Program Application

2024-2025

LSUA SPERO
Office of Academic Affairs
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302
Application Instructions

(pages 2-4)
SPERO Student Application Instructions

Applications must be mailed by **December 15, 2023**. 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 around the middle of May. 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 June 30. 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.

All information provided by applicants is confidential and will not be shared with any outside agencies unless written agreement is provided by those completing 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 LSUA SPERO and will not be distributed for any purposes.

**Admissions Criteria**

1. Applicant must be between the ages of 18-28 upon admission to the program.
2. Applicant must have an identified intellectual disability, as defined in 34 CFR § 668.233 - Student eligibility, that interferes with their academic performance.
3. Applicant must have completed high school (with a regular diploma, career diploma, or certificate of achievement) but not be eligible for traditional admission to a college or university.
4. Applicant must have enough emotional stability and self-motivation to attend classes, get along with their fellow students, participate in campus life, and adhere to program policies.
5. Applicants must display appropriate university and classroom behavior. **Note:** SPERO cannot admit applicants who have had behavior plans addressed through IEPs in High School.
6. Applicant must be independent in handling his or her own medication, specialized dietary needs, and/or medical needs. **Note:** LSUA SPERO takes no responsibility for specialized diets or medical needs.
7. Applicant must have no current disruptive or aggressive behaviors. Applicants who have a record of past disruptive or aggressive behaviors must submit a clearance letter from a licensed psychologist, psychiatrist, or behavior analyst. The letter must verify that the past behaviors have ceased and will not, as far as can be reasonably ascertained, reoccur during the student’s participation in the program. **Note:** LSUA SPERO does not have personnel available to manage behavioral issues.
8. Applicant must possess basic math/counting skills, including the ability to use a calculator; basic reading and writing skills; and basic computer skills.
9. Applicant must possess basic self-care skills, such as toileting, eating, dressing, and personal hygiene.
10. Applicant must demonstrate a commitment to work and a desire for personal independence.
11. Applicant must be able to participate in a personal interview without prompting from parent or guardian.
12. Applicant must provide the following documents: Completed Program Application; Copy of State Issued Identification; Copy of High School Exit Document; Copy of Official Medical Diagnosis; Copy of Individualized Education Plan (IEP) and/or Educational Evaluation that includes most recent cognitive, adaptive, and achievement scores or Psychological Evaluation that includes cognitive, achievement, and adaptive living scores; and, if applicable, clearance letter from licensed psychologist, psychiatrist, or behavior analyst regarding past disruptive or aggressive behaviors.
13. Applicant must have the potential to achieve his/her goals within the context of the LSUA SPERO setting.
Application Documents

Please complete all sections of the Application Form (pages 4-13). It is acceptable for the applicant to receive assistance, if needed, in completing the form.

The following items must be submitted with the completed form:

1. Copy of State Issued Identification (must include photograph)
2. Copy of High School Exit Document
3. Copy of Official Medical Diagnosis
4. Copy of Individualized Education Plan (IEP) or Educational Evaluation that includes most recent cognitive, adaptive, and achievement scores or Psychological Evaluation that includes cognitive, achievement, and adaptive living scores; and, if applicable, clearance letter from licensed psychologist, psychiatrist, or behavior analyst regarding past disruptive or aggressive behaviors.

Please mail the completed application form, along with the four documents listed above, to the address below by **December 15, 2023**:

LSUA SPERO
Office of Academic Affairs
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302

Recommendation Forms

Applicants must also provide three completed Recommendation Forms from individuals who have known the applicant for one year or longer. The individuals must include a past teacher of the applicant, an employment or volunteer supervisor, and a personal contact.

Recommendations must address each of the following:

1. Applicant’s Education
2. Applicant’s Employment or Community Involvement
3. Applicant’s Personal Qualities

Please print three copies of the Recommendation Form and give one copy to each of the individuals who has agreed to complete it. The Recommendation Form is attached to the end of this document (pages 23-25).

