



Inclusive Higher Education Solutions Student Application Packet

Welcome!

Thank you for your interest in Inclusive Higher Education Solutions (IHES). Please complete the following pages in this application to be considered for admission.

Student acceptance into the IHES programs, including Inclusive Support Services, is determined by the IHES and Metropolitan State University of Denver admissions review processes. Not all students who apply are accepted into the programs.

All admission review committees' decisions are final.

The Inclusive Higher Education Solutions (IHES) does not discriminate on the basis of race, color, national, or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender, sexual orientation, military or veteran status, genetic information or any other characteristic protected under the applicable federal, state, or local law.



**Inclusive Higher
Education Solutions**
School of Education

Inclusive Higher Education Solutions
School of Education – Office of Education Solutions
Metropolitan State University of Denver
Campus Box 21, PO Box 173362, Denver, CO 80217-3362
IHES@msudenver.edu

STUDENT ADMISSIONS CRITERIA

Inclusive Higher Education Solutions (IHES) Inclusive Support Services and Academic Coaching are programs of study and support services for highly motivated diverse learners with intellectual and developmental disabilities who wish to continue their education beyond high school.

All applicants younger than 21 years of age are encouraged to consider opportunities available in their current school system under Free Appropriate Public Education (FAPE) before committing to these fee-based programs.

In order to ensure that the IHES is the best match for our applicants, we require an application packet be completed for each student. To be considered for admission, students will demonstrate the following minimal requirements:

- Be at least 18 years of age.
- Have a documented intellectual or developmental disability.
- Demonstrate a desire and motivation to pursue education, employment, and life experiences through postsecondary education.
- Have accepted their high school diploma.
- Demonstrate the ability to learn independently in classroom and work settings.
- Have functional reading, writing, and mathematics skills.
- Be able to participate in 90-minute college classes with modifications, if necessary, and function independently for a 2-hour period in multiple environments.
- Complete assignments with fading degrees of support.
- Navigate a college campus independently.
- Be able to adjust to and handle change.
- Exhibit no behaviors or emotional issues that would impact school performance, safety, positive classroom environment or that violates the MSU Denver Student Code of Conduct.
- Agree to actively participate in assessments, including academic, adaptive, employment and independence.
- Successful in employment training with minimal support.
- Agree to have story, progress, and outcomes shared with the general community. (Identifying information, including name and picture, will be disclosed only with prior approval.)

APPLICATION AND SELECTION PROCESS

- Complete and submit the Student Application Packet
- Submit High School Transcripts
- Submit Educational and Psychological Evaluations (or latest Triennial IEP/Summary of Performance)
- Submit Reference Forms (Three total; see checklist and evaluation forms for details)
- Submit results of a current (within 1 year) physical examination
- Upon receipt and review of the completed application packet, the applicant, along with a parent/guardian/support person, will be contacted to schedule a personal interview.
- Following the personal interview, the Application Screening Committee will review applications and select students for admission.

Note: A limited number of applicants will be admitted to IHES Inclusive Support Services and IHES Academic Coaching each year. The decision to offer or deny admission to the services will be made by the IHES Screening Committee in their best judgment and in the best interest of the applicant. See “Student Admissions Criteria” for the basis of student selection.

Please complete all sections of the IHES Student Application. It is acceptable for the applicant to receive support, if needed, in completing this application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

EXIT CRITERIA

Students will exit when the following IHES certificate requirements have been met:

- Completion of a learning portfolio including transcripts, performance evaluations from coursework and internships, and documentation of skills learned during an IHES MSU Denver supported course of study;
- Graduation from the Inclusive Higher Education Solutions Inclusive Support Services with an MSU Denver Inclusive Higher Education credential.

A student may exit without completing a certificate course of study when:

- Student voluntarily withdraws from the program;
- Student struggles to participate in postsecondary education or employment without behavioral support and supervision.



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APPLICATION FOR ADMISSION CHECKLIST

The application and accompanying forms can be typed or printed neatly. Reference Forms may be submitted electronically to IHES@msudenver.edu or may be submitted in sealed envelopes. Upon receipt of your completed application, you will be contacted for a mandatory student interview also to be attended by a parent, family member, guardian or support person.

NOTE: Applications will not be considered unless the following information is present and complete at the time of review.

