



Life is a journey.  
Be prepared for the trip.  
Inclusive Post-Secondary Education at UGA.

## STUDENT APPLICATION

### Spring 2017



# APPLICATION FOR ADMISSION

Applications are currently being accepted by mail for the 2017 calendar year. **Due by May 20th, 2016.** You will be notified via email when your entire packet has been received. Applicants will not be considered until the entire packet is submitted. If selected, the applicant will be invited to participate in a Summer Leadership Institute interviewed independently as well as with his/her family or support person. Please note: due to limited space, not all applicants who complete the application process will be admitted to the Summer Leadership Institute, hosted by the J.W. Fanning Institute at UGA, to be interviewed for the Program. Admittance to the Summer Institute does not guarantee admittance to the Program.

APPLICATION CHECKLIST	
<input type="checkbox"/>	\$50 application fee made out to the Institute on Human Development and Disability
<input type="checkbox"/>	Student Application
<input type="checkbox"/>	Personal Statement from Student with a recent photograph/headshot of the student
<input type="checkbox"/>	Student Questionnaire completed by applicant
<input type="checkbox"/>	Personal Support Questionnaire completed by parent
<input type="checkbox"/>	Parent Readiness Questionnaire
<input type="checkbox"/>	Official High School Transcript
<input type="checkbox"/>	Behavioral records <b>(if student has no record, send a letter from the high school stating there is no record)</b>
<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 the IDEA
<input type="checkbox"/>	A documented comprehensive and individualized evaluation which includes: <ul style="list-style-type: none"> <li>• Psychological Evaluation, including IQ testing within the past three years</li> <li>• Adaptive behavioral scores within the past three years</li> <li>• Social-emotional functioning within the past three years</li> </ul> This evaluation may be provided by the Regents Center for Learning Disorders at UGA. For more information and to schedule an evaluation go to: <a href="http://www.rclcd.uga.edu/">http://www.rclcd.uga.edu/</a>
<input type="checkbox"/>	Two Recommendation forms (included) from non-family members who have known the applicant for at least one year.
<input type="checkbox"/>	Copy of guardianship agreement, if applicable. <b>Please note: The DESTINATION DAWGS Program does not accept students who are under full guardianships.</b>

## SUBMIT COMPLETED APPLICATION WITH RECORDS AND FEES TO:

The DESTINATION DAWGS Program  
 Institute on Human Development and Disability, the University of Georgia  
 850 College Station Road, Rivers Crossing Building  
 Athens, GA 30602-4806  
 ATTN: Carol Britton Laws, Program Director

**The DESTINATION DAWGS Program is a non-degree Certificate Program. Transfer credits from other colleges or postsecondary programs are not accepted.**

# ADMISSION CRITERIA

## Applicants must:

- Be between the ages of 18 and 25 in the year of admission. Older students will be considered if on-campus housing is not desired;
- Have a personal desire, and support from family, to gain skills for self-determination, independent living, and career development at the University of Georgia;
- Have an intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18. The applicant must have been (or is presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA);
- High school completion with diploma/modified diploma/certificate of completion;
- Have NO history of challenging behaviors;
  - Be responsible for understanding and adhering to the UGA Code of Conduct: [http://conduct.uga.edu/code\\_of\\_conduct/codeofconduct.pdf](http://conduct.uga.edu/code_of_conduct/codeofconduct.pdf)
- Have sufficient emotional and independent living skills necessary to participate in coursework and campus life;
  - Be able to remain unsupervised for 12 hours;
  - Be independent in handling his/her own medication, specialized dietary and/or medical needs, as well as in the use of his/her own medication. Staff is not available to manage/administer medications. The Destination Dawgs Program does not take responsibility for specialized diets or medical needs;
  - Be able to sit through a class period (1.5 hours)
  - Be able to read and write approximately at a 3<sup>rd</sup> grade level
  - Have transportation to and from campus
- Consent to being photographed and to participate in research
- Have medical insurance
- Have a cell phone
- Be a United States Citizen
- Participate in a Summer Leadership Institute overnight on campus from 7/15/16 -7/17/16 as a pre-requisite to admission

# PROJECTED COST for Spring and Fall 2017

ESTIMATED EXPENSES	
Academic Tuition and other fees	\$11,622 (in-state)
	\$29,832 (out-of-state)
Program Fee	\$3,000 (per year)
Meal Plan	80 Block Plan plus 665 Paw Points/Semester \$2,802/year/(\$1,401/semester) 80 Block Plan plus 255 Paw Points/Semester \$1,982/year/(\$991/semester) 65 Block Plan plus 300 Paw Points/Semester \$1,796/year/(\$898/semester) All-Access 7-Day Plan plus 110 Paw Points/Semester \$4,156/year/(\$2,078/semester) All-Access 5-Day Plan plus 275 Paw Points/Semester \$4,254/year/(\$2,127/semester)
* These costs are from the 2015 – 2016 Academic Year. They are subject to change. ** This tuition and fees cost does not include books or individual housing supplies (towels, sheets, clothes, computers, etc.)	

## The DESTINATION DAWGS Program is a non-degree Certificate Program.

Students will audit UGA courses from the general catalog with permission of the course instructor as well as participate in an integrative seminar each semester for Destination Dawgs students only.

Tuition and fees for course auditors are the same as those for students registered for credit and are based on a 9-month academic year (spring/fall) for an average undergraduate student.