Please note that by applying to LSUA SPERO you are waiving your access to the completed Recommendation Forms. The Forms must be either returned with the completed Application Form in sealed envelopes with the evaluator’s signature across the flap or mailed directly to LSUA SPERO at the address below by **December 15, 2023**:

LSUA SPERO
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302
Application Checklist

1. Completed Application Form (pages 6-16)
2. Copy of State Issued Identification (must include photograph)
3. Copy of High School Exit Document
4. Copy of Official Medical Diagnosis
5. Copy of Individualized Education Plan (IEP) and/or Educational Evaluation that includes most recent cognitive, adaptive, and achievement scores or Psychological Evaluation that includes cognitive, achievement, and adaptive living scores; and, if applicable, clearance letter from licensed psychologist, psychiatrist, or behavior analyst regarding past disruptive or aggressive behaviors
6. Three Completed Recommendation Forms (pages 23-25)

All application documents should be mailed to the following address by December 15, 2023:

LSUA SPERO
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302

Once your completed application has been received, primary parent/guardian will be notified of receipt by email. Application information will not be returned. Note: Applications will not be considered until ALL requested information is received. The application can be typed and/or printed neatly. The applicant’s portion must be handwritten.
Release and Exchange of Information

LSUA SPERO staff may need to obtain additional information about you from school districts and personnel. In addition, staff may also exchange personal information about you with LSUA faculty and staff in order to provide and enhance educational opportunities for you. 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:

1. School Districts
2. School Personnel
3. Department of Vocational Rehabilitation Office
4. Department of Disability and Special Needs Office
5. Admissions Office
6. Student Affairs
7. Course Instructors
8. Financial Aid Office
9. University Police
10. Health Center
11. Counseling Services
12. Parents/Guardians
13. Registrar’s Office
14. Mentor
15. Other

Applicant Signature: ______________________________________________

Date: ___________________________________________________________
### Applicant Information

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<tr>
<th>Full Name:</th>
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<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>SSN*:</th>
<th>Applicant’s Phone Number:</th>
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<th>Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
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<tr>
<th>Applicant’s Email Address:</th>
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*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
- [ ] Counseling Services
- [ ] 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:

**Student lives with:** ____________________________________________________
<table>
<thead>
<tr>
<th>Primary Parent/Guardian Information</th>
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<tbody>
<tr>
<td>Name:</td>
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<td>Address:</td>
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<td>City: State: ZIP Code:</td>
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<td>Email Address:</td>
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<td>Occupation/Employer:</td>
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<td>Cell Phone: Home Phone:</td>
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<tr>
<th>Secondary Parent/Guardian Information</th>
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<td>Name:</td>
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<td>City: State: ZIP Code:</td>
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<td>Cell Phone: Home Phone:</td>
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<tr>
<th>Emergency Contact Information</th>
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<tbody>
<tr>
<td>Emergency Contact #1</td>
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<tr>
<td>Name: Relationship: Phone Number:</td>
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<tr>
<td>Emergency Contact #2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Name: Relationship Phone Number:</td>
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Medical History

Completed by (parent/guardian); Name: _____________________________________________________

Note: Students must be independent in administering medication.

Please provide a full description of applicant’s medical history, including official disability diagnosis(es):

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Please list any significant medical or physical conditions which may affect the applicant’s participation in academic and recreational University activities:

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Please list all medications taken and their purpose:

_________________________________________________________________________________
_________________________________________________________________________________
Please detail any other medical information that you consider would be important regarding the applicant’s participation in LSUA SPERO:
# Educational History

<table>
<thead>
<tr>
<th>School</th>
<th>City, State</th>
<th>Years Attended</th>
<th>Reason for Leaving</th>
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<tbody>
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1. Did/will the applicant receive a certificate or diploma from high school? □ Yes □ No

2. Name of certificate received:

3. Date Received:

4. Received from:

5. In a few words, please describe applicant’s academic strengths and weaknesses:

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Has the applicant participated in English, Science, Math, and Social Studies classes at his/her school? □ Yes □ No
## Employment History

### Paid Work Experience

<table>
<thead>
<tr>
<th>Employer Contact Information</th>
<th>Responsibilities</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Volunteer Work Experience

<table>
<thead>
<tr>
<th>Employer Contact Information</th>
<th>Responsibilities</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
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<tbody>
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What type of work do you enjoy?

