



Student Application Packet 2020-2021

WVU Country Roads Program
Center for Excellence in Disabilities
959 Hartman Run Road
Morgantown, WV 26505
304-293-4692

**Applications will be reviewed as received until all
spaces are full. Please submit the completed
application no later than July 15, 2020.**

**Download and complete application.
Email application to
countryroads@hsc.wvu.edu**



Application for Admission

This is an integrated, on-campus program for student learners who are motivated to increase their independent living skills and engage in both social and academic events as Mountaineers.

In order to be sure that the Country Roads Program at West Virginia University is the best match for our applicants, we require an application packet be completed for each student. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Basic functional understanding of literacy (writing/composition) and reading skills
- Basic mathematics understanding and ability to use a calculator
- Ability to function independently for a sustained period of time
- No severe behavior or emotional problems
- Can handle and adapt to change; is not overly stressed when things change
- Potential to be successful in competitive employment situations
- Desire and motivation to complete a postsecondary program
- Be between the ages of 18-26 at the start of the program

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

This is a certificate program (not an accredited college degree program) and exiting students will receive a certificate of completion, **NOT** a degree from West Virginia University.

Note: Because of space limitations, not all applicants who complete the application and meet the “criteria for admission” will be granted an interview and/or be accepted in Country Roads; however, these students are welcome to reapply. All materials submitted to Country Roads will become property of Country Roads and will not be returned or duplicated for other purposes.

Please email countryroads@hsc.wvu.edu or call 304-293-4692 if you have any questions.



Application Selection Process

An Application Screening Committee will review applications and select students for admission. You will be notified regarding the receipt and completion of application documents and will later be notified if you are granted an interview.

Note: A limited number of applicants will be admitted each year; therefore, a submitted application of interview does not guarantee acceptance to Country Roads.

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant.

Admission will be based on the following criteria:

- Documentation of an intellectual disability, with significant limitations in intellectual functioning and in adaptive behavior (AAIDD definition).
- Eligible for IDEA services while in school.
- Had an IEP while in school.
- Independently administers and manages medication and medical needs.
- Reading ability and comprehension is at least at the third-grade level.
- Utilizes basic functions of technology, such as calculator, cellphone, and computer.
- 18-26years-old (measured on August 31).
- United States citizen.
- Completed four years of high school education, preferably culminating with a high school diploma or certificate of completion.
- Able to function independently for a sustained period.
- Sociable with groups of new people.
- Able to handle changes in routine.
- Can take direction to complete assignments.
- Has the desire and motivation to participate in the college experience.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed in completing the application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application. Information will not be returned or duplicated for any purposes.



The Country Roads Program is dedicated to providing a high quality, structured program on WVU's campus. The below fees are per year.

The Country Roads Program Fee Structure

The Core Track (Years 1-2)	
Program Fees (Tuition)	\$16,400
Student Fees (laundry, social events, organized trips)	\$2,500
Housing Fees (covers rent, utilities, internet)	\$2,756 (double)
Meal Plan	\$2,616
University Fees	\$1,320 (by semester)
Total	\$25,592

Financial aid is available for students with intellectual disabilities attending postsecondary programs. The following resources are available to students and their families as potential support for program costs: 1) West Virginia Department of Rehabilitation Services (WVDRS) and 2) Comprehensive Transition Program (CTP) eligibility through the WV Department of Education (<https://studentaid.ed.gov/sa/eligibility/intellectual-disabilities>).



Application Checklist

Applicant Name: _____

Once your completed application has been submitted, you will be notified of receipt of completed application by letter. NOTE: Applications will not be considered until ALL requested information is received.

The applications can be filled in electronically, printed in a PDF, and uploaded on the website or submitted to countryroads@hsc.wvu.edu. Letters of recommendation and other supplemental forms should be included in a sealed envelope with signature across the seal and sent to: 959 Hartman Run Road, Morgantown, WV 26505.

Please email application materials to **countryroads@hsc.wvu.edu**

Application Checklist:

- ☐ 1. Student Application an \$25 application fee payable to West Virginia University Center for Excellence in Disabilities
 - ☐ 2. Release and Exchange of Information Form
 - ☐ 3. Student and Family Information/Emergency Contact Information
 - ☐ 4. Employment History
 - ☐ 5. Housing Needs
 - ☐ 6. Medical History/Medical Insurance/Physical Examination Form
 - ☐ 7. Education History
 - ☐ 8. Official High School Academic Transcript
 - ☐ 9. Behavior Records (if student has no record, send a letter from high school stating there is no record)
 - ☐ 10. Current or most recent IEP and any postsecondary program record(s)
 - ☐ 11. A documented comprehensive and individualized evaluation that includes:
 - Psychological evaluation, including IQ testing within the past three years
 - Adaptive behavior scores within the past three years
 - Social-emotional functioning within the past three years
 - ☐ 12. Personal Support Inventory – Family/Guardian Completed
 - ☐ 13. Student Questionnaire – Student Completed (indicate if scribe is used)
 - ☐ 14. Letters of Recommendation
- Letters of Recommendation should be submitted by three persons who have known the applicant for one year or longer. The recommendations should represent each of the following areas:
- Education
 - Vocational/Employment
 - Community Involvement

Letters must be submitted using the Recommendation Forms included in this packet and must be returned with the application packet in sealed envelopes as directed on the form.