1. _____ IHES Student Application
2. _____ Medical Information Form
3. _____ Proof and Acknowledgement of Guardianship, or Emancipation
4. _____ Parent Questionnaire
5. _____ Graff Parent Readiness Scale
6. _____ Student Questionnaire
7. _____ Three Completed Reference Forms - **NOTE: Reference Forms may be submitted electronically to IHES@msudenver.edu or submitted in sealed envelopes.**
8. _____ IHES Terms of Service Agreement
9. _____ Personal Attendant Agreement, if applicable
10. _____ Release/Exchange of Information Form
11. _____ Media Release Consent Form
12. _____ Academic Transcript Request
13. _____ Any post-secondary program records, including transcripts, if applicable
14. _____ Educational Evaluations conducted within the past three years if applicable
15. _____ Psychological/Behavioral Evaluations conducted with the last three years, if applicable.
16. _____ Results of a Physical Examination conducted within the last 12 months.
17. _____ Most recent triennial IEP, including Summary of Performance

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



IHES STUDENT APPLICATION - STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Preferred Name _____ Applying for: Fall Semester Spring Semester

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Birth date _____ *Social Security Number _____

Gender _____ Email address _____

***Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcripts or accountability research.**

Student receives support or services from: (please check all that apply)

___ Social Security Administration Supplemental Security Income

___ Medicaid Waiver: SLS COMP EBD BI

___ Social Security Disability Insurance

___ Division of Vocational Rehabilitation (DVR)*

___ Special Education Services (IDEA funding)

***Are you currently on an active DVR caseload? If yes, please provide the following information:**

Name of DVR Counselor: _____

DVR Counselor Phone: _____

What services have been provided to date? _____

If you are **not** currently on an active VR caseload, have you applied for this service? Yes No



IHES STUDENT APPLICATION - FAMILY INFORMATION

Student lives with: ___ Both parents ___ Mother ___ Father ___ Guardian(s) ___ Other

Mother/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email _____

Father/Guardian:

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work Phone _____

Email _____

Siblings:

Age

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

_____ at _____

(Name) (phone) OR

_____ at _____

(Name)



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IHES STUDENT APPLICATION - EDUCATION HISTORY

High school(s) and postsecondary educational institutions attended (Name, City, State)	Dates of attendance (From-To)	Reason for leaving

Did you complete high school? Yes No

Diploma from _____ Date _____

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, hands-on, etc.)

Describe what skills you would like to learn in the following areas:

Independent Living: _____

Liberal Arts Studies (Art, Literature): _____

Social/Recreational/Leisure: _____

Employment: _____

Did you participate in general education classes? Yes No

Was the curriculum modified? Yes No Were any accommodations used? Yes No



IHES STUDENT APPLICATION - EMPLOYMENT/VOLUNTEER HISTORY

Note: Prior work experience is not a requirement for admission into these programs.

Please complete the following.

Name of Business/Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Dates at this Job

Are you currently participating as a volunteer? Yes No

If yes, do you receive support to participate as a volunteer? Yes No

If yes, please list details:

What work do you have an interest in or enjoy?



IHES STUDENT APPLICATION - TRANSPORTATION

What are your plans for transportation to participate in the Inclusive Higher Education Solutions programs?

- Drive own vehicle
- Parents will drive me
- Public transportation – RTD, Light rail
- Access-a-Ride

Other _____

Will your plans allow for academic, recreational, social and leisure opportunities to occur after 5pm weekdays and on weekends?

Are there any limitations, support needs or related issues to transportation? (Please List)

Note: The Inclusive Higher Education Solutions (IHES) programs are unable to provide transportation to and from our university partners' campus(es). Transportation to on-campus courses and student activities may be provided by public transportation included in on-campus student fees. The IHES is not responsible for student's transportation needs.



IHES STUDENT APPLICATION - MEDICAL HISTORY

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 for what condition the medications are taken.

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Inclusive Higher Education Solutions (IHES) does not have the personnel or facility to administer medications on campus. This capability is not included in any of the programs or university support services offered by the IHES.

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

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

On a separate sheet, please provide any other medical information that you feel would be important for us to know regarding your participation in this program.

MEDICAL INFORMATION

Dear Medical Provider:

The following individual has been or would like to participate in postsecondary education through the Inclusive Higher Education Solutions programs at Metropolitan State University of Denver. In order to receive services, a physician must confirm the individual's diagnosis.

