



## **Student Application Packet 2023-2024**

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 March 15, 2023.**

**For questions about  
completing application,  
please contact us using:  
[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 understanding of literacy (writing/composition) and reading skills
- Basic functional computer 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-regulatory skills
- Can acknowledge and adapt to change; is not overly stressed when things change
- Has desire to acquire the tools necessary to be successful in competitive employment
- Desire and motivation to complete a postsecondary program
- Be between the ages of 18-26 by August 1, 2023

Letters of recommendation from teachers and other work/community contacts 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.

### **Don't Forget:**

The *Free Application for Federal Student Aid (FAFSA)* must be completed every academic year a student is interested in federal financial aid. Please note some state aid and scholarship programs require the student to have a valid FAFSA. For more information on this process please go to: <https://financialaid.wvu.edu/applying-for-aid/fafsa>.

This will allow you to access the WVU Financial Aid page to get information about the FAFSA process the deadline for many WV scholarships is March 1<sup>st</sup> of each year. Please apply for FAFSA even without knowing whether or not your application has been accepted. If you have specific questions about this process, talk to your high school counseling office or call the WVU Financial Aid Office at 304-293-1988 and tell them you are applying for the Country Roads Program.

## **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, 2023
- United States citizen.
- Completed four years of high school education with a modified diploma, diploma, GED, TASC or HiSET.
- 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

Please complete all sections of this application. It is acceptable for the applicant to use a scribe if needed to physically complete the application. If a scribe is used, they should only be used to write/type the original works of the applicant. 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 is dedicated to providing a high quality, structured program on WVU's campus. The below fees are per semester.

### The Country Roads Program Fee Structure

The Core Track (Years 1-2)	
Program Fees (Tuition)	\$3,996/ semester *
Student Fees (laundry, social events, organized trips)	\$696 / semester
Housing Fees (covers rent, utilities, internet)	\$4,023 / semester (double room)
Meal Plan	\$2,839 / semester (varies by plan chosen)
<b>Total</b>	<b>\$16,942/ semester</b>

**\*\* Program fees are pending approval by WVU. All quoted fees are subject to change prior to the start of the fall semester.**

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 <https://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 (as of March 15, 2023)**
  - Adaptive behavior scores within the **past three years (as of March 15, 2023)**
  - Social-emotional functioning **within the past three years (as of March 15, 2023)**
- ☐ 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 as Listed in Application
- ☐ Registrar's Office
- ☐ Tutor/Mentor – Please Specify:
- ☐ Other - Please Specify:

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 Applicant: \_\_\_\_\_

If Applicant is under the age of 18: Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2023



## **APPLICANT INFORMATION/BACKGROUND**

To be filled out by: Guardian/Support Person with Applicant Involvement

**APPLICANT INFORMATION**

Last Name	First Name	Middle Name
Home Phone	Applicant 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.

Applicant 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**

Applicant lives with:

☐ Both parents   ☐ One parent   ☐ Guardian(s)   ☐ Other

**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**

**\*\*Please include ALL previous work experiences either paid or unpaid. These may include positions applied for on applicant's own or through school or other program placements.**

<b>Work/Internship Experience</b>					
<b>May We Contact This Employer? (Y/N)</b>	<b>Employer Contact Information</b>	<b>Job Title and Responsibilities</b>	<b>Paid Position? (Y/N)</b>	<b>Dates at this Job</b>	<b>Reason for Leaving</b>

<b>Volunteer Work Experience</b>				
<b>May We Contact This Employer? (Y/N)</b>	<b>Employer/Contact Information</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 or limitations that would affect your ability to walk or travel short/moderate distances on your own? 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

**\*\*To be completed by a medical doctor or advanced care physician (NP/PA)**

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:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

## **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. **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:

**WVU Country Roads Program  
959 Hartman Run Road  
Morgantown, WV 26505**

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/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						
Using computer to complete basic tasks (internet, word, etc)						

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.						

Comments:

## PERSONAL SUPPORT INVENTORY

To be completed by: **Guardian or Support Person**

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Handling & counting cash/change when making purchases						
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						

Comments:

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 and/or Applicant

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



## **APPLICANT QUESTIONNAIRE**

This section is to be completed by the applicant and may include additional pages.

Please indicate if a scribe is used. A scribe should only be used if physically necessary. This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity!

## **APPLICANT QUESTIONNAIRE-**

**Applicant should complete this questionnaire without assistance. A scribe may be used if applicant is physically unable to complete.**

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

Do you want to get your permit/license in the future? ☐ 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 does independence mean to you?

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What are you most looking forward to as a college student?

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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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Share 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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## PERSONAL SUPPORT INVENTORY

To be completed by: **Applicant**

Completed by: \_\_\_\_\_  
(Applicant)

Please rate yourself 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 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						
Using computer to complete basic tasks (internet, word, etc)						

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.						

Comments:

## PERSONAL SUPPORT INVENTORY

To be completed by: **Applicant**

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Handling & counting cash/change when making purchases						
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						

Comments:

Have you 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	_____	_____



**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 #	
Address		
City	State	Zip Code
Email Address		



## **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. Please describe their strengths and challenges that the applicant may possess that will impact his/her candidacy for this program? This may include things you have experienced with the applicant in person or possible hesitations, or lack thereof, when it comes to being independent in the program.
  
4. 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? Explain in room provided below.

☐ Unlikely      ☐ Likely      ☐ Highly Likely





## PERSONAL SUPPORT INVENTORY

To be completed by Personal Reference

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Handling & counting cash/change when making purchases						
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						

Comments: