



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

UL LIFE

UL LIFE Program Application Packet
2022-2023

Preview Day October 16, 2021

Interviews Begin November 1, 2021

Application Deadline December 1, 2021

UL LIFE Admissions
P.O. Box 43687
Lafayette, Louisiana 70504
lifeprogramadmissions@gmail.com

Applications Only Accepted by Mail

Application and Program Information

Application Deadline and Review

Applications are due by December 1, 2021 by **mail**. You will receive notification by email regarding the receipt and completion of application documents and whether or not you are granted an interview. Interviews will begin in November. The admissions team will begin scheduling interviews for those who qualify as we receive applications. If selected, the applicant and his or her parents/guardians will be required to attend a two-hour interview on campus. Program acceptance letters will be sent by April 1. Please do not call about the status of an application, as we will not be able to provide this information. A limited number of students are accepted. An interview does not guarantee acceptance into the program.

Admission will be based on the following criteria:

- Applicants must be between the ages of 18-25 upon admission to the program
- The applicant must have a significant intellectual disability that interferes with their academic performance.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of UL LIFE.
- The applicant should be able to sit through 90-minute courses.
- The applicant is comfortable around large groups of people
- The applicant must demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/herself and others and have no history of disruptive or aggressive behaviors. **Note: UL LIFE does not have the personnel necessary to manage behavioral issues.**
- The applicant must be independent in handling his/her own medication, specialized dietary and/or medical needs. **Note: UL LIFE staff takes no responsibility for specialized diets or medical needs.**
- The applicant must be self-motivated and adhere to the policies regarding attendance and participation in coursework within the program and audited UL Lafayette courses.
- The applicant should utilize technology with little to no supports
- Based on review of records and interviews, the applicant has the potential to successfully achieve his/her goals within the context of the UL LIFE setting.

Applicants typically received extensive special education services in their high school setting. **Please note UL LIFE is not a degree granting program.**

Application and Program Information (continued)

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

Application information will not be returned or duplicated for any purposes. All data and information gathered during the application and interview process will remain as property of UL LIFE and will not be distributed for any purposes.

Application Checklist

Once your completed application has been submitted, you will be notified of receipt of completed application by email. Application information will not be returned. **Note: Applications will not be considered until ALL requested information is received. The applications can be typed and/or printed neatly. Include all information below.**

Application Checklist:

- Release and Exchange of Information
- Copy of Applicant's Current/Most Recent IEP (Please include transition plan if available)
- Copy of Applicant's Current/Most Recent Evaluation
- Recent Photograph of Applicant
- High School Transcript
- Student Information Pages 5 to 12
- Student Questionnaire (Completed by Student) Pages 13-14
- Three Letters of Recommendation
 - **Mailed directly to UL LIFE**
 - **Must use form provided**
 - **Must be completed by an educator (in last four years), an employment or volunteer supervisor, and a personal contact**
 - **Mail to: UL LIFE P.O. Box 43687 Lafayette, Louisiana 70504**

RELEASE AND EXCHANGE OF INFORMATION

UL LIFE staff may find it necessary to obtain additional information about you from school districts and personnel. In addition, staff may also exchange personal information about you with UL Lafayette faculty and staff in order to provide and enhance educational opportunities. This exchange will occur only with your written permission, as given below, and with the understanding information will only be shared for the purpose of accommodation and academic progress.

