



STUDENT APPLICATION
Project WOLVES at the University of West
Georgia

**For the Fall (August) 2019 Cohort
Due: April 21, 2019**

ABOUT PROJECT WOLVES

What is Project WOLVES?

Project WOLVES is the University of West Georgia's Inclusive Post-Secondary Education program. Project WOLVES, housed in the College of Education, is a Comprehensive Transition Program that provides students with intellectual disabilities an inclusive college experience.

The Project WOLVES Experience

The goal of Project WOLVES is to help students with intellectual disabilities to be as independent as possible in their adult lives. Project WOLVES is a two-year (4 semester) inclusive program that provides students with educational opportunities to develop skills in the areas of academics, socialization, employment readiness, and independence. Using a person-centered planning approach, Project WOLVES students engage in education that specifically targets individual interests and needs related to academic and social development, employment skills, self-advocacy skills, and independent living skills.

Opportunities: All general student services, academic services, and social events available at UWG are open and accessible to Project WOLVES students. Upon graduation from Project WOLVES, students will be better prepared to enter the world of competitive employment. Students will have learned work readiness skills, employability skills, social skills, and academic skills.

Learning: Students participating in Project WOLVES audit courses offered at UWG's campus in Carrollton, Georgia. The core classes in the program provide students with the skills they need to be successful in the workplace and beyond.

Volunteering: Project WOLVES students are involved in volunteer activities both on-campus and throughout the greater Carrollton community. These volunteer experiences provide meaningful experiences that can expand the students' interests, as well as help build crucial employment skills.

Employment: Project WOLVES students partake in supervised internships related to their career goals in settings with individuals without disabilities. Each student has targeted experiences and supports that help build their resume, as well as develop crucial vocational skills that will help them obtain competitive, integrated employment.

Socializing: Project WOLVES utilizes a peer mentoring system to facilitate natural supports for social inclusion. Facilitating natural supports and inclusion within the social aspect of college life may include helping students identify extracurricular activities he or she may be interested in pursuing, determining how to balance social and academic life, and fostering friendships with students who have similar interests. Peer mentors are incorporated into multiple aspects of students' daily campus life, including involvement in events, clubs, and activities.

APPLICATION FOR ADMISSION

Applications are currently being accepted by mail for the 2019 cohort (to start in August 2019); due April 21st, 2019. You will be notified via e-mail when your entire packet had been received. Applicants will not be considered until the entire packet is received. If selected, the applicant will be invited for an on-campus interview.

Application Checklist	
<input type="checkbox"/>	Personal Statement from student with a recent photograph/headshot of the student
<input type="checkbox"/>	Student Questionnaire completed by applicant (pgs. 9-12)
<input type="checkbox"/>	Personal Support Inventory completed by parent (pgs. 16-21)
<input type="checkbox"/>	Parent Readiness Survey (pgs. 22-24)
<input type="checkbox"/>	Copy of Government Issued Identification
<input type="checkbox"/>	Official High School Transcript
<input type="checkbox"/>	Copy of behavioral records (if the student has no behavioral record, send a letter from the high school stating there is no record)
<input type="checkbox"/>	Current or former IEP/504 plan which serves as evidence of the applicant's eligibility for special education and related services under IDEA
<input type="checkbox"/>	<p>A documented comprehensive and individualized evaluation which includes:</p> <ul style="list-style-type: none"> • Psychological Evaluation, including IQ testing within the past three years • Adaptive behavioral scores within the past three years • Social-emotional functioning within the past three years <p>This evaluation may be provided by the Regents Center for Learning Disorders at Georgia State University. For more information and to schedule an evaluation, go to: https://rclid.gsu.edu</p>
<input type="checkbox"/>	Two recommendation forms (included). One from one of the applicant's teachers from the last 4 years, and one from a non-family member who has known the applicant for at least one year (pgs. 26-31)
<input type="checkbox"/>	Copy of Guardianship Agreement and/or Power of Attorney, if applicable

SUBMIT COMPLETED APPLICATION WITH RECORDS TO:

Project WOLVES
 Department of Literacy and Special Education
 College of Education
 1601 Maple St.
 Carrollton, GA 30118
 ATTN: Rachel Tullis, Program Director
 Questions? E-mail: projectwolves@westga.edu

ADMISSION CRITERIA

Applicant Must Be:

- At least 18 years of age by semester of enrollment
- A current client with Georgia Vocational Rehabilitation Agency (strongly preferred)
- Able to function independently for a sustained period of time (at least 3 hours)
- Able to use a computer/tablet and cell phone
- Able to sit through a class period (1.5 hours)
- Able to functionally communicate (verbal or augmented)
- Able to meet personal needs, including handling own medication and dietary restrictions without assistance

Applicant Must Have:

- A documented diagnosis of an intellectual or developmental disability
- Received special education services under IDEA while in high school
- Received a high school diploma (general or special education track)
- Reliable transportation to and from campus at least 4 times a week
- At least a third grade reading, writing, and math level (preferred)
- No significant behavioral or emotional problems that would impact school or internship performance
- The desire and motivation to complete a post-secondary program
- Motivation to be actively involved in the UWG community
- A goal of competitive (paid), integrated employment
- The need and a desire for greater independence
- A strong commitment to complete all program requirements and course assignments with support

Projected Cost Per Semester

Estimated Expenses	
Academic Tuition	\$1,243.00
UWG Student Fees	\$1,012.00
<i>*These costs are from the 2018-2019 Academic Year, and are subject to change. Tuition and fees does not include the cost of textbooks or other necessary supplies.</i>	

Project WOLVES is a non-degree, certificate program.