Last Name: _____ First Name: _____

DOB _____ Date: _____

All Medical Diagnoses				
All Medications				
Name / Strength	Dose	Route	Frequency	Indicate self-administered *, needs monitoring, or only taken at home

**Self-administered medications are taken independently of IHES staff knowledge and are not monitored.*

Please check Yes or No for each question – Please see additional questions and required signature on reverse side.

Yes <input type="checkbox"/> No <input type="checkbox"/> Specialized Diet?	Details



Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any limitations for your client to participate in social, fitness, or recreational activities?	Details
Yes <input type="checkbox"/> No <input type="checkbox"/> Does your client require routine nursing services (i.e., vital signs or glucose monitoring)?	Details
Yes <input type="checkbox"/> No <input type="checkbox"/> To your knowledge, are PT, OT, ST being provided by a home health agency?	Details
Yes <input type="checkbox"/> No <input type="checkbox"/> Are there other health issues affecting community participation?	Details

Provider Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Date: _____



PROOF AND ACKNOWLEDGEMENT OF GUARDIANSHIP

This is to acknowledge that even though _____
(Name of student)
 is over the age of eighteen (18), I am/we are his/her legal guardian(s).

I am/We are the student’s parent(s).

I have attached a copy of the court-ordered guardianship.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

As the applying student, I acknowledge that legal guardianship resides with my parents or the person named above and that all documents and information from the Inclusive Higher Education Solutions Program (IHES) will be shared with them. I understand that the Family Education Rights and Privacy Act (FERPA) governs all college or university academic information and that I, as a student, have the right to retain or waive my FERPA rights. Waiver of FERPA rights is completed through a separate release form provided by Metropolitan State University of Denver.

Student Signature Date

OR

I am my own guardian.

Student Signature Date



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IHES PARENT QUESTIONNAIRE

Describe some of the applicant's strengths that would allow them to succeed in the Inclusive Higher Education Solutions Program (S). Include some examples of times they have demonstrated these qualities.

Describe some of the applicant's areas in need of improvement. Please include information that may be useful to the IHES staff and faculty to support the applicant in these areas.

Please describe any concerns you may have that would impact the applicant's ability to be successful at IHES.

Please describe any limitations that would prevent the applicant from being involved in physical activities essential to vocational training or independent living goals.

Please indicate the most effective learning strategies for the student:

- Auditory
 Reading
 Visual Presentations/Organizers
 Other: _____
 Memorization
 Repetition
 Experiential Learning

Describe how the applicant compensates for any learning difference in the classroom.



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Please provide any additional supporting information that you may have regarding the applicant.

BEHAVIORAL ASSESSMENT

Please honestly evaluate the applicant’s ability in each of the areas below by placing an “X” in the appropriate column. You may mark “X” under “Don’t Know” if you do not have information necessary to evaluate the applicant for a specific skill.

Please type or print legibly.

Independent Living Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don’t Know
Exercises good grooming behaviors—brushes hair, shaves daily					
Showers independently on a daily basis					
Exhibits good hygiene—brushes teeth, trims nails, washes hands					
Uses an alarm to wake up; Goes to sleep at a reasonable time					
Budgets time and uses a schedule					
Understands time needed to complete different tasks (e.g., cleaning room, personal care, homework)					
Prepares a simple, healthy meal; packs a lunch					
Utilizes kitchen appliances to prepare meals					
Cleans kitchen area and dishes after eating					
Does laundry—uses a washing machine, dryer					
Maintains a clean and organized living area—i.e., makes bed daily, puts clothes away					
Is able to stay home alone for 4 hours or more					
Understands emergency procedures					

Please include any additional comments on independent living skills: _



Interpersonal Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Greets people appropriately					
Communicates needs and opinions to others effectively					
Engages in informal conversations					
Establishes and maintains relationships with friends					
Enjoys spending time with friends					
Engages in social activities independently					
Plans social events					
Responds appropriately to authority figures					
Has ability to problem-solve					
Recognizes & manages his/her emotions					
Recognizes & responds appropriately to the emotions of others					
Uses a cell phone					

Please include any additional comments on interpersonal skills: _____

Community/Life Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Manages personal belongings—including carrying an ID in public					
Uses a bank account					
Uses personal money for spending					
Handles the exchange of money—bills and coins					
Creates and follows a weekly/monthly budget					
Understands responsibility of paying bills					
Schedules necessary appointments					
Shops for food or apparel					
Uses public transportation to get to/from work or school on public transportation					
Demonstrates safety awareness when alone					
Uses community resources					
Knows how to find help when needed					