RELEASE AND EXCHANGE OF INFORMATION

Country Roads Postsecondary Program

The Country Roads Program 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 Accessibility Services as confidential. However, it may be necessary for our staff to exchange some information about you with the West Virginia 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:

- ☐ School District(s) School Personnel
- ☐ Department of Vocational Rehabilitation Office Department of Disability and Special Needs Office Admissions Office
- ☐ Course Instructors Financial Aid Office Parents/Guardians Registrar's Office Tutor/Mentor Other

I agree, as part of the application process, to waive my right to access the student recommendation form.

I agree, as part of the application process, to waive my right to access, duplicate or withdraw sections of the application to use for any other purposes.

Signature of Student or Guardian: _____

Date: _____



STUDENT INFORMATION/BACKGROUND

To be filled out by: Parent/Family/Guardian/Support Person



STUDENT INFORMATION

Last Name	First Name	Middle Name
Home Phone	Student Cell Phone	
Address		
City	State	Zip Code
Birth Date	Email Address	
Disability	Full Scale IQ Score	

*Your IQ/Disability 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 Insurance Division of Vocational Rehabilitation Special Education Services (IDEA funding)
- ☐ Other



FAMILY INFORMATION

Student lives with:

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian(s) ☐ Other

Is student his/her own guardian?

☐ Yes ☐ No

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

Mother/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Address		
City	State	Zip Code
Occupation/Employer		Work Phone
Email Address		

Father/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Address		
City	State	Zip Code
Occupation/Employer		Work Phone
Email Address		



Siblings

Name	Age

How did you hear about Country Roads? (Please circle the option that applies to you).

Social Media

Specify (TV, News, Online News Story): _____

From West Virginia University Alumni

Specify: _____

Conference Attendance

Specify: _____

Other: _____



EMPLOYMENT HISTORY

Work/Internship Experience				
Employer Contact Info.	Job Responsibilities	Paid work or internship?	Dates at this Job	Reason for Leaving

Volunteer Work Experience			
Employer/Contact Info.	Job Responsibilities	Dates at this Job	Reason for Leaving



HOUSING

Do you have any limitations or support needs that require ADA accessibility to housing? Please describe.

The Country Roads program uses on-campus housing from which students walk and/or use public transportation to and from campus, as well as other activities.

Do you have any limitations, support needs, or other related issues to public transportation? Please describe.



MEDICAL HISTORY

Please attach results of a current (within 1 year) physical exam (see included form).

Please give a brief description of your medical history including any disability diagnoses that you may have:

Please list any significant medical or physical conditions and history, including severe allergies, seizures, and surgeries:

If applicable, how may the above affect your participation in classroom, social, or recreational activities on campus?:

Please list any current medications and indicate for what purpose the medications are taken: Note: If the applicant must take medications while at Country Roads, he/she must be independent in administering his/her medications. West Virginia University and Country Roads do not have the personnel or facilities to administer medications. This capability is not included in any of the program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy?

☐

Yes

☐

No

If so, please indicate which services.

Are you independent in self-care such as toileting and basic hygiene? List any limitations:

☐

Yes

☐

No



PHYSICAL EXAMINATION FORM
Country Roads Postsecondary Transition Program

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____

Vision: R20/ _____ L20/ _____ Corrected: Y ☐ N ☐ Pupils Equal ☐ Unequal ☐

MEDICAL	Normal (Check)	Abnormal Findings (Please Specify)	Initials/Date
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart Murmur			
Pulse			
Lungs			
Abdomen			
Genitourinary (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Cleared without restriction: _____ Date _____

Not Cleared: _____ Cleared with specific restrictions (list) _____

Cleared with recommendations for further evaluation or treatment for:

SIGNATURE OF PHYSICIAN _____ Date _____

Print Name and Address of Physician completing this form:



EDUCATION HISTORY

Name	City, State	Years Attended	Reason for Leaving

Did/will you receive a high school diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received:
Did/will you receive a high school certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received:



EDUCATION HISTORY

Describe what skills you have learned in the following areas:

Independent Living:

Employment:

Social:

Have you participated in general education classes at your school?