STUDENT INFORMATION

STUDENT CONTACT INFORMATION all communication will be via e-mail	
Student's Full Name:	Nickname (if applicable):
Date of Birth (MM/DD/YY)	Social Security #
Cell Phone #	Home Phone #
Email Address (required)	
Address	City, State, Zip
High School	City, State
Student's permanent residence is with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:	
Does the student have a guardianship in place? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of Guardian:	
PARENT CONTACT INFORMATION all communication will be via e-mail	
Mother's Full Name:	Father's Full Name:
Cell Phone #	Cell Phone #
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Address	Address
City, State, Zip	City, State, Zip
Email address (required)	Email address (required)
EMERGENCY CONTACT INFORMATION	
Name:	Relationship:
Cell Phone #	Other Phone #
Address	City, State, Zip

EDUCATIONAL HISTORY

Schools Attended (Name, City, State)	Public or Private School	Calendar Years Attended	Reason for Leaving

Did/will receive: High School Diploma Equivalent Certificate

Name of certificate received: _____

Participated in general education classes: Yes No

If yes, list inclusive classes taken:

If yes, describe accommodations used in general education classes. Were these used independently on a regular basis? (Ex: copies of notes, extended time, etc.)

To be completed by the student:

1. What was the most challenging part of school (academically or socially)?

2. What was the most enjoyable part of high school?

3. What clubs or teams were you involved in? Awards won? Offices held?

4. What do you hope to learn or do in college that you did not in high school?

5. What kind of job or career do you hope college will prepare you for?

6. How did you hear about the Project WOLVES program?

STUDENT QUESTIONNAIRE
(to be completed by the student)

Was a scribe used to complete this section of the application? Please circle: Yes or No

1. Why do you want to attend the Project WOLVES program at the University of West Georgia?

2. What are your plans for the future?

3. What kind of job would you like to have when you finish school? Why?

4. What do you like to do in your free time?

5. Are you a social person or do you prefer to be alone?

6. Describe a special relationship you have with a friend, mentor, or family member.

7. Have you ever been away from your family for an extended period of time? If so, when and where?

8. Do you prefer to commute to college or live on campus? How do you feel about that?

9. Describe how you like to spend time when you are alone.

10. Are you on Facebook, Instagram, Twitter, or other social media? Do you check your accounts regularly? If not, would you like to be?

11. What else would you like us to know about you?

EMPLOYMENT HISTORY

Please complete the following including paid employment, unpaid employment, and school-based employment training and internships. Attach a resume and references if applicable. Employment experience is NOT a requirement for admission.

PAID EMPLOYMENT	
Employer:	Phone #
Address:	Supervisor:
How did you obtain the job?	Job title:
Responsibilities:	
From:	To:
Reason for leaving:	
Employer:	Phone #
Address:	Supervisor:
How did you obtain the job?	Job title:
Responsibilities:	
From:	To:
Reason for leaving:	
Employer:	Phone #
Address:	Supervisor:
How did you obtain the job?	Job title:
Responsibilities:	
From:	To:
Reason for leaving:	
Employer:	Phone #
Address:	Supervisor:
How did you obtain the job?	Job title:
Responsibilities:	
From:	To:

Reason for leaving:	
Employer:	Phone #
Address:	Supervisor:
How did you obtain the job?	Job title:
Responsibilities:	
From:	To:
Reason for leaving:	

EMPLOYMENT REFERENCES	
Full name:	Relationship:
Company:	Phone:
Address:	
Full name:	Relationship:
Company:	Phone:
Address:	
Full name:	Relationship:
Company:	Phone:
Address:	

1. What did you enjoy most about your work experiences? Why?

2. What types of internships or work experiences are you interested in for the future?

PERSONAL SUPPORT INVENTORY

(To be completed by parent/guardian or support staff)

Completed by: _____

Please fill in the information below as completely and honestly as possible. This information give a greater understanding of the student’s support needs and is not a determining factor in acceptance to the program.