Please include any additional comments on community and life skills: _____



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Technology Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Turns computer and accessories on and off					
Uses a mouse to move the cursor, drag an object, or switch programs					
Composes and types a paragraph in a word processing program					
Starts up and uses browser to access information on the web					
Logs into a computer station and e-mail account					
Uses common e-mail functions such as creating, sending, and replying					
Uses Facebook or other electronic social networks					
Uses cell phone to contact others					
Uses cell phone to text others					
Uses cell phone calendar/calculator/alarm/notes functions					

Please include any additional comments on computer skills: _____

Please include any comments about how the student uses technology to assist him/her in learning, living, and/or working: _____

Career Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Attends work regularly					
Arrives on time and takes appropriate breaks					
Dresses appropriately for job and weather					
Meets hygiene expectations in the work environment					
Cooperates with supervisor					
Able to work as a team member and get along with co-workers					
Follows written directions					
Follows verbal directions					
Asks questions/for clarification when needed					
Completes assigned work tasks					
Follows appropriate safety procedures					
Recognizes areas that need improvement					
Works to improve performance					
Responds to feedback appropriately					



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Please include any additional comments on career skills: _____

Please rate the applicant on each of the characteristics in the area of school, job, and home. Please consider the specific setting for each of the qualities or skills. For any areas you do not feel qualified to provide a response, write N/A in the specific blank.

QUALITIES GENERAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)	SCHOOL	JOB	HOME
Initiative	_____	_____	_____
Responsibility	_____	_____	_____
Maturity	_____	_____	_____
Reliability	_____	_____	_____
Ability to use good judgment	_____	_____	_____
Determination	_____	_____	_____
Attitude	_____	_____	_____

Describe qualities that need further development.

ADAPTABILITY: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)	SCHOOL	JOB	HOME
Ability to cope with stress	_____	_____	_____
Adjusts well to newer situations or environments	_____	_____	_____
Ability to keep problems in perspective	_____	_____	_____

Comment on types of situations that are stressful for student and coping mechanisms used: _____



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INTERPERSONAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

SCHOOL

JOB

HOME

Ability to relate to teachers

Ability to relate to young children

Ability to relate and interact with same-age peers

Ability to relate to elderly people

Ability to relate to people with disabilities

Maintains positive relationships with adults

Comment on style of interaction and specific strengths and weaknesses: _____

May we contact you for further information if necessary? Yes No

If yes, what is your preferred method of contact Phone E-mail

How does the applicant show motivation/interest in learning? _____

Give examples of growth in skills you have observed. _____



Please rate the applicant in the following areas by placing an “X” in the appropriate box.

	Excellent	Very good	Average	Below Average	Do Not Know
Leadership					
Initiative					
Adaptability					
Perseverance					
Academic Motivation					
Academic Growth					
Commitment to Community					
Trustworthy					
Integrity					

Please cite specific examples of how the applicant has demonstrated the qualities listed above.

Describe an academic challenge the applicant encountered and how he/she responded.

Describe any contributions the applicant has made to the school or community.

Thank you for dedicating the time to complete this recommendation as we value the insights you are able to provide us regarding the applicant.

Parent/Guardian Signature: _____



GRAFF PARENT READINESS SCALE (GPRS)[®]

To Be Completed by Parent or Guardian of Applicant

The Graff Parent Readiness Scale helps determine the family's readiness for the student with an intellectual and/or developmental disability to attend a postsecondary program.

Please circle your response with:

1 = I strongly agree. **2** = I agree. **3** = I neither agree nor disagree. **4** = I disagree. **5** = I strongly disagree.

