

College to Career Experience (CCE) Transition Program – Application for Admission

We are excited that you are interested in applying to the Southern State Community College CCE Certified Transition Program. The CCE admissions process occurs in four phases, which include Application, Document Review, Interview and Assessment, and Selection and Enrollment.

Application Due Date:

Applications are being accepted on an ongoing basis at this time for Fall Semester 2020 start. Applications can be submitted via email to CCEProgram@SSCC.edu or via mail at:

Southern State Community College
CCE Program – Attn: Sonja Wilkin
100 Hobart Dr.
Hillsboro, OH 45133

Phase One: Complete and Submit the Application

The purpose of the Admission Application is to identify applicants who may benefit from a transition to career college experience leading to employment and increased independent living skills.

Application Checklist:

- Complete CCE application containing signature of the student and/or guardian as appropriate.
- Provide an official transcript of the applicant's high school coursework
- Provide an official copy of the applicant's IEP or 504 Plan. If statewide testing accommodations are not included in the IEP, a separate document is required. Must include discipline records if applies.
- Most current Evaluation Team Report (ETR) or up-to-date psychological evaluation within past two years; must include IQ scores
- (2) Recommendation Letters from non-family members who have known the applicant for at least 1 year.
- Personal Questionnaire/Skills Inventory – Applicant is to complete a personal questionnaire. Each applicant, with their parent or guardian is to complete a skills inventory sheet.

Phase Two: Document Review

The purpose of the Document Review is to identify the applicant's potential for success as a Southern State Community College student. If any questions come up regarding the information submitted, you may be contacted for clarification. If it is determined that the applicant is likely to benefit from the program an interview will be setup with the Admissions Committee.

Phase Three: Applicant and Family Interview

The Admissions Committee will conduct individual interviews with applicants and their families.

Phase Four: Selection and Enrollment

If selected for admission to the CCE Program, the applicant will submit a Southern State Community College Application for Admission and file a FASFA Application for any financial aid consideration.

After successful completion of the four step process a meeting will be scheduled to establish a person-centered plan (PCP) with the student and their family and/or support system. The purpose of the PCP meeting is to set goals, develop a Transition Action Plan, and discuss the student's program of study and potential internship opportunities as well as courses of interest to audit.

College to Career Experience (CCE) Transition Program

Applicant Name	
Name of Parent/Guardian	Contact Numbers
Relationship to Applicant	Contact Emails

By signing below, the applicant and/or guardian agree that:

- Applicant meets the admission criteria to enroll in the CCE Program or has met alternative criteria deemed appropriate.
- Applicant, family, guardian, or stakeholder is able to provide or willing to seek financial support to purchase textbooks, materials, fees, and transportation alternatives if applicant is accepted into the CCE program each semester.

Applicant Signature
Date

Release of Information

If the applicant is own guardian:

By signing, I consent that members of the CCE selection committee can have access to my high school records, all content of this application, and may speak with and/or obtain relevant records from family members, stakeholders, school, and agency personnel as a part of my application review.

If admitted to the program the participant is agreeing to the release of records from or the ability for program staff to make contact with medical professionals, government agencies or business for internship and employment needs related to services provided by being part of the CCE Program on an as needed basis.

Applicant Signature
Date

Release of Information

If the applicant is not own guardian:

By signing, I consent that members of the CCE selection committee can have access to my child's high school records, all content of this application, and may speak with and/or obtain relevant records from family members, stakeholders, school, and agency personnel as a part of my application review.

If my child is admitted to the program, I am agreeing to the release of records from or the ability for program staff to make contact with medical professionals, government agencies or business for internship and employment needs related to services provided by being part of the CCE Program on an as needed basis.

Parent/Guardian Signature
Date

College to Career Experience (CCE) Transition Program

Photo Release Form:

If admitted into the program there may be various times the SSCC/CCE Staff will be taking digital images, photographs, and/or video of the students for educational, promotional, and informational purposes related to print material or the web. Please indicate your preference below

I give permission to Southern State Community College and the College to Career Experience Transition Program to publish in print, electronic, social media, website, or video format my likeness or image.

I do not give permission to Southern State Community College and the College to Career Experience Transition Program to publish in print, electronic, social media, website, or video format my likeness or image.

Printed name of Applicant

Date

Applicant Signature

Date

Required if a minor or under guardianship:

Printed name of Parent/Guardian

Date

Parent/Guardian Signature

Date



Applicant Information:

Name _____
Last First

Address _____
Street City State ZIP Code

Home # _____ Cell # _____ Work # _____

E-mail _____ Fax # _____

Date of Birth _____ Are you your own Guardian? Yes No

If no, who is your Guardian? _____ Type of Guardianship? _____

Parent/Guardian/Stakeholder 1

Name _____
Last First

Address _____
Street City State ZIP Code

Home # _____ Cell # _____ Work # _____

E-mail _____ Fax # _____

Relationship to Applicant _____

Parent/Guardian/Stakeholder 2

Name _____
Last First

Address _____
Street City State ZIP Code

Home # _____ Cell # _____ Work # _____

E-mail _____ Fax # _____

Relationship to Applicant _____



(CCE) Transition Program – Part One: Application

Education

Name of High School(s) attended _____ Phone # _____

Address _____
Street City State ZIP Code

(Anticipated) Date of high school graduation: _____ HS Diploma Equivalent Certificate

Level of class participation (please choose one):

- Fully inclusive regular courses, no SE classes
- Majority of time inclusion in regular courses
- Special Education classes only
- Attended other _____

Have you completed a College Entrance Exam?, If so score(s) _____

Does the applicant have previous post-secondary experience? If so, dates attended _____

Institution/Program attended: _____

What hobbies, activities, interests or other leisure activities did or do you participate in:

Employment and Volunteer Experiences

Please provide information regarding any paid, unpaid employment, school-based employment training, internships, or volunteer work. Attach a resume and references if applicable.

