



2021-2022 Application Packet

Slippery Rock University Rock Life Program
Attn. Wendy Fagan
Slippery Rock University
Room 128A Morrow Field House
Slippery Rock, PA 16057

Email: Wendy.Fagan@sru.edu

**Completion of this packet is due by January 1st, 2021
Applications will be accepted by mail or scanned copy to email.**

Application for Admission to Rock Life

Dear Prospective Applicant:

Thank you for your interest in the Slippery Rock University's Rock Life Program. Rock Life was created to provide students with autism spectrum disorder, intellectual/developmental disability with an inclusive and comprehensive postsecondary education program to enrich their lives as they strive to attain their career, education, and life goals. The two through six year program is offered through Slippery Rock University's College of Education. Students are immersed in the university attending required undergraduate courses, participating in vocational experiences, residing in student housing or commuting to campus, and learning with peer mentors (college coaches). In Rock Life, students are encouraged to engage in University events as well as pursue community service.

Prospective student applicants must meet the following criteria to be considered for admission:

- Have a documented diagnosis of autism spectrum disorder, intellectual and/or developmental disability as defined by the American Association on Intellectual and Developmental Disabilities.
- Present a high school diploma or equivalent to the program director.
- The applicant must demonstrate the ability to accept responsibility for their actions and demonstrate respect for self and others. This includes having no history of disruptive or aggressive behaviors. **Note: Rock Life does not have the personnel necessary to manage behavioral issues.**
- The applicant should be able to sit through 50-75-minute classes and function appropriately and independently during the time period.
- Be at least 18 years old before August 31st of the academic year.
- Be able to live in student housing with limited support.
- Be able to read and write at a 3rd-grade level.
- Have basic safety skills in unsupervised settings.
- Have support from family and a personal desire to gain necessary skills for self-determination, independent living, and employment.
- Independently navigate the campus of Slippery Rock University after orientation training.
- The applicant must be independent in handling his/her own medication, specialized dietary and/or medical needs, as well as in the use of his/her own medication. Note: There is no personnel available to manage/administer medication.
The Rock Life staff takes no responsibility for specialized diets or medical needs.

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 the Rock Life program director.

If you have any questions or assistance in completing this application, please contact the Slippery Rock University Rock Life Program office at 724-738-2791 or via email at Wendy.Fagan@sru.edu. Please submit all of the required application materials as listed on or before the deadline.

Application Selection Process

The application must be submitted by January 1, 2020 for enrollment the following Fall.

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 their best judgment and in the best interest of the applicant.

Step 1: Prospective students and their families are encouraged to attend Open Houses to visit campus and to receive information from the staff members. This allows the staff to answer any questions and get to know any prospective students. If you are unable to attend open houses, please schedule a campus visit with the program director.

Open House Dates: October 14, 2019 and November 25, 2019

Step 2: Complete application packet by **January 1** of the year in which you intend to enroll. You will receive an email from the Program Coordinator as a receipt of your application. Mail to Wendy Fagan (address on the cover page)

Step 3: Student will receive an email or phone call notification as to whether or not they have been invited for a second interview by **January 28**. Students and parents/guardians will then be scheduled for the second interview in the following weeks, as soon as possible, and notified of acceptance to the Rock Life Program by **February 28**.

Step 4: 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 their one on one Career Coaches on the weekend before school starts. Orientation to Slippery Rock University will take place on Sunday, **August 23** with classes beginning the following day.

Application Checklist

1. Release and exchange of Information Form
2. Student and Family Information/Emergency Contact Information
3. Housing Needs
4. Employment History
5. Personal Support Inventory
6. Medical History/ Medical Insurance
7. Education History
8. Student Questionnaire
9. Non-degree application: **Do not send to the admissions office, attach to Rock Life Materials for submission to Rock Life Staff.**
10. Most Current IEP and any Post-Secondary Program records (attach to application packet)
11. Academic Transcript
12. Psychological-Educational or Neuropsychological Evaluation by a licensed professional **within the last 3 years**

Tuition and Fee Schedule

Tuition and Fees Full Time Status for the 2019-2020 Academic Year

Rock Life Program Fees: Living on Campus: **\$2,500** per semester
Commuter: **\$1,000** per semester

Full-time Tuition: \$1,932.00 *Based on 6 credits
\$3,864.00 *Based on 6 credits

Housing: \$6,876.00 *Based on a Double Studio style room (most common)

Meal Plan: \$3,570.00 *Based on the Platinum meal plan option (most common)

*Slippery Rock University academic tuition, housing, and meal plans fees are subject to change annually.

- Please visit <http://www.sru.edu/admissions/financial-aid> for Financial Aid Information.
- For more information about **Tuition**, please visit: <https://www.sru.edu/admissions/tuition-and-fees>



Application Materials and Form

This section is to be filled out by Parent/Guardian/Support Person and Student

1. 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 indicated below:

- 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

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 or Guardian: _____

Date: _____

2. Student and Family Information/Emergency Contact Information

Last Name:	First Name:	Middle Name:
Home Phone:	Student Cell Phone:	
Address:		
City:	State:	Zip Code:
Birth Date:	Social Security Number*:	
Email Address:	Disability:	

*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 those that apply)

- Supplemental Security Income
- Division of Developmental Disabilities
- Medical Assistance
- Social Security Disability
- Office of Vocational Rehabilitation
- Special Education Services (IDEA funding)
- Other: _____

2. Student and Family Information/Emergency Contact Information (continued)

Student lives with:

Both Parents
 Mother
 Father
 Guardian(s)
 Other

Is the student his/her own guardian?

