

Application for the SRU Rock Life Program

Office of Disability Services, Division of Student Affairs

Application for Rock Life, Slippery Rock University of Pennsylvania Division of Student Affairs

Slippery Rock University Rock Life Program
Attn. Dr. Natalie Burick
Slippery Rock University
220 Bailey Library
Slippery Rock, PA 16057
Disabilityservices@sru.edu
(724)738-4877 (Direct Line)

Completion of this packet is due by January 15th for the start in the following fall.

Applications will be accepted by mail ATTN: Dr. Natalie E. Burick Slippery Rock University 220 Bailey Library Slippery Rock, PA 16057

OR a scanned copy to email (preferred) please put Attn: Dr. Natalie Burick, Application for Rock Life in the subject Line. Please email disabilityservices@sru.edu completed packets.

Application Criteria for Admission to Rock Life

Dear Prospective Applicant:

Thank you for your interest in the Slippery Rock University's Rock Life Program. This is a college program for unique learners who have been identified as having an intellectual and/or developmental disability as defined by the American Association on Intellectual Developmental Disabilities (AAIDD). Students in this program are immersed in the university by attending core Rock Life courses, auditing a selection of SRU undergraduate courses, participating in vocational experiences, with the option to reside on-campus. In Rock Life, students are encouraged and supported to engage in university organizations and events as well as pursue community service.

Rock Life is a four-year certificate program offered through the Office of Disability Services. To be considered for the Rock Life Program, applicants must be able to demonstrate the following criteria below and require minimal support.

The applicant will:

- Have a documented diagnosis of an intellectual or developmental disability as defined by the American Association on Intellectual Developmental Disabilities. (https://www.aaidd.org/intellectual-disability/definition)
- Be at least 18 years old prior to the start of the academic year. The program will accept applicants between the ages of 18-26.
- Have completed a minimum of four years of high school and/or a vocational program **and** would not otherwise be an eligible applicant for a four-year matriculating college program.
- Must be able to present a high school diploma or equivalent.
 - If you have not yet graduated high school and wish to apply with school district funding, please let us know upon turning in your application. You will be responsible for working out payment and fee structure with your high school.
- Demonstrate basic mathematics and reading skills.
- Demonstrate basic writing skills, using a computer or legible handwriting.
- Demonstrate the ability to use technology, such as a smart phone, computer, or tablet.
- Demonstrate basic safety skills in unsupervised settings.
- Demonstrate the ability to live in student housing (should you choose this option) with limited support. *It is not recommended that older students reside in the halls; the halls are primarily made up of students ranging from 18-21.
- Demonstrate the ability to adapt to change without becoming overtly stressed or anxious.
- Demonstrate the ability to accept responsibility for their actions and show respect for self and others, by following the SRU Student Code of Conduct while attending the Rock Life program and all campus events and activities. (*Disruptive or aggressive behaviors could result in a withdrawal from the RL program).
- Be able to attend a 50-75-minute course period, appropriately and independently during the time; college coach support may be provided. This will be decided on a case-by-case basis.
- Demonstrate the ability to fully navigate the SRU campus and to independently locate their classes after their student orientation.
- To learn and follow an academic schedule, including being on-time and

- prepared for class.
- The applicant must be independent in handling his/her own medications, specialized dietary and/or medical needs. *Please note, the Rock Life program does not manage medications, behavioral issues, and/or concerns with independent living.

Important program reminders to know:

- Rock Life requires *three letters of recommendation*. Letters can be obtained from family members, teachers, employers, and/or outside support agencies. We want them to highlight your skills, your strengths, and the level of support you would need to be a successful Rock Life college student. These should be emailed as part of your final application materials. *You may provide more than three if you wish*.
- As you complete the application, please answer the questions fully, providing details and examples wherever possible. The information you provide will be treated confidentially. You may be called for an interview as part of the selection process.
- To have a campus visit please contact Disability Services by email: disabilityservices@sru.edu; we will provide several visitation dates throughout the year, if one does not meet your schedule, please let us know so we can adjust as needed.
- If you have any questions or assistance in completing this application, please contact the Slippery Rock University Office of Disability Services/Rock Life at 724-738-4877 or via email at disabilityservices@sru. Please submit all the required application materials as listed on or before the deadline.