1. I expect to know everything my student does in the IHES.
Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I expect one-on-one support all day.
Strongly Agree 1 2 3 4 5 Strongly Disagree
3. I worry about my student talking to other students when unsupervised.
Strongly Agree 1 2 3 4 5 Strongly Disagree
4. I worry about my student crossing the street.
Strongly Agree 1 2 3 4 5 Strongly Disagree
5. I need to know the homework assignment for each class.
Strongly Agree 1 2 3 4 5 Strongly Disagree
6. I need to know the calendar of activities offered to my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
7. I would like to speak with my student's support staff.
Strongly Agree 1 2 3 4 5 Strongly Disagree
8. I would like to attend classes to see my student interact with others.
Strongly Agree 1 2 3 4 5 Strongly Disagree
9. I trust my student's judgment.
Strongly Agree 1 2 3 4 5 Strongly Disagree
10. I trust my student's ability to handle small sums of money.
Strongly Agree 1 2 3 4 5 Strongly Disagree



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11. I know my student, with support, will try new opportunities.
Strongly Agree 1 2 3 4 5 Strongly Disagree
12. My student has the ability to handle frustration.
Strongly Agree 1 2 3 4 5 Strongly Disagree
13. My student has the ability to seek assistance.
Strongly Agree 1 2 3 4 5 Strongly Disagree
14. Often, I am in contact with my student more than 3 times a day.
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. Often, I am telling my student what to do and say.
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. I check up on my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. I check to see if my student has the correct facts.
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. I believe I know what is best for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. I believe a postsecondary education is important for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. I feel that my student knows what is best for him/herself.
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. I feel that my student wants to attend postsecondary education.
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. My student will live independent of our family after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. My student will have meaningful employment after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. Person Centered Planning will help my student achieve his/her goals.
Strongly Agree 1 2 3 4 5 Strongly Disagree



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STUDENT QUESTIONNAIRE

Note: Please use student's handwriting, scribe, word processing or other technology to answer the following questions. All questions must be answered by the student applicant regardless of format.

Student Name _____

1. Why do you wish to be considered for Inclusive Higher Education Solutions support?
2. What would you like to learn about in college?
3. What do you want to learn that you have not learned in high school?
4. What kinds of jobs are you interested in after you leave school?
5. What do you do in your free time?



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STUDENT QUESTIONNAIRE

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? (Circle one)

YES

NO

9. If yes, what do you like to do with your friends?

10. Discuss two goals for your future upon completion of this program.

Use additional pages to provide us with more information about yourself.



STUDENT QUESTIONNAIRE- ADDITIONAL SPACE

CONFIDENTIAL REFERENCE FORM

Note to Student/Parent/Guardian: Please fill out page 1 of this form before making 2 additional copies of the entire form. You will have a total of 3 copies to give to your references (1 copy each). The 3 reference forms should be completed by non-relatives who have known the applicant for at least six months. One reference must be from an educator. Other references should be an educator, supervisor, employer, family friend, or a service provider. These forms should be sent directly to the Inclusive Higher Education Solutions (IHES) in a sealed envelope by the references.

Student Name: _____

Last	First	Middle
------	-------	--------

Student Address: _____

Street	City	State	Zip
--------	------	-------	-----

Waiver Statement: I understand this reference form and behavioral assessment is to be submitted and maintained in confidence by the Inclusive Higher Education Solutions for admission consideration to the program. I hereby waive all rights I may have to access these documents under the Family Education Rights and Privacy Act of 1974, and any/all other laws, regulations, or policies. I understand the rights I am waiving include, but are not limited to, the right to review these documents; the right to have a copy of these forms; and/or the right to request an amendment to any of the documents.

- I agree to waive my access to these documents.
- I do not agree to waive my access to these documents.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please mail completed form to:

IHES
Metropolitan State University of Denver
Campus Box 21, PO Box 173362, Denver, CO 80217-3362
Or email completed form to: IHES@msudenver.edu

CONFIDENTIAL RECOMMENDATION FORM

Note to Reference: The student named on page 1 is applying for admission to Inclusive Higher Education Solutions. This is a postsecondary education program for motivated adults with intellectual and/or developmental disabilities. Our goal is to educate students and to empower them to become independent, productive adults. Inclusive Higher Education Solutions students are expected to be emotionally stable and should not exhibit behaviors that would interfere with their ability to participate, or to affect any other student’s participation in the program. The applicant and parent(s)/guardians(s) have been asked to waive their rights to access the recommendation form. However, if they did not waive their rights, then they may request a copy of this form at any time. Please honestly complete this reference form and behavioral assessment to the best of your ability. For inquiries, contact us at IHES@msudenver.edu

Please type or print legibly.

Reference Name: _____
Last First Middle

Reference Address: _____
Street City State Zip

Organization: _____ Position: _____

Work Phone: _____ E-mail Address: _____

How long and in what capacity have you known the applicant? _____

Describe some of the applicant’s strengths that would allow them to succeed in the Inclusive Higher Education Solutions. Include some examples of times they have demonstrated these qualities.