Yes
 No

If no, please list student's guardian(s): _____

Mother/ Guardian Information		
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	
Address		
City	State	Zip
Occupation/Employer		Work Phone

2. Student and Family Information/Emergency Contact Information (continued)

Siblings	
Name:	Age:

EMERGENCY CONTACT INFORMATION

Name:	Phone Number:
Relationship:	

Name:	Phone Number:
Relationship:	

3. Housing Needs/Transportation

1. What types of housing accommodations might you need, in accordance with ADA guidelines?

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.

2. What types of accommodations might you need when it comes to transportation?

4. 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

What types of work experiences would like to pursue or have interests in?

(Such as working in a bookstore, Equestrian center, Aquaponics facility, the gym etc.)

5. Personal Support Inventory

Completed By: _____
 (Parent, Family Member, Guardian, Support Person)

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respecting persons of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using a smartphone to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sending and receiving text messages	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Using Social networking sites: Facebook, Twitter, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Verbalizing and or writing personal information: Name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, café, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for personal hygiene and grooming needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling personal affairs: laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles money to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting bills, change	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

6. Medical History / Medical Insurance

Please give a brief description of your medical history:

Please list any and all medical/ physical conditions along with allergies, which could impair you from participating in class, social and or recreational activities:

Please provide any and all medications and specific regulations:

Note: Any and all medications can either be self administered or taken to the Health Center. The Health Center must clear all medical administrations to allow for the safety of all students on campus.

Are you independent in self-care and personal hygiene? _____ Yes _____ No

If no, please explain:

Name of Insurance Company: _____

Policy Number: _____

Please provide any additional medical information that is important regarding your participant:

7. Education History

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

Did or will you receive a high school diploma? Yes No

Name of certificate/ diploma received: _____

Date Received: _____

In your own words, please describe your strengths and weaknesses in academics:

In your own words, 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?

Independent Living/ ADL's:

Employment:

Social:



Student Questionnaire

This section is to be hand-written independently by the applicant and may include additional pages.

Please indicate if a scribe is used.

This is an excellent opportunity to demonstrate writing skills, critical thinking skills, and creativity!

8. Student Questionnaire

Why would you like to be a part of Rock Life?

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

Independent Living/ ADLs: _____

Employment: _____

Social: _____

Transportation

Do you have a:

Learners permit: Yes No

Driver's license: Yes No

Have you ever:

Flown independently? Yes No

Used public transportation (taxi, bus) independently? Yes No

Comment:

What kind 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? Yes No

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

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

1.

2.

Please use this space to provide us with any additional information about yourself that you wish to share.



Additional Information

This section is to be filled out by Parent/Guardian/Support Person

9. Non-degree application: Do not send to the admissions office, attach to Rock Life Materials for submission to Rock Life Staff.



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.

REQUIRED INFORMATION

LEGAL NAME Last _____ First _____ MI _____

PREVIOUS NAME Previous _____

PERMANENT/HOME ADDRESS Address _____
 City _____ State _____ Zip _____

EMAIL/PHONE Email _____ Home Phone _____ Cell Phone _____

SOCIAL SECURITY # _____ **BIRTHDATE** ____/____/____ **GENDER (M/F)** _____

PA RESIDENT? Yes No **US CITIZEN?** Yes No

HIGH SCHOOL NAME _____

HIGH SCHOOL CITY/STATE _____

HIGH SCHOOL GRADUATION YEAR _____

Are you currently attending another college/university? Yes No
 If so, do you plan to transfer SRU courses back to your institution? Yes No
 Have you previously completed coursework at SRU? Yes No

Please list your current or most recently attended college/university.

COLLEGE/UNIV NAME (if applicable) _____

PLANNED TERM OF ENROLLMENT AT SRU _____
 Example: Fall 2013, Spring 2014, ... Summer applicants should use the Summer School application.

OPTIONAL INFORMATION

Are you Hispanic/Latino? Yes No
 Select one or more races from the following five racial groups:
 American Indian or Alaskan Native Native American or other Pacific Islander
 Asian White
 Black or African American

CERTIFICATION STATEMENT

I certify that the information given on this application is complete and correct. I understand that I am responsible for arranging for the forwarding of all supporting documentation and that all application materials become the property of Slippery Rock University and will not be returned. I understand that any falsifications or omissions may result in my denial of admission or dismissal, if I am enrolled.

APPLICANT'S SIGNATURE _____ **DATE** _____

10. Most Current IEP and any Post-Secondary Program records

(attach to application packet)

11. Academic Transcript

(Please attach any high school or post-secondary documents to application packet)

12. Psychological-Educational or Neuropsychological

Evaluation by a licensed professional within the last 3 years.

(attach to application packet)