Application Selection Process

The application must be submitted by January 15, for enrollment the following fall semester. All applications received after the January 15 deadline will be placed on hold until other applicants are screened.

Rock Life staff will review applications and select students for admission. A limited number of applicants will be admitted each year; therefore, a submitted application or interview does **not** guarantee acceptance to Rock Life. The decision to offer or deny admission to the program will be made by the Rock Life staff, in the best interest of the applicant and Rock Life program.

Please note, any student admitted into the program is admitted on a conditional basis, admission can be revoked if issues arise that are unresolvable.

Because of space limitations not all eligible applicants will receive an interview. All students are welcome to reapply each year.

Step 1: Complete application packet by **January 15** of the year in which you intend to enroll, you may mail or scan and email (preferred) the completed application. You will receive an email from the program staff as a receipt of your application.

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We encourage students and their families to visit prior to acceptance as this allows the Rock Life staff the opportunity to answer any questions and get to know any prospective students; this also allows the families to get to know our campus and staff.

Step 2: After the applications are reviewed students will receive an email notification as to whether they have been invited for a formal interview; students and parents/guardians will then be scheduled for an interview in the following weeks, as soon as possible, and notified of acceptance or denial by mid-spring. Letters will be sent via email by March 1. All communications and further steps will be communicated via email.

Step 3: After receiving notification of acceptance into Rock Life, the program coordinator will advise on how to proceed with Housing and Registration for classes. Students will meet with program staff on the weekend before school starts.

If you are not accepted into the program, you will also be notified via email.

Please note: Orientation to Slippery Rock University will take place the week before the semester begins, typically classes begin on the last Monday in August. (*One week before Labor Day*). Students living on-campus will be required to move in early to their residence hall room, typically this occurs 3-5 days before the first-year students attending SRU.

Step 4: Accepted students and their families are required to attend all open houses, orientation sessions, and meetings regarding the program. All important dates will be communicated via email.

<u>Please note:</u> Due to limited space, we will accept (8-10 applicants) per year, so it is not possible to immediately accept all eligible students. These students will have the opportunity of being placed on a short notice waiting list for admission consideration in the current year if a student withdraws or revokes admission. Students are always welcome to reapply in subsequent years. Our program will also create a waiting list and notify those of availability of space in the program, if possible. If we would like you to reapply, we will notify you.

Please provide the following supplemental documents to this application; these documents are required and <u>must be attached</u> to the application. Your application will not be considered without the items below, do NOT send your application to the admissions office:

☐ Most recent IEP and any Post-Secondary Program records
☐ Most recent academic transcript.
☐ Please provide any of the documentation listed below when applying to the program
(not all items listed are required, the more provided the better).
 Psychological-Educational or Neuropsychological Evaluation by a licensed
professional within the last 3 years, IEP, 504 plan and/or other pertinent
documentation related to disability and health information.
☐ A writing sample completed by the student (preferred typed but can be handwritten)
Handwriting must be legible. All writing samples must be emailed to
disabilityserivces@sru.edu. (Please answer: What are your strengths as a student?
What goals do you have for life after college?)
☐ Provide three letters of recommendation from a Parent /guardian, family member,
teacher, school counselor, etc.; more may be submitted if desired

Application Materials and Forms, please complete all portions

Items required to apply for the Rock Life Program

These items are included in the packet below and should be completed as part of the process:

	Release and exchange of Information Form
	Applicant required information
	Student and Family Information/Emergency Contact Information
	Housing Needs/Transportation
	Employment History/Volunteer Information
	Personal Support Inventory
	Medical History/ Medical Insurance
	Education History
	Student Questionnaire
	Non-degree application (please send back to our office with materials, do not send to
d	admissions)

Release and Exchange of Information Form

Slippery Rock University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Slippery Rock University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. I (name)_______, give permission to exchange information about me with the offices/individuals listed below (this is necessary for successful transition into the program, please discuss with the program director if you have concerns): • University Health Services School Personnel Office of Vocational Rehabilitation Office of Disability Services Admissions Office Course Instructors Financial Aid Office Parents/Guardians Registrar's Office Release of photos for university photos and website I agree, as part of this application process, to waive my right to access, duplicate, or withdraw sections of the application to use for any other purpose. Signature of Student ______date_____