Describe some of the applicant’s areas in need of improvement. Please include information that may be useful to the Inclusive Higher Education Solutions staff and faculty to support the student in these areas.

Do you believe the parents/guardians will support the philosophy/goals of the Inclusive Higher Education Solutions? If so, in what way?

Please describe any concerns you may have that would impact the applicant’s ability to be successful Inclusive Higher Education Solutions programming.

Please describe any limitations that would prevent the applicant from being involved in physical activities essential to vocational training or independent living goals.

Please indicate the most effective learning strategies for the student:

- Visual
 Auditory
 Combine Visual & Auditory
 Experiential/Tactile

Describe how the student compensates for his/her intellectual disabilities when managing a task.

Please provide any additional supporting information that you may have regarding this student.

BEHAVIORAL ASSESSMENT

Please honestly evaluate the student’s ability in each of the areas below by placing an “X” in the appropriate column. You may mark “X” under *Don’t Know* if you do not have information necessary to evaluate the student for a specific skill. **Please type or print legibly.**

Independent Living Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don’t Know
Exercises good grooming behaviors—brushes hair, shaves daily					
Showers independently on a daily basis					
Exhibits good hygiene—brushes teeth, trims nails, washes hands					
Uses an alarm to wake up; Goes to sleep at a reasonable time					
Budgets time and uses a schedule					
Understands time needed to complete different tasks (e.g., cleaning room, personal care, homework)					
Prepares a simple, healthy meal; packs a lunch					
Utilizes kitchen appliances to prepare meals					
Cleans kitchen area and dishes after eating					
Does laundry—uses a washing machine, dryer					
Maintains a clean and organized living area—i.e., makes bed daily, puts clothes away					
Is able to stay home alone for 4 hours or more					
Understands emergency procedures					

Please include any additional comments on independent living skills: _____

Interpersonal Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Greets people appropriately					
Communicates needs and opinions to others effectively					
Engages in informal conversations					
Establishes and maintains relationships with friends					
Enjoys spending time with friends					
Engages in social activities independently					
Plans social events					
Responds appropriately to authority figures					
Has ability to problem-solve					
Recognizes & manages his/her emotions					
Recognizes & responds appropriately to the emotions of others					
Uses a cell phone					

Please include any additional comments on interpersonal skills: _____

Community/Life Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Manages personal belongings—including carrying an ID in public					
Uses a bank account					
Uses personal money for spending					
Handles the exchange of money—bills and coins					
Creates and follows a weekly/monthly budget					
Understands responsibility of paying bills					
Schedules necessary appointments					
Shops for food or apparel					
Uses public transportation to get to/from work or school on public transportation					
Demonstrates safety awareness when alone					
Uses community resources					
Knows how to find help when needed					

Please include any additional comments on community and life skills: _____

Computer Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Turns computer and accessories on and off					
Uses a mouse to move the cursor, drag an object, or switch programs					
Composes and types a paragraph in a word processing program					
Starts up and uses browser to access information on the web					
Logs into a computer station and e-mail account					
Uses common e-mail functions such as creating, sending and replying					
Uses Facebook or other electronic social networks					

Please include any additional comments on computer skills: _____

Please include any comments about how the student uses technology to assist him/her in learning, living, and/or working:

Career Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Attends work regularly					
Arrives on time and takes appropriate breaks					
Dresses appropriately for job and weather					
Meets hygiene expectations in the work environment					
Cooperates with supervisor					
Able to work as a team member and get along with co-workers					
Follows written directions					
Follows verbal directions					
Asks questions/for clarification when needed					
Completes assigned work tasks					
Follows appropriate safety procedures					
Recognizes areas that need improvement					
Works to improve performance					
Responds to feedback appropriately					

Please include any additional comments on career skills: _____

Please rate the student on each of the characteristics in the area of school, job, and home. Please consider the specific setting for each of the qualities or skills. For any areas you do not feel qualified to provide a response, write N/A in the specific blank.