I (name), _____
give permission to exchange information about me with the offices/individuals indicated below:

- School Districts
- School Personnel
- Department of Vocational Rehabilitation Office
- Department of Disability and Special Needs Office
- Admissions Office
- Housing Department
- Student Affairs
- Course Instructors
- Financial Aid Office
- University Police
- Health/Wellness
- Counseling Services
- Parents/Guardians
- Registrar's Office
- Mentor
- Other

Applicant Signature: _____

Date: _____

STUDENT INFORMATION

<u>Applicant Information</u>		
Name:		
Date of Birth:	SSN*:	Phone:
Address:		
City:	State:	ZIP Code:
Email Address:		

**Your SSN is confidential and will not be disclosed to unauthorized parties.*

Student receives support from the following: (please check all that apply)

- Vocational Rehabilitation Services
- Occupational or Physical Therapy
- Speech Therapy
- Supplemental Security Income
- Division of Developmental Disabilities
- Speech/Hearing Services
- Medical Assistance
- Other: _____

Student Legal Information (check that which applies):

- Minor
- Competent Major
- Interdicted
- Representation and Mandate (formerly known as Power of Attorney)
- Continuing Tutorship
- Other: _____

FAMILY INFORMATION

Student lives with:

<u>Mother/Guardian</u>		
Name:		
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	Work Phone:
<u>Father/Guardian</u>		
Name:		
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	Work Phone:

<u>Siblings</u>	
Name:	Age:

<u>Emergency Contact #1</u>
Name:
Relationship:
Phone Number:

<u>Emergency Contact #2</u>
Name:
Relationship:
Phone Number:

MEDICAL HISTORY

Note: Students must be independent in administering medication.

Please give brief description of your medical history including disability diagnosis:

Please list any significant medical or physical conditions which may affect your participation in academic and recreational University activities:

Please list any medications taken and their purpose:

Please detail any other medical information you feel would be important regarding your participation in UL LIFE.

EDUCATION HISTORY

School	City, State	Years Attended	Reason for Leaving

Did/will you receive a certificate or diploma from your high school? Yes No

Name of certificate received: _____

Date Received: _____

Received from: _____

In a few words, please describe your academic strengths and weaknesses.

Have you participated in general education classes at your school? Yes No

If yes, list inclusive subjects:

EMPLOYMENT HISTORY

Paid Work Experience

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

Volunteer Work Experience

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

What type of work do you enjoy?

PERSONAL SUPPORT INVENTORY

Completed by (parent/guardian): _____

Academic Skill	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent
Understanding the value of money				
Handles money to make purchases				
Counting bills, change				
Staying within a budget				
Using a computer for word processing				
Navigating the Internet				
Following verbal directions				
Following written directions				
Keeping up with due dates and assignments				
Studying given information				
Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent
Finding way around a new environment				
Following a schedule				
Managing personal belongings				
Ordering and purchasing from a restaurant				
Finding items in a store				
Taking public transportation				
Use of good judgment skills In an emergency				
Adjusting to new situations or environments				
Caring for personal hygiene and grooming needs				
Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent
Communicating needs appropriately				
Asking for help or clarification				
Dealing with conflict				
Distinguishing between friends and strangers				
Interacting appropriately with peers				
Respecting authority figures				
Using cell phones				
Verbalizing and/or writing personal information				

Writing Skills (check all that apply):

- No functional reading Writes name Writes/copies all letters
 Writes complete words Writes short sentences Correctly uses punctuations
 Drafts/edits/revises

Reading & Comprehension Skills (check all that apply):

- No functional reading Identifies letters Recognizes familiar words
 Reads short stories Reads chapter books Reads books silently
 Recall/comprehend any of the above: _____
Reading Grade Level: _____

Math Skills (check all that apply):

- No functional mathematic skills
 Solves simple problems with calculator
 Solves simple addition problems without calculator
 Solves simple subtraction problems without calculator
 Solves simple multiplication problems without calculator
 Solves simple division problems without calculator

Has the applicant utilized assistive technology (voice recorder, cell phones, talk to text, etc.)

- Yes No

If yes, what?

What words could be used to describe the applicant? How would you describe the applicant's personality?

What do you believe are the applicant's strengths and challenges socially?

What do you believe are the applicant's strengths and challenges academically?

STUDENT QUESTIONNAIRE

This section is to be hand-written by applicant and may include additional pages. Please indicate if a scribe is used

Why do you want to be considered for UL LIFE?

