



## **Student Application Packet 2022-2023**

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 April 1, 2022.**

**Download and complete application.  
Email application to  
[countryroads@hsc.wvu.edu](mailto: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.

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 computer skills
- 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 (8 hours)
- No severe, uncontrolled behavior or emotional problems; demonstrates self-control
- 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 by August 1, 2022

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 any other purpose.

Please email [countryroads@hsc.wvu.edu](mailto: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 by letter 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 or 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 and/or developmental 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.
- 18-26 years-old by August 1, 2022
- United States citizen.
- Completed four years of high school education with a modified diploma, diploma, GED or TASC.
- Able to function independently for a sustained period. (8 hours)
- 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.
- Writing sample (if student didn't write responses in application or wrote with assistance).

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 other purpose.



## The Country Roads Program Fee Structure

The Core Track (Years 1-2)	
Program Fees (Tuition)	\$8,200 / semester *
Student Fees (laundry, social events, organized trips)	\$696 / semester
Housing Fees (covers rent, utilities, internet)	\$4,023 / semester (double)
Meal Plan	\$2,752 / semester (varies by plan chosen)
<b>Total</b>	<b>\$15,671/semester</b>

**\*\* Program fees are pending approval by WVU**

Financial aid may be 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 Division of Rehabilitation Services (WVDRS) and 2) WV ABLE Accounts.



## **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 emailed to [countryroads@hsc.wvu.edu](mailto: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: Country Roads Program 959 Hartman Run Road, Morgantown, WV 26505.

Please upload application materials on the website at [www.countryroads.cedwvu.org](http://www.countryroads.cedwvu.org)

### Application Checklist:

- 1. Student Application
- 2. \$25 application fee check payable to West Virginia University Center for Excellence in Disabilities
- 3. Release and Exchange of Information Form
- 4. Student and Family Information/Emergency Contact Information
- 5. Employment History
- 6. Housing Needs
- 7. Medical History/Medical Insurance/Physical Examination Form
- 8. Education History
- 9. Official High School Academic Transcript
- 10. Behavior Records (if student has no record, send a letter from high school stating there is no record)
- 11. Current or most recent IEP and any postsecondary program record(s)
- 12. A documented comprehensive and individualized evaluation that includes:
  - Psychological evaluation, including IQ testing within the past three years
  - Social-emotional functioning within the past three years
- 13. Personal Support Inventory – Family/Guardian Completed
- 14. Student Questionnaire – Student Completed (indicate if scribe is used)
- 15. 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
- Perceived independent living skills

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 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
- Vocational Rehabilitation Provider and Special Needs Office Admissions
- Course Instructors
- Financial Aid Office
- Guardians
- Registrar's Office
- Tutor/Mentor

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: \_\_\_\_\_

# **WVU**

## **Country Roads Program**

### **STUDENT INFORMATION/BACKGROUND**

To be filled out by: 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 Diagnoses	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 (SSDI)
- Division of Vocational Rehabilitation Services





**FAMILY INFORMATION**

Student lives with:

- Both parents     One parent     Guardian(s)     Other

Is student their own guardian?

- Yes     No

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

**Parent/Guardian**

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

**Parent/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**

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

<b>Volunteer Work Experience</b>			
<b>Employer/Contact Info.</b>	<b>Job Title and Responsibilities</b>	<b>Dates at this job</b>	<b>Reason for Leaving</b>



## **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 their 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 yes, please indicate which services.

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



## PHYSICAL EXAMINATION FORM

### Country Roads 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**

Yes

No

**school? 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. **If your school has their own form, that can be used.**

**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: \_\_\_\_\_

# **WVU**

## **Country Roads Program**

### **PERSONAL SUPPORT INVENTORY**

To be filled out by: Parent/Guardian

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



## PERSONAL SUPPORT INVENTORY

To be completed by: Guardian or Support Person

Completed by: \_\_\_\_\_  
(Guardian/Support Person)

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

<b>Independent Living Skills</b>	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 without reminding. Wash and groom hair and body. Wear deodorant. Brush teeth.						
Handling personal affairs: laundry						
cooking						
cleaning						
managing personal belongings						
Using good judgment skills in an emergency						
Coping well with stress and anxiety						

Comments:

<b>Social Skills and Communication</b>	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: Guardian or Support Person

<b>Academic Skills</b>	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	iPad/iPhone Apps:
<input type="checkbox"/> laptop	_____	_____
<input type="checkbox"/> calculator	_____	_____
<input type="checkbox"/> calendar on device	_____	_____



## PERSONAL SUPPORT INVENTORY

To be completed by: Guardian or Support Person

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

# **WVU**

## **Country Roads Program**

### **STUDENT QUESTIONNAIRE**

This section is to be completed 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!



## **STUDENT QUESTIONNAIRE-**

**Please have your student should complete this questionnaire without assistance if possible.**

Why do you want to be a Country Roads student?

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Describe the **skills** you would like to learn to help you...

Live On Your Own —

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Work and Get a Job —

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Talk with Others —

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## 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/Lyft  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?

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What do you like to do in your free time?

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What is your favorite sport?

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What is your favorite musical group or favorite singer?

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Do you spend time with friends outside of school?  Yes  No

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

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

1. \_\_\_\_\_

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2. \_\_\_\_\_

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

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# **WVU**

## **Country Roads Program**

**Country Roads 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**

### **Country Roads Program**

To be completed by: Personal Reference

Recommendation for (applicant's name): \_\_\_\_\_

The above-named individual is applying for admission to the Country Roads Program at West Virginia University. Country Roads offers a collegiate experience that prepares young men and women with intellectual/developmental 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](http://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 #
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Address
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City	State	Zip Code
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Email Address
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## **STUDENT RECOMMENDATION FORM**

### **Country Roads 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 Country Roads Program experience.
  
3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the West Virginia Country Roads program?  
  
 Unlikely       Likely       Highly Likely
  
4. Please describe their 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).