QUALITIES GENERAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)	SCHOOL	JOB	HOME
Initiative	_____	_____	_____
Responsibility	_____	_____	_____
Maturity Reliability	_____	_____	_____
Ability to use good judgment	_____	_____	_____
Determination	_____	_____	_____
Attitude	_____	_____	_____

Comments--describe qualities that need further development: _____

ADAPTABILITY: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)	SCHOOL	JOB	HOME
Ability to cope with stress	_____	_____	_____
Adjusts well to newer situations or environments	_____	_____	_____
Ability to keep problems in perspective	_____	_____	_____

Comment on types of situations that are stressful for student and coping mechanisms used: _____

INTERPERSONAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)	SCHOOL	JOB	HOME
Ability to relate to teachers	_____	_____	_____
Ability to relate to young children	_____	_____	_____
Ability to relate and interact with same-age peers	_____	_____	_____
Ability to relate to elderly people	_____	_____	_____
Ability to relate to people with disabilities	_____	_____	_____
Maintains positive relationships with adults	_____	_____	_____
Maintains positive relationships with authority figures	_____	_____	_____

Comments on style of interaction and specific strengths and weaknesses: _____

May we contact you for further information if necessary? Yes No

If yes, what is your preferred method of contact? Phone E-mail

THE FOLLOWING SECTION IS FOR EDUCATORS ONLY (For all others, please go to the last section to complete the form by signing the document.) Self-motivation will be a key factor for student success at Inclusive Higher Education Solutions. As you comment about the applicant below, please consider how the student compares to other students with intellectual disabilities with whom you have had contact, focusing specifically on the student’s level of self-motivation.

Please rank the student using the following guideline. ___ Top 5% ___ Top 10% ___ Top 25% ___ Top 50%

Please provide some rationale and examples for this rank based on the student’s academic strengths.

How does the student show motivation/interest in learning? _____

Give examples of growth in skills you have observed: _____

Please rate the applicant in the following areas by placing an “X” in the appropriate box.

	Excellent	Very good	Average	Below Average	Do Not Know
Leadership					
Initiative					
Adaptability					
Perseverance					
Academic Motivation					
Academic Growth					
Commitment to Community					
Trustworthy					
Integrity					

Please cite specific examples of how the applicant has demonstrated the qualities listed above.

Describe an academic challenge this applicant encountered and how he/she responded.

Describe any contributions the student has made to the school or community.

Thank you for dedicating the time to complete this recommendation as we value the insights you are able to provide us regarding the applicant. Please send your Recommendation Form directly to Inclusive Higher Education Solutions in a sealed envelope.

Inclusive Higher Education Solutions
School of Education – Office of Education Solutions - MSU Denver
Campus Box 21, PO Box173362, Denver, CO 80217-3362

or email to: IHES@msudenver.edu

Reference Signature: _____ Date: _____



MSU
DENVER

**Inclusive Higher
Education Solutions**
School of Education

IHES TERMS OF SERVICE AGREEMENT

IHES participants must be able to independently and safely negotiate the provision of academic and employment programming services in independent, small group, on-campus and/or community-based learning environments. The IHES cannot support individuals requiring medical, personal care and/or behavioral interventions.

Medical interventions not served through the IHES include, but are not limited to:

1. G-tube feedings
2. Dispensing medication
3. Significant air flow issues

Behavioral interventions not served through the IHES include, but are not limited to:

1. Aggression toward self or others.
2. Throwing, breaking or tipping objects in a manner that may cause harm to self or others.
3. Inappropriate sexual behavior toward others including attempts and/or successes.
4. Elopement: leaving the assigned building/structure/activity/vehicle without permission.
5. Bullying/intimidation: any written, verbal, physical, or gesture that is intended to intimidate.
6. Under the influence of alcohol or un-prescribed drugs during program hours.
7. Any behavior that would violate the Metropolitan State University of Denver student code of conduct.

By signing this agreement you are indicating you have read and understand the IHES Terms of Service.

Student Name Printed

Date

Student Signature

Date

Parent/Guardian Name Printed

Date

Parent/Guardian Signature

Date



PERSONAL CARE ATTENDANT AGREEMENT

Student Name: _____

Inclusive Higher Education Solutions (IHES) is a postsecondary program of support services for diverse learners. In circumstances when a student or their representative chooses to receive assistance from their own personal care attendant while participating in IHES courses, programs, and/or services, the following are agreed upon by both parties.

IHES will:

1. Provide educational programs for individuals age 18 and older, both on partner university and college campuses and at other campus or community locations.
2. Provide a safe and secure group environment while participating in IHES programming.