Employer/Internship/Volunteer Location _____

Start Date _____ End Date _____ Average hours per week _____

Supervisor _____ Phone#/Email _____

Paid: Yes No Job duties _____ Liked Disliked

Employer/Internship/Volunteer Location _____

Start Date _____ End Date _____ Average hours per week _____

Supervisor _____ Phone#/Email _____

Paid: Yes No Job duties _____ Liked Disliked

Employer/Internship/Volunteer Location _____

Start Date _____ End Date _____ Average hours per week _____

Supervisor _____ Phone#/Email _____

Paid: Yes No Job duties _____ Liked Disliked

Services and Support

Do you currently or have you received services from Vocational Rehabilitation Services? Yes No

Do you receive a Medicaid waiver for services or support? Yes No

What type of benefits do you receive? None SSI SSDI

Please describe how your disability or medical/health needs impact your activities of daily living:

Skills Inventory and Student Questionnaire

Please complete the brief student questionnaire and skills inventory. (Applicants may submit responses to the questionnaire using multimedia, electronic, or written formats.)

Letters of Recommendation

All applications must include two (2) letters of recommendation. Each person needs to complete the recommendation form and write a recommendation letter. Letters should not be from family members but from one educator and one support stakeholder, employer, or community member.

Two Letters of Recommendation and Recommendation Packet

Letters of recommendation can be written by a teacher, employer, coach, friend, neighbor or any other person who has a primary personal or professional relationship with the applicant. The letter should specifically address the applicant's character, skills, motivation, and potential for growth and success in a postsecondary transition program and inclusive employment. Letters need to be no more than one page in length and submitted with the application.



(CCE) Transition Program – Part One: Application

Skills Inventory

Applicant's Name _____ Person completing form _____

Please check the appropriate box for each skills level of assistance required.

TASK/SKILL	NO assistance	Moderate assistance	Some assistance	Occasional assistance	Full assistance
Social/Communication Skills					
Asks for help, clarification, or questions	()	()	()	()	()
Respects others personal space, responds on topic & appropriate voice volume.	()	()	()	()	()
Copes well with stress & has a routine to manage emotions	()	()	()	()	()
Copes with conflict & handles constructive criticism well	()	()	()	()	()
Engages socially with peers appropriately	()	()	()	()	()
Uses social media safely & respectfully	()	()	()	()	()

Comment: _____

Academic/Vocational					
Is prompt to class or appointments	()	()	()	()	()
Able to negotiate school environment and class locations independently	()	()	()	()	()
Ability to follow verbal directions	()	()	()	()	()
Ability to follow written directions	()	()	()	()	()
Initiates and completes homework	()	()	()	()	()
Able to use or learn to use email	()	()	()	()	()
Persists when faced with a challenge	()	()	()	()	()
Knows how to set obtainable goals	()	()	()	()	()
Motivated to learn/knows how they learn best	()	()	()	()	()

Comment: _____

Independent Skills					
Knows, handles and takes any medication	()	()	()	()	()
Takes care of personal hygiene	()	()	()	()	()
Copes well with change	()	()	()	()	()
Manages own sensory needs	()	()	()	()	()
Able to use phone to communicate with others, call or text	()	()	()	()	()
Manages and keeps track of personal items	()	()	()	()	()
Ability to keep a daily schedule with due dates and assignments	()	()	()	()	()
Knows/provide personal information: name, address, birthdate, phone #	()	()	()	()	()
Is able to stay home alone	()	()	()	()	()
Able to do laundry, light cooking, cleaning	()	()	()	()	()
Handles money, counting change/bills	()	()	()	()	()
Orders/shops at a restaurant or store	()	()	()	()	()

Comment: _____

Skills Inventory

Additional skills or comments on any of the above task/skill responses:

Has applicant utilized any assistive technology? Yes No

If Yes, what? _____

Additional remarks: Please list any physical, intellectual, social or emotional conditions that may need to be known in planning the postsecondary/work experience.

Please mark an x beside all that apply below:

Student has ___ No, ___ Minimal, ___ Basic computer skills.

Student has experience with ___ internet browser use, ___ online video/music streaming, ___ Email use, ___ Microsoft Word, Excel, PowerPoint use.

Student has their own ___ cell phone with ___ text, ___ data.

Student has a ___ computer, ___ internet access at home.



Student Questionnaire

Applicant to respond to the following questions, if scribe or assistance needed please note the individual who assisted here: _____

What would you like to explore and learn about in college?

What kind of jobs are you interested in after you leave school?

What do you feel you need to learn in order to become more independent?

What do you like to do in your free time?

Do you have a hobby or a favorite activity you like to do?

What is your favorite musical group or singer?

Do you spend time with friends outside of school? YES NO

If yes, what do you like to do with friends?

Give one (1) or two (2) goals you would like this program to help you achieve.
