



**Bossier Parish Community College  
Program for Successful Employment  
6220 East Texas Street  
Bossier City, Louisiana 71111  
Phone: (318) 678-6334**

## **Application for Admission Fall 2018**

**Applications must be typed (word processed) and completed by June 30, 2018 with a \$25 non-refundable application fee. Once your completed application has been submitted and reviewed, chosen applicants will be contacted for an interview. Offers will be extended by August 1<sup>st</sup>.**

**There will be an accepted Student Orientation Session on August 1, 2018. Students must present a valid State ID and complete a BPCC PSE Audio-Visual Release Form, FERPA Waiver and Disclosure of Student Account Information, and any other required paperwork at that time.**

**Please submit all documents and fee by mail to the above address.**

**NOTE: Reports should be less than two years old. Applicants must submit all requested documentation and fee to complete the review process:**

- Application Fee made out to Bossier Parish Community College PSE.**
- Completed application, Parts A-F. Please attach any additional pages, if needed.**
- A current picture of the applicant (4x6 headshot preferred).**
- Psychological Evaluation/Functional Behavioral Assessment.\*\*\***
- Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc.)**
- Most recent Individualized Education Plan (IEP)—please include all pages.**
- Most recent Educational Evaluations.**
- Applicant's Resume.**
- Two letters of recommendation from non-relatives (pages 11-14 and pages 15-18)  
One should be from a teacher and one from a related service provider or employer.**

**\*\*\* These are some examples: Wechsler Adult Intelligent Scale-Fourth Edition (WAIS-IV); Wide Range Achievement Test-Fourth Edition (WRAT-4); Kaufman Test of Educational Achievement, Third Edition (KTEA-3); Vineland Adaptive Behavior Scales-Second Edition; Behavior Assessment System for Children, Second Edition (BASC-2); The Assessment of Functional Living Skills (AFLS).**

**STUDENT DEMOGRAPHIC INFORMATION  
Part A**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**High School Name:** \_\_\_\_\_ **Type of Diploma:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**US Citizen:**  Yes  No

**FAMILY/GUARDIAN DEMOGRAPHIC INFORMATION**

**Parent/Guardian:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Occupation/ Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer Name and Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Occupation/ Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer Name and Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Highest Level of Education:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please note which parent/guardian should be designated as first point of contact:**

\_\_\_\_\_

**Does applicant retain his/her own legal rights? \***  Yes  No

**\*If not, please present a copy of legal order for guardianship upon formal enrollment.**

## FAMILY HISTORY

Who does the applicant live with and what is their relation to the applicant?

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Please list siblings and their ages.

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Please detail any significant information that will impact the applicant's family support or note other participants that might need to be informed about the applicant's program of study and/or Person Centered Planning Meetings.

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## MEDICAL/SUPPORT/EDUCATION HISTORY Part B

- List the primary diagnosis: \_\_\_\_\_
- List any secondary diagnosis: \_\_\_\_\_
- List any conditions that may impact the applicant's ability to function in the classroom, on campus and/or in the community environment:  
\_\_\_\_\_

- Please list current medications and indicate what the medications are taken for:

Medication Name	Dosage	Frequency	Reason for Medication

*NOTE: Applicant must be independent in administering medications on campus or have a PCA.*

- Please list any allergies and necessary medications or reaction procedures

Allergy	Medication/Procedure

- Please list any food sensitivities that would impact a cooking class:

Food Sensitivity	Medication/Procedure

Does the applicant have any problems with incontinence?     Yes     No

Is applicant independent in mobility (walk or use wheelchair)?     Yes     No

*NOTE: If necessary, applicant/family will need to arrange for personal assistance services in order to attend the BPCCC PSE Program.*

**WHAT IS THE APPLICANT'S SUPPORT HISTORY?**

1. Does the applicant have an open case with the Louisiana Department of Rehabilitation Services?  Yes  No

Case Manager: \_\_\_\_\_

2. What was the level of support the applicant had in their last educational environment?

- a) One to one?  Yes  No How long? \_\_\_\_\_
- b) Self-Contained Setting?  Yes  No How long? \_\_\_\_\_
- c) Inclusive Setting?  Yes  No How long? \_\_\_\_\_
- d) General Education Environment?  Yes  No How long? \_\_\_\_\_
- e) Job Coaching?  Yes  No How long? \_\_\_\_\_
- f) Speech/Language Therapy?  Yes  No How long? \_\_\_\_\_
- g) Physical Therapy?  Yes  No How long? \_\_\_\_\_
- h) Occupational Therapy?  Yes  No How long? \_\_\_\_\_
- i) Personal Care Assistance?  Yes  No How long? \_\_\_\_\_
- j) Adaptive Technology?  Yes  No How long? \_\_\_\_\_
- k) Interpreter Services?  Yes  No How long? \_\_\_\_\_

3. Please provide any other detailed information regarding the applicant's personal and educational supports:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT IS THE APPLICANT'S EDUCATIONAL HISTORY?**

Please list any education experiences that will give a picture of how the applicant learns best.

- Where in school was the applicant most successful?

\_\_\_\_\_

- List any other postsecondary educational experiences.

\_\_\_\_\_

- Does applicant currently receive private therapeutic services, such as behavioral therapy, or psychiatry? If so, please indicate which services and attach a copy of the current report as indicated on the front of the application. If you need more space, please attach an additional page.

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**WHO IS THIS APPLICANT?**

**Part C**

Please describe the applicant in detail. What descriptive words come to mind? If you need more space, please attach an additional page.

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**WHAT ARE THIS APPLICANT'S NEEDS?**

Describe the student's strengths and their areas of need using the categories of *Medical, Finding Locations, Emotional, Organizational, and Hygiene*. Please describe in detail any previously used supports, accommodations, and/or behavior/management plan. List any types of assistive technology utilized. If you need more space, please attach an additional page.

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**WHAT ARE THE APPLICANT’S LONG-TERM GOALS?**

- What are the applicant’s long term goals upon completion of the BPCC PSE Program?

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- How does the applicant envision an ideal life?

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- Where will the applicant be employed?

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- What type of living arrangements would the applicant prefer?

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- What are the family’s expectations of the applicant upon completing the program?

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**WHAT WOULD AN IDEAL DAY BE LIKE FOR THE APPLICANT?**

What would an ideal day be like for the applicant? Please include all current pertinent recreational activities as well as areas of interest. If needed, please attach an additional page.

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## EMPLOYMENT HISTORY

### Part D

Please complete the following if the applicant has any prior work/vocational experience. Begin with current or most recent experience. Provide a resume.

<b>Name of Business/Company</b>	<b>Final Pay Rate or Unpaid?</b>	<b>Reason for Leaving</b>	<b>Amount of time at Job</b>

**Please list job responsibilities:**

**List any support services provided:**

<b>Name of Business/Company</b>	<b>Final Pay Rate or Unpaid?</b>	<b>Reason for Leaving</b>	<b>Amount of time at Job</b>

**Please list job responsibilities:**

**List any support services provided:**

<b>Name of Business/Company</b>	<b>Final Pay Rate or Unpaid?</b>	<b>Reason for Leaving</b>	<b>Amount of time at Job</b>

**Please list job responsibilities:**

**List any support services provided:**



**SUPPORT INVENTORY**  
**Part E**

Please rate the applicant's ability in the following areas:

<b>Independent Living Skills</b>	<b>Needs complete assistance</b>	<b>Needs much assistance</b>	<b>Needs little assistance</b>	<b>Completely independent</b>
Finding way around new environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing simple meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding items in a store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Social Skills and Communication</b>	<b>Needs complete assistance</b>	<b>Needs much assistance</b>	<b>Needs little assistance</b>	<b>Completely independent</b>
Communicating needs appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing between friends & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting appropriately with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting authority figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information (name, address, phone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Academic Skills</b>	<b>Needs complete assistance</b>	<b>Needs much assistance</b>	<b>Needs little assistance</b>	<b>Completely independent</b>
Identifying value of coins/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting change/bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing a checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reading and writing skills: (check highest level)**

**Writing:**

- no functional writing     writes name     writes/copies all letters  
 writes complete words     writes short sentences     correctly uses punctuation  
 drafts, revises, edits

**Reading:**

- no functional reading     identifies letters     recognizes familiar words/names  
 applies reading strategies (sentence structure, meaning, phonetic clues)  
 reads chapter books     reads books silently

**Listening comprehension:**

- retells a simple story  
 can retell the beginning, middle, and end of stories  
 able to retell settings, characters, problems, major events and solutions of stories

**RECOMMENDATIONS AND RELEASES  
Part F**

**The following people will be submitting references for the applicant:**

**Name:**

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**Address and Phone:**

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**Relationship:**

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**Name:**

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**Address and Phone:**

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**Relationship:**

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**I hereby certify that the above statements are true and correct to the best of my knowledge.**

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_