Signature Parent/Guardian_____date____

Applicant's Required Information:

	Last Name:	First Name:	Middle Name:
	Home Phone:	Student Cell Phone:	
	Address:		
	City:	State:	Zip Code:
	Birth Date:	Social Security Number*:	
	Full Scale IQ Score:	Disability:	
	Student Email Address:	Parent/Guardian Email Address:	
parties. I	N is confidential and under feder Disclosures may be authorized for ability research.		
Does th	ne prospective student rece es?	eive support from other ou	tside
	☐ Supplemental Sec	urity Income	
	☐ Division of Devel	opmental Disabilities	
	☐ Medical Assistance	ce	
	☐ Social Security Di	sability	
	☐ Office of Vocation	nal Rehabilitation	
	☐ Special Education	Services (IDEA funding)	
	□ Other:		

Student and Family Information/Emergency Contact Information

lives with:							
☐ Both Parents ☐	☐ Mother ☐ Father ☐	Guardian(s) □Other					
Is the student his/her own guardian?							
□Yes □No							
If not, please list student's guardian(s):							
	Mother/ Guardian I	nformation					
Last Name	First Name	MI					
Home Phone	Cellphone						
Address							
City	State	Zip					
Occupation/Employer		Work Phone					
Father/ Guardian Information							
Last Name	First Name	MI					
Home Phone	Cellphone	I					
Address							
City	State	Zip					
Occupation/Employer		Work Phone					

Student and Family Information/Emergency Contact Information continued

	Siblings	
Name:	A	Age
GENCY CONTACT II	NFORMATION	
Name:	Phone Number:	
Relationship:		
Name:	Phone Number:	

Housing Needs/Transportation
Learner's permit: □Yes □No
Driver's license: □Yes □No
Flown independently? □Yes □ No
Used public transportation (taxi, bus) independently? □Yes □ No
Comments about transportation:
What types of housing accommodation might you need? Housing requests are subject to availability at the time of application.
Slippery Rock University provides on-campus housing options which allow students to easily walk or
take the Happy Bus (Student Government Funded Bus) around campus. Students must navigate the

Happy Bus independently. Please see the link below for more information:

https://www.sru.edu/community/transportation

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What types of acco	ommodations might you need when it comes to transportation? Please
note, there are no o	other forms of local transportation around campus. Rock Life staff are not
permitted to transpo	ort students off campus.

Employment History

Paid Work Experience						
Employer/ Contact Info.	Job Responsibilities	Start Date	Reason for Leaving			

Volunteer Work Experience							
Employer/ Contact Info. Job Responsibilities Start Date Reason for Leaving							

• • •	s of work experiences would you like to pursue or have interests in? (Such as working	ng :
kstore,	Equestrian center, Aquaponics facility, the gym etc.)	
_		
_		

Personal Support Inventory

Completed By:	
(Please only have a parent, family member, guardian, support person complete the inventory below)	

**Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your son/daughter.

Social Skills and Communication	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
Communicating needs in an appropriate Manner						
Relating to others in a socially appropriate manner						
Handling conflict with another person						
Respecting persons of authority						
Using a smartphone to communicate						
Sending and receiving text messages						
Using Email						
Using Social networking sites: Facebook, Twitter, etc.						
 Verbalizing and or writing personal information: Name, address, phone number, SSN, etc. 						

Comments:

Personal Support Inventory (continued)

Independent Living Skills	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
Negotiating/finding way around campus and community						
Ordering and purchasing from a restaurant, café, or store						
Caring for personal hygiene and grooming needs						
Handling personal affairs: laundry						
Cooking						
Cleaning						
Managing personal belongings						
Use of good judgment skills in an emergency						
Coping well with stress and anxiety						
Adjusting to new situations or environments						

Comments:

Personal Support Inventory (continued)

