



# Destination Dawgs

*Institute on Human Development and Disability*

**UNIVERSITY OF GEORGIA**

## **STUDENT APPLICATION** **For the Spring (January) 2019 Cohort** **Due: May 18<sup>th</sup>, 2018**



**College of Family and  
Consumer Sciences**  
**UNIVERSITY OF GEORGIA**



THE UNIVERSITY OF GEORGIA  
**J.W. FANNING INSTITUTE**  
*for Leadership Development*



## **ABOUT DESTINATION DAWGS: INCLUSIVE POSTSECONDARY EDUCATION at UGA**

Website: <http://www.fcs.uga.edu/ihdd/destination-dawgs>

**OBJECTIVE:** Reflecting our tagline “Life is a journey. Be prepared for the trip”, our program’s goal is for Destination Dawgs graduates to have gained new knowledge, skills, and competencies which lead to a rewarding adult life. This includes attaining a desired job, having an increased ability to live independently, and building relationships that expand their social networks.

**DESIGN:** The Destination Dawgs program design was informed by a number of national best practices to support students with intellectual and developmental disabilities to prepare for employment via inclusion in higher education. These include the 2011 Think College Standards, Quality Indicators, and Benchmarks for Inclusive Higher Education ([http://www.thinkcollege.net/images/stories/standards\\_F.pdf](http://www.thinkcollege.net/images/stories/standards_F.pdf)); the Think College Building Inclusive Campus Communities: a Framework for Inclusion (2015; <https://www.thinkcollege.net/component/resdb/item/t-110/1980>); and the National Collaborative on Workforce and Disability’s (NCWD) 2016 Personal Competencies for College and Career Success: What Colleges Can Do ([http://www.ncwd-youth.info/sites/default/files/Personal-Competencies-for-College-and-Career-Success\\_o.pdf](http://www.ncwd-youth.info/sites/default/files/Personal-Competencies-for-College-and-Career-Success_o.pdf)).

**TIMELINE:** Five (15 week) semesters starting in the Spring (January) semester following the prerequisite Summer Leadership Institute for invited applicants. Semesters follow the UGA academic calendar.

**CREDENTIAL:** Completion of the program will result in a non-degree *UGA Certificate in College and Career Readiness* from the UGA Center on Continuing Education bearing +/- 150 continuing education units. Student competency and accomplishments will be recorded in an electronic portfolio.

**STUDENT PLAN:** The Destination Dawgs team will utilize the Students Transitioning to Adult Roles (STAR) Person-Centered Planning (PCP) model to facilitate goal setting and to track progress across five domain clusters: Career Development and Employment, Academic Enrichment, Campus & Community Engagement, Independent Living, and Self-Determination.

**PROGRAM COMPONENTS:** Each semester students will engage in four program domains:

- **Academic Courses**
  - Students will be enrolled in foundational courses offered through the Division of Academic Enhancement (UNIV courses) to increase the student's capacity for college success, in Directed Study courses (IHDD 3010) for individualized support, and in courses offered by UGA that align with the individual student's vision and career goals. Students will attend UGA courses with permission of department /instructor and satisfactory academic progress will be assessed each semester.
- **Work-based Experiential Learning**
  - A minimum of three semesters of work-based experiential learning related to the student’s career goal is required. These experiences can be paid or unpaid and may include employment-focused learning opportunities both on and off campus. Time spent in work-based experiential learning settings will increase over the course of the third, fourth, and fifth semesters.
- **Social and Extracurricular Activities**
  - Our goal is for the experiences of our students to be comparable to those of other undergraduates at UGA. All students will have a UGA student ID and access to auxiliary services. With the support of peer mentors, students will identify extracurricular activities he or she is interested in pursuing; determine how to balance social and academic life; and foster friendships.
- **Independent Living Skill Building**
  - Students may participate in campus service activities, health and wellness seminars, workshops, and counseling. Students will also eat lunch each day with peer mentors, learn to navigate the UGA bus system, and may opt to live in on (if available) or off campus housing.

# APPLICATION FOR ADMISSION

Applications are currently being accepted by mail for the 2018 cohort. 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, and may be 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.

<b>APPLICATION CHECKLIST</b>	
<input type="checkbox"/>	\$60 application fee made out to the Institute on Human Development and Disability
<input type="checkbox"/>	Student Application (pgs. 5 – 23)
<input type="checkbox"/>	Personal Statement from Student with a recent photograph/headshot of the student
<input type="checkbox"/>	Student Questionnaire completed by applicant (pgs. 8 – 13)
<input type="checkbox"/>	Personal Support Questionnaire completed by parent (pgs. 14 – 19)
<input type="checkbox"/>	Parent Readiness Questionnaire (pgs. 20-22)
<input type="checkbox"/>	<a href="#">Copy of government issued identification</a>
<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 <b><u>within the past three years</u></b></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.rclid.uga.edu/">http://www.rclid.uga.edu/</a>
<input type="checkbox"/>	Two Recommendation forms (included) from non-family members who have known the applicant for at least one year. (pgs. 24 -33)
<input type="checkbox"/>	Copy of guardianship agreement, if applicable. <b>Please note: The Destination Dawgs Program does not accept students who are under court ordered full /plenary guardianship.</b>

**SUBMIT COMPLETED APPLICATION WITH RECORDS AND FEE 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: Anna Lawrence, Program Coordinator