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_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
### Personal Support Inventory

Completed by (parent/guardian); Name: _____________________________________________________

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

- [ ] No functional reading
- [ ] Writes name
- [ ] Writes/copies all letters
- [ ] Writes complete words
- [ ] Writes short sentences
- [ ] Correctly uses punctuation
- [ ] Drafts, Edits, revises

### Reading and 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 mathematics skills
- [ ] Solves simple programs with calculator
- [ ] Solves simple addition programs without calculator
- [ ] Solves simple subtraction problems without calculator
- [ ] Solves simple multiplication problems without calculator
- [ ] Solves simple division problems without calculator

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

- [ ] Yes
- [ ] No

If yes, what technology has the application used? _____________________

What words would you use to describe the applicant? How would you describe the applicant’s personality?

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

What do you consider are the applicant’s strengths and challenges socially?

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

What do you consider are the applicant’s strengths and challenges academically?

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

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_______________________________________________________________________________________________________
Graff Parent Readiness Scale (GPRS)

This scale helps determine the families’ readiness for the student with an intellectual and/or developmental disability to attend a post-secondary program.

Please circle the family/guardian’s response.

1= I strongly agree, 2= I agree, 3= I neither agree nor disagree, 4= I disagree, and 5= I strongly disagree.

1. I expect to know everything my student does at the university.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-on-one support all day.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my student’s support staff.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student’s judgment.
   Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student’s ability to handle small sums of money.
    Strongly Agree 1 2 3 4 5 Strongly Disagree

11. I know my student, with support, will develop friendships.
    Strongly Agree 1 2 3 4 5 Strongly Disagree

12. I know my student, with support, will try new opportunities.
    Strongly Agree 1 2 3 4 5 Strongly Disagree
13. My student has the ability to handle frustration.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

14. My student has the ability to seek assistance.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

15. Often, I am in contact with my students more than 3 times a day.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

16. Often, I am telling my student what to do and say.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

17. I check up on my student.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

18. I check to see if my student has the correct facts.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

19. I believe that I know what is best for my student.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

20. I believe a postsecondary education is important for my student.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

21. I feel that my student knows what is best for him or herself.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

22. I feel that my student wants to attend the university.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

23. My student will live independent of our family after graduation.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

24. My student will have meaningful employment after graduation.
   Strongly Agree  1  2  3  4  5  Strongly Disagree

25. Person Centered Planning will help my student achieve their goals.
   Strongly Agree  1  2  3  4  5  Strongly Disagree
Student Questionnaire

Note: 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 LSUA SPERO?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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

Daily Living:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Social:
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Employment:
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Academics:
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What kind of jobs are you interested in after you leave high school or college?
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What do you like to do in your free time?
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What is your favorite music or singer?
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Do you spend time with friends outside of school? □ Yes □ No

If yes, what do you like to do with your friends?
_________________________________________________________________________________
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Scope of Services

The SPERO Program is designed to address the unique needs of students with intellectual and developmental disabilities.

ACADEMICS

Participants in the SPERO program at LSUA are not enrolled through traditional means, as the matriculated, degree seeking students of LSUA are. SPERO students enroll through the SPERO Program and receive a Certificate of Achievement through the SPERO program.

HEALTH SERVICES

SPERO students have access to campus Student Health Center services. These services are for immediate first aid/onset care only. SPERO students need to make other medical arrangements for long term care issues. Likewise, counseling and psychological services provided by the Student Services are also for immediate emergency interventions only. Students with pre-existing/ongoing concerns should make the necessary arrangements for these known issues. SPERO does not endorse any physician or counselor and therefore does not make referrals.

CODE OF CONDUCT

All SPERO students will be expected to abide by the student code of conduct as outlined, https://www.lsua.edu/docs/default-source/default-document-library/student-handbook-2023-2024.pdf?sfvrsn=54a58b01_2. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

PARENTS/GUARDIANS

Parental involvement is crucial for student success in the SPERO Program. Parents will be incorporated in many important decisions that their student may make through Evaluation and Planning Meetings.