<https://www.admissions.uga.edu/prospective-students/tuition-fees>

### HOUSING WILL NOT BE AVAILABLE IN 2017

**DESTINATION DAWGS students will be offered housing based on availability in the future.**

All 22 of University Housing's residence hall rooms, suites and apartments feature furnishings, air conditioning, WiFi, high speed Internet access and cable television. Common areas include kitchens, laundry rooms, meeting rooms, computer labs and lounges. [https://housing.uga.edu/site/housing\\_undergraduate](https://housing.uga.edu/site/housing_undergraduate)

Students requiring special accommodations due to a disability must complete the registration process at the Disability Resource Center in addition to completing the housing registration process. A \$35 registration fee is due at the time of registration. All other housing fees are transmitted to Student Accounts and are due by the date set by the Bursar's Office. ROOMMATE REQUEST: The following conditions must exist before roommate preferences can be honored: (1) both students must request each other and (2) a vacant double occupancy room must exist.

# STUDENT INFORMATION

CONTACT INFORMATION   STUDENT		
<b>All communication will be via email.</b>		
Student's Full Name:	Nickname (if applicable):	
Date of Birth (MM/DD/YY)	Social Security #	
Cell Phone #	Home Phone #	Email Address <b>(required)</b>
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:		
CONTACT INFORMATION   PARENT(S)		
<b>All communication will be via email.</b>		
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 <b>(required)</b>	Email Address <b>(required)</b>	
EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	
Cell Phone #	Other Phone #	
Address	City, State, Zip	

# EDUCATIONAL HISTORY

Schools Attended (Name, City, and 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:

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

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**To be completed by the student:**

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

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

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

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

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

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6. How did you hear about the Destination Dawgs Program?

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# STUDENT QUESTIONNAIRE

(To be completed by 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 Destination Dawgs Program at the University of Georgia?

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2. What are your plans for the future?

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

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

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

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

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

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

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

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# EMPLOYMENT HISTORY

Please complete the following including paid employment, unpaid employment, 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:

**VOLUNTEER WORK/UNPAID INTERNSHIPS**

Employer:		Phone:
Address:		Supervisor:
How did you obtain the position?		Title:
Responsibilities:		
From:	To:	Reason for Leaving:
Employer:		Phone:
Address:		Supervisor:
How did you obtain the position?		Job Title:
Responsibilities:		
From:	To:	Reason for Leaving:
Employer:		Phone:
Address:		Supervisor:
How did you obtain the position?		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:		



# 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 situation <input type="checkbox"/> Has not 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

INDEPENDENT LIVING SKILLS (CONT.)	
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, etc. <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"/> Attach a document to an email <input type="checkbox"/> Email <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 mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger
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 the 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"/> Email address



Uses email	<input type="checkbox"/> Has email 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 the 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"/> Uses 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: _____
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Please feel free to provide any supporting documentation.

Please provide any additional information for consideration regarding the applicant. Include any relevant social, emotional or educational factors. We are looking for a true picture of the student’s overall level in academics, social skills, independent functioning and employment readiness.

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What goals does the family/parent have for the student while in college?

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# 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
POST-SECONDARY 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

POST-SECONDARY PROGRAMS (CONT.)	
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
I know my student, with support, will develop friendships.	<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 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"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

I trust my student's judgment.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>STUDENT'S STRENGTHS AND CHALLENGES (CONT.)</b>	
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

<b>CONCERNS ABOUT THE FUTURE</b>	
I believe a post-secondary 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 non-family members)

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:	Email:

RECOMMENDATION 2	
Name:	Position:
Address, City, State:	
Phone:	Email:

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

# RECOMMENDATION FORM (1)

For: \_\_\_\_\_  
(Applicant Name)

The above named individual has applied for admission to the Destination Dawgs program at the University of Georgia. The Destination Dawgs program 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 the Destination Dawgs program at [DestinationDawgs@uga.edu](mailto:DestinationDawgs@uga.edu). Thank you.

CONTACT INFORMATION		
Your Name:	Title/Organization:	
Address:		
City:	State:	Zip:
Phone:	Email Address:	

1. How long have you known the applicant?

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2. In what capacity?

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3. Are you familiar with the Destination Dawgs Program? Please circle: Yes / No

4. Do you feel the applicant would benefit from this post-secondary education program in the area of ACADEMICS? Why or why not?

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5. Do you feel the applicant would benefit from this post-secondary education program in the area of SOCIALIZATION ? Why or why not?

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6. Do you feel the applicant would benefit from this post-secondary education program in the area of INDEPENDENT LIVING? Why or why not?

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7. Do you feel the applicant would benefit from this post-secondary education program in the area of CAREER DEVELOPMENT? Why or why not?

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

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

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

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

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Thank you!

Please return the completed recommendation form to:

The DESTINATION DAWGS Program  
Institute on Human Development and Disability, the University of Georgia  
850 College Station Road, Rivers Crossing Building  
Athens, GA 30602-4806  
ATTN: Carol Britton Laws, Program Director

# RECOMMENDATION FORM (2)

For: \_\_\_\_\_  
(Applicant Name)

The above named individual has applied for admission to the Destination Dawgs program at the University of Georgia. The Destination Dawgs program 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 the Destination Dawgs program at [DestinationDawgs@uga.edu](mailto:DestinationDawgs@uga.edu). Thank you.

CONTACT INFORMATION		
Your Name:	Title/Organization:	
Address:		
City:	State:	Zip:
Phone:	Email Address:	

1. How long have you known the applicant?

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2. In what capacity?

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3. Are you familiar with the Destination Dawgs Program? Please circle: Yes / No

4. Do you feel the applicant would benefit from this post-secondary education program in the area of ACADEMICS? Why or why not?

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5. Do you feel the applicant would benefit from this post-secondary education program in the area of SOCIALIZATION ? Why or why not?

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6. Do you feel the applicant would benefit from this post-secondary education program in the area of INDEPENDENT LIVING? Why or why not?

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7. Do you feel the applicant would benefit from this post-secondary education program in the area of CAREER DEVELOPMENT? Why or why not?

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

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

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

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

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Thank you!

Please return the completed recommendation form to:

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