**Questions? E-mail: [DestinationDawgs@uga.edu](mailto:DestinationDawgs@uga.edu)**

# 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;
- Not be under a full or plenary guardianship as ordered by a court of law. Limited or partial guardianship agreements will be considered and must be shared.
  - Student must be able to be legally 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 NO history of challenging behaviors;
- 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 be able to consent to participate in research
- Have medical insurance
- Have a cell phone
- Be a United States Citizen
- Have a form [government issued identification](#)
- Participate in a Summer Leadership Institute overnight on campus from 7/18/18 – 7/20/18 as a pre-requisite to admission

# PROJECTED COST

## Spring/Fall 2019 (per semester)

(Tuition and fees model the current UGA structure for applicable term and are subject to change)

ESTIMATED PER SEMESTER EXPENSES	
Academic Tuition and student fees	\$4776 (in-state) for 6 or more course credit hours
	\$1133 (required UGA student fees for auxiliary student services)
Program Fee	\$1970 (administrative fees)
Meal Plan (optional)	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)
<p>* These costs are from the 2017-2018 Academic Year. They are subject to change.            ** The tuition and fees cost does not include books, materials, or individual housing expenses            *** Tuition and fees 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.  <a href="https://www.admissions.uga.edu/prospective-students/tuition-fees">https://www.admissions.uga.edu/prospective-students/tuition-fees</a></p>	

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

Graduates will receive a **UGA Certificate in College and Career Readiness** and an electronic portfolio documenting competencies, skills, and accomplishments.

## STUDENT HOUSING

First year students commute to campus and may secure a parking permit for a vehicle for an additional fee if desired. <http://www.parking.uga.edu/>

**Off-Campus Apartments:** For students who cannot commute but wish to live independently near campus, a number of off –campus student apartments are available. Monthly rent, distance from campus, and amenities vary. Destination Dawgs program staff can assist incoming students and families with identifying housing options and with support providing organizations if assistance with personal care and daily living are required.

**On-Campus Residence Halls:** On-campus Housing for Destination Dawgs students will be available for the 2019 cohort in August 2019. This housing option is not available to 1st semester Destination Dawgs students. Students who desire to live in on campus will complete a separate application and will be subject to **UGA housing rates**. Arranging appropriate personal support services (which will be an additional expense) will be the responsibility of the family. Students will be assisted by volunteer peer mentors within program hours as available and appropriate. The Independent Living Coordinator will be the main point of contact for students and parents regarding on- campus living.

# 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:					

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

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

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

Maintains appropriate social behavior	<input type="checkbox"/> <input type="checkbox"/> With prompts <input type="checkbox"/> <input type="checkbox"/> Independently with family <input type="checkbox"/> <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	
Dating experience	<input type="checkbox"/> <input type="checkbox"/> Has not dated <input type="checkbox"/> <input type="checkbox"/> Has dated <input type="checkbox"/> <input type="checkbox"/> Online dating <input type="checkbox"/> <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"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> Yes, inclusive activities

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

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

Please feel free to provide any supporting documentation.



# PARENT READINESS SURVEY

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

APPLICANT INFORMATION	
Student Name:	
Parent/Guardian Name:	
STUDENT SAFETY	
I expect one-on-one support for my student all day.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student talking to other student unsupervised.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I worry about my student crossing the street.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I check to see if my student has the correct facts.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
POSTSECONDARY PROGRAMS	
I expect to know everything my student does at the university.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
I need to know the homework assignments for each class my student takes.	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

POSTSECONDARY PROGRAMS (CONT.)	
I need to know the calendar of social activities offered to my student.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I know my student, with support, will develop friendships.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I know my student, with support, will try new opportunities.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree

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

STUDENT'S STRENGTHS AND CHALLENGES	
My student has the ability to handle frustration appropriately.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I trust my student's judgment.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree

**STUDENT'S STRENGTHS AND CHALLENGES (CONT.)**

My student has the ability to seek assistance.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I believe I know what is best for my student.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I feel that my student knows what is best for him/herself.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree

**CONCERNS ABOUT THE FUTURE**

I believe a postsecondary education is important for my student.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
I feel that my student wants to attend the university.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
My student will live independent of our family after graduation.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
My student will have meaningful employment after graduation.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
My student will no longer have a disability after graduation.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <input type="checkbox"/> Strongly Disagree
My student will lead the Student Centered Planning in order to achieve his/her goals.	<input type="checkbox"/> <input type="checkbox"/> Strongly Agree <input type="checkbox"/> <input type="checkbox"/> Agree <input type="checkbox"/> <input type="checkbox"/> Neutral <input type="checkbox"/> <input type="checkbox"/> Disagree <input type="checkbox"/> <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		
<b>I agree to waive my right to access the student recommendation forms.</b>		
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 postsecondary 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 postsecondary education program in the area of SOCIAL SKILL BUILDING ? Why or why not?

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6. Do you feel the applicant would benefit from this postsecondary 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 postsecondary 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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Please describe the applicant in detail. Include any additional information or commentary about the applicant. If you need more space, please attach an additional page. We are looking for a true picture of the student's



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: Anna Lawrence, Program Coordinator

# 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 postsecondary 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 postsecondary education program in the area of SOCIAL SKILL BUILDING ? Why or why not?

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6. Do you feel the applicant would benefit from this postsecondary 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 postsecondary 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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Please describe the applicant in detail. Include any additional information or commentary about the applicant. If you need more space, please attach an additional page. We are looking for a true picture of the student's





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