INDEPENDENT LIVING SKILLS	
Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely Independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely Independent
Bathes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely Independent
Changes clothes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely Independent
Brushes teeth daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely Independent
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Uses good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situations <input type="checkbox"/> Has received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer

	<input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> does not do laundry
Cooks	<input type="checkbox"/> No <input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (give example: _____)
Has attended camp away from home	<input type="checkbox"/> Yes (for how long? _____) <input type="checkbox"/> No
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's permit only <input type="checkbox"/> Student does not drive
What chores is the student responsible for at home?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is student independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> E-mail <input type="checkbox"/> Attach a document to an e-mail <input type="checkbox"/> Printer
Cuts fingernails and toenails	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Shaves face/legs	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent

SOCIAL SKILLS AND COMMUNICATION	
Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age-appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes with older peers <input type="checkbox"/> Socializes with younger peers <input type="checkbox"/> Socializes mostly with family
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from a restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Is able to provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> E-mail address
Uses email	<input type="checkbox"/> Has e-mail account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts

	<input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	
Dating experience	<input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating
Is the student currently involved in activities that are specially created for individuals with disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, inclusive activities

ACADEMIC SKILLS	
Reading skills	<input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Approximate grade level reading ability: _____ <input type="checkbox"/> Title of last book read: _____
Math skills	<input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget
Computer skills	<input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use computer
Following verbal directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Following written directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Time management	<input type="checkbox"/> Use a calendar <input type="checkbox"/> Makes appointments

	<input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
Study habits	<input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one-on-one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
Note taking	<input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
Writing skills	<input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises, and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing
Listening skills	<input type="checkbox"/> Can retell a story <input type="checkbox"/> Able to retell settings, problems, events, and solutions <input type="checkbox"/> Creates questions based on information presented
Tutor/assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one-on-one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> iPad apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

PARENT READINESS SURVEY

(To be completed by parent/guardian or primary support person)

APPLICANT INFORMATION	
Student Name:	
Parent/Guardian Name:	
STUDENT SAFETY	
I expect one-on-one support for my student all day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student talking to other student unsupervised.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student crossing the street.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check to see if my student has the correct facts.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POSTSECONDARY PROGRAMS	
I expect to know everything my student does at the university.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I need to know the homework assignments for each class my student takes.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I need to know the calendar of social activities offered to my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree

	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will develop friendships.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I know my student, with support, will try new opportunities.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

DIRECT INVOLVEMENT	
I would like to attend classes to see my student interact with others.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I am in contact with my student more than three times a day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Often, I am telling my students what to do or say.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check up on my student in person if I can.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES	
My student has the ability to handle frustration appropriately.	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely Independent
I trust my student's judgement.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student has the ability to seek assistance.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree

	<input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I believe I know what is best for my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student knows what is best for him/herself.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

CONCERNS ABOUT THE FUTURE	
I believe a postsecondary education is important for my student.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I feel that my student wants to attend the university.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will live independent of our family after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will have meaningful employment after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will no longer have a disability after graduation.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
My student will lead the Student Centered Planning in order to achieve his/her goals.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

RECOMMENDATIONS AND RELEASE

To be completed by one of the applicant's teachers from the last 4 years, and one from a non-family member who has known the applicant for at least one year

Please list the following information for recommendations. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for college:

RECOMMENDATION 1	
Name:	Position:
Address, City, State:	
Phone:	E-mail:

RECOMMENDATION 2	
Name:	Position:
Address, City, State:	
Phone:	E-mail:

RECOMMENDATION RELEASE	
I agree to waive my right to access the student recommendation forms.	
Applicant Name	Applicant Signature
Parent/Guardian Name	Parent/Guardian Signature

RECOMMENDATION FORM

For: _____
(Applicant Name)

The above named individual has applied for admission to the Project WOLVES program at the University of West Georgia. Project WOLVES provides young adults with intellectual disabilities an inclusive college experience that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Your timely completion of this form is greatly appreciated by the applicant. If you have further questions please contact Project WOLVES at projectwolves@westga.edu. Thank you.

CONTACT INFORMATION		
Your Name:	Title/Organization:	
Address:		
City:	State:	Zip:
Phone:	E-mail Address:	

1. How long have you known the applicant?

2. In what capacity?

3. Are you familiar with Project WOLVES? Please circle: Yes / No

4. Do you feel the applicant would benefit from this postsecondary education program in the area of **academics**? Why or why not?

5. Do you feel the applicant would benefit from this postsecondary education program in the area of **social skill building**? Why or why not?

6. Do you feel the applicant would benefit from this postsecondary education program in the area of **independent living**? Why or why not?

7. Do you feel the applicant would benefit from this postsecondary education program in the area of **career development**? Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in Project WOLVES? Please circle: Yes / No.
Please comment on any behavior supports the applicant may need:

9. Please discuss the student's level of independence. Please comment on any supports that applicant may need:

10. Please discuss the student's social skills. Please comment on any supports the applicant may need:

11. Discuss how the student manages stress. Please comment on any supports the applicant may need:

THANK YOU!

Please return the completed recommendation form to:

Project WOLVES
Department of Literacy and Special Education
College of Education
1601 Maple St.
Carrollton, GA 30118
ATTN: Rachel Tullis, Program Director

Questions? E-mail: projectwolves@westga.edu