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs Some assistance	Needs minimal assistance	Completely independent	?
Understanding the value of money						
Handles money to make purchases			=			
Counting bills, change						
Staying within a budget						
Using a computer						
Navigating the Internet						
Following verbal directions						
Following written directions						
Demonstrating motivation to learn and persist on new tasks						
Maintaining and following a daily schedule						
Remembering and keeping up with due dates, assignments						
Studying given information						

Comments:

Medical History / Medical Insurance Please give a brief description of your medical history: Please list all medical/physical conditions along with allergies, which could impair you from participating in class, social and or recreational activities: Please provide all medications and specific regulations:

Note: All medications must be self-administered; please let us know if there are any concerns about this. In rare cases Student Health Services can store certain medications that require special refrigeration. However, they do not store or administer daily medications. Please call SHS for more information.

Name of Insurance Company:	
Policy Number:	
Please provide any additional medical information that is important regarding your participan	ıt:

Education History

Name of School/ Institution	City, State	Years Attended	Reason for Leaving

Have you received	a high school or	other type of Diploma?

Name of certificate/ diploma received?

Please attach a copy to this application.

Date Received:

Student	Questionnaire:
Please d	escribe your strengths and weaknesses in academics:
-	
-	
-	
What is	your preferred style of learning? (Small classes/groups, extended time)
-	
_	

Did you participate in general education classes in your previous school?
□Yes □No
If so, what classes did you take?
Did you need any accommodations within these classes? If yes, please explain.
What skills would you like to learn in the following areas?
Interdependent Living
Interdependent Living:
Employment:
Social:

What ki	nd of jobs are you interested in after you leave high school or college?
What do	you like to do in your free time?
What is	your favorite sport?
What is	your favorite musical group or favorite singer?

Do you spend time with friends outside of school? \Box Yes \Box No If yes, what do you like to do w
your friends?
Please use this space to provide us with any additional information about yourself that you wish to share.
Please also use a separate sheet of paper for a writing prompt: (Please answer: What are
your strengths as a student? What goals do you have for life after college?)
How did you learn about the Rock Life Program?
1. Social Media:
2. SRU/Rock Life Alum:
3. Other:



Application for Undergraduate Non-Degree Admission

This admission application should be completed by those who would like to be considered for undergraduate, non-degree enrollment at Slippery Rock University (SRU). Those interested in pursuing an undergraduate degree, should complete the degree-seeking application, not this application. (A degree-seeking applicant, who was denied admission, cannot be admitted as a non-degree student.) Fast Track and Dual Enrollment applicants should complete the application specific to this type of study.

Please see the reverse side of this application for application instructions and address information.

PREVIOUS NAME Previous PERMANENT/ HOME ADRESS Addres City EMAIL/PHONE Email _ SOCIAL SECURITY N				Phone	Sta	te	Zij	pPhone
PREVIOUS NAME Previous PERMANENT/ HOME ADRESS Addres City EMAIL/PHONE Email SOCIAL SECURITY # PA RESIDENT? Yes HIGH SCHOOL NAME HIGH SCHOOL CITY/STATE HIGH SCHOOL GRADUATION YEAR Are you currently attending If so, do you plan to trans) Have you previously comp Please list your current or COLLEGE/UNIV NAME (If applicable) PLANNED TERM Of ENROLLMENT Example	i5		Home	PhoneBIRTHD	Sta	te	Zij	Phone
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NAME (If applicable) PLANNED TERM Of ENROLLMENT Example	most recently atten	nded college/univ	ersity.					
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AT SNU	: Fall 2013, Spring 20	14, Summer appli	icants should	l use the Sum	mer Scho	ol applica	tion.	
OPTIONAL INFORMATIO	N							
Are you Hispanic/Latino?	□ Yes	DNo						
Select one or more races f		THE RESERVE OF THE PARTY OF THE						
		can Indian or Alasi	kan Native	□ Native /	America	n or othe	r Pacific	: Islander
	□ Asian			White				
CERTIFICATION STATES	A CONTRACTOR OF THE PARTY OF TH	or African America	in					
CERTIFICATION STATEM I certify that the information of supporting documentation and fabilications or omissions may	The same of the sa				l am respo			
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APPLICANT'S SIGNATURE	iven on this application of that all application or	naterials become the	e property of			y de lo we	EC.W.	