☐ Yes

☐ No

If yes, list inclusive subjects:

Were any accommodations used?

☐ Yes

☐ No

If yes, please explain:

Was additional adult support present in the classroom?

☐ Yes

☐ No

If yes, please explain:



ACADEMIC TRANSCRIPT REQUEST

Country Roads Postsecondary Transition Program

To the applicant:

Use this form to request that a copy of your high school transcript be sent to the Country Roads program at West Virginia University by sending the form, along with your high school's transcript forwarding fee, to your high school guidance/advising office.

To the guidance/advising office:

High School			
Street Address	City	State	Zip

Please send one (1) copy of my high school transcript to:

Country Roads

Amount enclosed: \$ _____

(Please contact high school to determine transcript fee prior to mailing this form.)

Last Name	First Name	MI	
Social Security #			
Address	City	State	Zip
Dates of Attendance:			

Signature: _____ Date: _____



PERSONAL SUPPORT INVENTORY

To be filled out by: Parent/Family/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.**



PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Completed by: _____
(Parent/Family Member/Guardian/Support Person)

Please rate the applicant in the following areas. If you are unsure about a skill, please indicate by selecting the “?” box.

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						
Using good judgment skills in an emergency						
Coping well with stress and anxiety						

Comments:

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 in authoritative positions						
Using a smart phone to communicate						
Sending and receiving text messages						
Using email						
Using social networking sites: Facebook, Instagram, etc.						
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.						

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Understanding the value of money						
Handling debit card to make purchases						
Handling cash to make purchases						
Staying within a budget						
Using technology (computer, tablet, smart phone)						
Navigating the internet and smart phone apps						
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						

Has the applicant utilized assistive technology?

☐ Yes ☐ No

If yes, what?

<input type="checkbox"/> voice recognition	<input type="checkbox"/> alarms on device	<input type="checkbox"/> iPad/iPhone Apps:
<input type="checkbox"/> laptop	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> calculator	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> calendar on device	<input type="checkbox"/> _____	<input type="checkbox"/> _____



PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Additional Comments: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when participating in a postsecondary experience.



STUDENT QUESTIONNAIRE

This section is to be by 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!



STUDENT QUESTIONNAIRE

Why do you want to be a Country Roads student?

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

Independent Living —

Employment —

Social —



Transportation

Do you have a:

Learners permit ☐ Yes ☐ No

Driver's license ☐ Yes ☐ No

Have you ever done the following independently:

Flown in a plane ☐ Yes ☐ No

Used public transportation ☐ Yes ☐ No

Uber ☐ Yes ☐ No

Bus ☐ Yes ☐ No

Biking ☐ Yes ☐ No

Walking ☐ Yes ☐ No

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.



**Country Roads Postsecondary Transition Program
Student Recommendation Form**



LETTERS OF RECOMMENDATION

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:

1. Education
2. Vocational/Employment
3. Community Involvement

Make three copies of the Student Recommendation Form and give one copy to each of the evaluators for them to complete.

Letters must be submitted using the Student Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator's signature across the flap.



STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

Recommendation for (applicant's name): _____

The above named individual is applying for admission to the Country Roads Postsecondary Transition program at West Virginia University. Country Roads offers a collegiate experience that prepares young men and women with intellectual disabilities for competitive employment and independent living through a combination of academic coursework and career exploration. These students are motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. You can find out more information about Country Roads online www.countryroads.cedwvu.org.

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form to the applicant *in a sealed envelope and sign across the seal*. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

(Contact information of individual completing the recommendation.)

Last Name	First Name	MI
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Organization Name	Phone #	
Address		
City	State	Zip Code
Email Address		



STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

1. How long have you known the applicant **and in what capacity?**

2. Please describe why you feel the applicant would benefit from a postsecondary education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the West Virginia LIFE program?

☐ Unlikely☐ Likely☐ Highly Likely

4. Please describe the strengths and challenges that the applicant may possess that will impact his/her candidacy for this program? (Use the back of this page or attach additional pages as necessary).



STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate by selecting the “?” box.

[illegible]

Comments:

[illegible]

Comments:

STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be filled out by: Personal Reference

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"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<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 for word processing	<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"/>

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

Give an explanation of the applicant's writing /composition abilities (and approximate grade level equivalent):

Give an example of the applicant's math abilities (and approximate grade level equivalent):

Has the applicant utilized assistive technology (voice recognition, dictation, iPad, etc.)?

If yes, what?



STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

Additional Comments: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when preparing for a postsecondary experience.