Student will:

1. Provide a personal care attendant to provide all personal care with activities of daily living (ADLs), specifically: feeding, transferring, toileting services, and gastronomy services.
2. Provide a personal care attendant to provide all necessary medical care, including administration of medications.
3. Provide a personal care attendant to provide direct supervision both on partner university and college campuses and at other campus or community locations.
4. Provide for the student’s and personal care attendant’s transportation to and from partner university and college campuses and at other campus or community locations, for off-campus educational experiences.

Personal Care Attendant:

1. The attendant is not an employee or agent of the IHES.
2. The attendant will provide Certificate of Professional Liability Insurance to the IHES. The IHES assumes no liability for, and client or representative/conservator releases IHES from claims arising out of or related to the care provided to the client by his/her personal care attendant.
3. The IHES respects a student’s right to receive services from his/her own personal care attendant, and will not accept responsibility to ensure the student’s personal care attendant meets current Colorado certification qualifications to provide care.

Signer of This Agreement:

1. If the student is in a custodial relationship, the signer must provide proof he or she is a court-appointed conservator for the student.
2. If the student is or appears mentally impaired and unable to clearly understand the terms of this agreement, the IHES cannot accept the release except from a conservator or other legal representative.

IHES	Title	Date
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Student or Parent/Guardian	Title	Date
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RELEASE AND EXCHANGE OF INFORMATION

MSU Denver - School of Education, Office of Education Solutions, Inclusive Higher Education Solutions (IHES) treats and regards all written documents obtained to verify a disability and plan for appropriate services, as well as all documented services and contracts with the Division of Vocational Rehabilitation, as confidential. However, it may be necessary for our staff to exchange information about students with the faculty and staff in order to provide educational opportunities and employment experiences on and off campus. This exchange will occur only with the student's or legal guardian's written permission, as provided in this document, and with the understanding that only information necessary for the purposes of accommodation and academic progress and work will be communicated.

Name of Student _____

I give permission to exchange information about the above-named student to the following offices/individuals checked below:

- ____ School District(s) _____
- ____ School Personnel _____
- ____ Institution of Higher Education _____
- ____ Division of Vocational Rehabilitation Office _____
- ____ Work Sites and Field Experiences _____
- ____ IN! Pathways to Inclusive Higher Education _____
- ____ Student's Parents/Guardians _____
- ____ Tutor(s), Mentor(s), Professor(s), Instructor(s) _____
- ____ Speech/Language Pathologist, Occupational Therapist, Physical Therapist _____
- ____ Behavior Therapist/Coach, Psychologist/Psychiatrist _____
- ____ Medical Doctor _____
- ____ Other (Specify) _____

This authorization is granted only in connection with its use in administering and facilitating programming for the IHES. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken to comply with it. I understand this consent will expire on _____ (MM/DD/YY), or if left blank, on-going until changed.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

MEDIA RELEASE

I give permission for MSU Denver, School of Education, Office of Education Solutions, Inclusive Higher Education Solutions (IHES) to use the name, photograph, story and/or video images of:

Student Name: _____

This release shall apply to any and all forms of public and private media communication to the general public for the purpose of promoting Inclusive Higher Education Solutions (IHES), or for educational and instructional purposes, through newspapers, slide presentations, television, brochures, Web sites, calendars, PowerPoint presentations or other media.

I expressly release the IHES its successors, assigns, employees or agents on behalf of myself, my heirs, agents, assigns and representatives from any and all claims at law or equity, including administrative actions, arising out of the use of my name, photo, video image or story that is the subject of this release.

Student Signature

Date

Parent/Guardian Signature

Date

ACADEMIC TRANSCRIPT REQUEST

Use this form to request two copies of your official high school transcripts to be sent to IHES.
 Official transcripts must be delivered in sealed, unopened envelopes.
 You may fax or mail this completed form to your high school.

To the registrar/counseling office:

_____ High School

_____ Street Address

_____ City State Zip

Please send **two (2) individually sealed** copies of my high school transcript to:

Admissions

Inclusive Higher Education Solutions - School of Education – Office of Education Solutions
 Metropolitan State University of Denver
 Campus Box 21, PO Box173362, Denver, CO 80217-3362 IHES@msudenver.edu
 Amount enclosed: \$ _____

(Please telephone high school to determine transcript fee prior to mailing this form.)

__ Ms. __ Mr. _____
Last name First name MI

Student Identification Number: _____

Address: _____
Street

_____ City State Zip

Dates of Attendance: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____