However, there may be times that SPERO is bound by confidentiality or judicial rulings, and may be unable to share information about the student without his/her permission. The SPERO Program goal is to support students in becoming independent adults, capable of self-advocacy and self-determination. Parents may not always agree with the decisions that their students make, but should maintain a positive and open relationship with all parties.

__________________________________  ______________________________  _____________  
Applicant’s Name Printed    Applicant’s Signature    Date

__________________________________  ______________________________  _____________  
Parent/ Guardian Signature Name Printed  Parent/ Guardian Signature   Date
SPERO Code of Conduct

As a student in the SPERO Program, I understand that I must follow the rules stated below:

• Student phones are to remain turned off and in their backpack during class and work hours.
• Students must be on time for class and work.
• Students must inform a SPERO staff member any time that they will be leaving campus.
• Students are expected to stay on campus at all times unless a SPERO staff member is with them.
• Students must walk in the crosswalks when walking around campus.
• Students are not allowed to smoke, drink alcohol, or vape while participating as a SPERO student.
• Students are expected to be honest and respect all SPERO staff and other students.
• No food or drink is permitted during class or work hours, unless approved by a SPERO staff member.
• Students must use positive language when speaking on campus.
• SPERO reserves the right to change or add rules as deemed necessary by SPERO staff.

By signing my name below, I understand that I must follow these rules to remain a student in SPERO.

____________________________________  __________________
Applicant's Signature    Date
SPERO Behavior Contract

I, ________________________________, agree to adhere to the following rules and policies in order to remain a student in the SPERO program.

Please put your initials next to the policies.

The policies are as follows:

________ I understand that I am expected to follow all SPERO program rules indicated in the SPERO Code of Conduct and Handbook.

________ I understand that I need to maintain appropriate boundaries with SPERO staff and students. This includes, but not limited to, keeping my hands to myself at all times, maintaining appropriate communication with staff and students, and being respectful in my actions and in my words.

________ I understand that inappropriate and/or offensive language, either written or spoken, within the SPERO classroom, at SPERO work sites and in LSUA classes, or to LSUA and SPERO staff/students will not be tolerated.

________ I understand that I must follow the appropriate hierarchy of the chain of command, for any concerns or questions.

________ Upon any infraction of the rules, and this contract, SPERO may exercise its right to immediately and permanently dismiss me, the student, from the program.

_______________________________________________              ____________________
Applicant’s Signature      Date
Recommendation Form
(pages 23-25)
Recommendation Form

Recommendation for (applicant's name): ______________________________________________________

The individual named is applying for admission to LSUA SPERO, a postsecondary transition program for students with identified developmental disabilities.

The program is open to young people between the ages of 18 and 28 who have an identified developmental disability; who have completed high school with a high-school diploma, career diploma, or equivalent; and are ineligible for regular college admission. Students enrolled in the program “audit” some college-level classes; take special program classes designed to improve their daily living skills, interpersonal skills, and employment skills; participate in on-campus events and activities; and receive vocational training either on campus or at approved off-campus venues. Program students will work with and be assisted by student mentors both during and outside of class time. Students who complete the program will receive help in finding useful employment in the CENLA area.

Students considered for admission to the program should have a desire to continue their educational journey and become more independent and 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 or mail directly to LSUA SPERO by **December 15, 2023**. The applicant has agreed to waive their access to your recommendation as part of the application process. If you have any questions, please contact LSUA SPERO at bsoden@lsua.edu.

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>Address:</td>
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<tr>
<td>City</td>
<td>State:</td>
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<td>Organization:</td>
<td>Relationship:</td>
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<td>Email:</td>
<td>Phone Number:</td>
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<td>Signature:</td>
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SPERO Student Recommendation Form

How long have you known the applicant and in what capacity?
_________________________________________________________________________________
_________________________________________________________________________________
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Please describe whether you think the applicant would benefit from enrollment in the LSUA SPERO program and why.
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Please estimate whether the parent/guardian/family of this applicant will support the philosophy and goals of the LSUA SPERO program? □ Unlikely □ Likely □ Quite Likely □ Very Likely

Please describe the strengths and challenges of the applicant and how you think they might impact his or her participation in the LSUA SPERO program?
_________________________________________________________________________________
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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.

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