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

Social - _____

Employment - _____

Academics - _____

What kind of jobs are you interested in after you leave high school or college?

What do you like to do in your free time?

What is your favorite musical group or singer?

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

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

LETTERS OF RECOMMENDATIONS

To be completed by personal references

Please submit at least three letters of recommendation from references who have known the applicant for one year or longer. Recommendations must represent each of the following:

1. Education (Recent – in Last Four Years)
2. Employment or Community Involvement
3. Personal

Please make three copies of the recommendation form and give one copy to each of the evaluators for them to complete. By applying for UL LIFE, you are waiving your access to the completed reference forms.

Letters must be submitted using the recommendation form in this packet and be returned with the application in sealed envelopes with the evaluator's signature on across the flap or mailed directly to UL LIFE at the address below. **Note: Applications will not be considered until ALL requested information is received. The applications can be typed and/or printed neatly. Include all information below.**

Mail to:
UL LIFE
P.O. Box 43687
Lafayette, Louisiana 70504

STUDENT RECOMMENDATION FORM

Recommendation for (applicant's name): _____

The above individual is applying for admission to UL LIFE, a postsecondary transition program for students with intellectual and cognitive disabilities. UL LIFE is designed to enhance the educational and employment opportunities for students. UL LIFE students audit University courses, participate in LIFE classes and an academic internship for at least one semester. UL LIFE students should have a desire to continue their educational journey and become more independent. Students should possess the emotional maturity needed to successfully attend classes, work, and social events on a college campus.

Please keep the above information in mind as you complete the recommendation form. Attach any additional pages as needed. Once completed, return the recommendation form to the applicant in a sealed envelope with your signature across the flap. The applicant has agreed to waive their access to your recommendation as part of the application process. If you have any questions please contact UL LIFE at lifeprogram@louisiana.edu.

<u>Name:</u>		
<u>Address</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Organization:</u>	<u>Relationship</u>	
<u>Email:</u>	<u>Phone Number:</u>	

STUDENT RECOMMENDATION FORM

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

2. Please describe whether you feel the applicant would benefit from UL LIFE and why.

3. Please estimate whether the parent/guardian/family of this applicant will support the philosophy and goals of the UL LIFE program? Unlikely Likely Quite Likely
 Very Likely

4. Please describe the strengths and challenges of the applicant and how you believe that might impact his or her participation in UL LIFE?

STUDENT RECOMMENDATION FORM

Please complete the following inventory to the best of your ability. For areas unrelated to your knowledge of the student, please mark the N/A column.

Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Finding way around a new environment					
Following a schedule					
Managing personal belongings					
Ordering and purchasing from a restaurant					
Finding items in a store					
Taking public transportation					
Use of good judgment skills In an emergency					
Adjusting to new situations or environments					
Caring for personal hygiene and grooming needs					

Comments:

Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Communicating needs appropriately					
Asking for help or clarification					
Dealing with conflict					
Distinguishing between friends and strangers					
Interacting appropriately with peers					
Respecting authority figures					
Using cell phone					
Verbalizing and/or writing personal information (Name, address, phone, etc.)					

Comments:

STUDENT RECOMMENDATION FORM

Academic Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	Unknown
Understanding the value of money					
Handles money to make purchases					
Counting bills, change					
Staying within a budget					
Using a computer for word processing					
Navigating the Internet					
Following verbal directions					
Following written directions					
Keeping up with due dates and assignments					
Studying given information					

PLEASE RESPOND TO THE FOLLOWING STATEMENTS

If applicable, give an explanation of the applicant's reading abilities and approximate grade level equivalent:

If applicable, give an explanation of the applicant's writing abilities:

If applicable, give an explanation of the applicant's math abilities:

STUDENT RECOMMENDATION FORM

Please use this space to give any additional information you believe is important for the UL LIFE admissions team to know about the applicant.