approximate grade level: _____</p>
<p>Computer skills</p>	<p><input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer</p>
<p>Has participated in inclusive classes</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, independently <input type="checkbox"/> Yes, with assistant <input type="checkbox"/> Yes, with accommodations</p>
<p>Following verbal directions</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p>
<p>Following written directions</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p>
<p>Time management skills</p>	<p><input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time</p>
<p>Study habits</p>	<p><input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework</p>
<p>Note-taking skills</p>	<p><input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes</p>

ACADEMIC SKILLS (CONT.)

Writing skills	<input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Approximate grade equivalent: _____
Listening skills	<input type="checkbox"/> Is auditory learner <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Create questions based on information presented
Tutor/assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

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