

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.

Application Form

(pages 6-16)

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						
Full Na	me:						
Date o	f Birth:	SSN*:		Applicant's Phone Number:			
Addres	55:	1		<u> </u>			
City:		State:		ZIP Code:			
Applica	ant's Email Address:	1		<u> </u>			
*Your S	SSN is confidential and will not	t be disclosed to unauth	orized partie	s.			
	t receives support from the fo						
	Vocational Rehabilitation Ser	rvices					
	Occupational or Physical The	rapy					
	Speech Therapy						
	Supplemental Security Incom	ne					
	Division of Developmental Di	isabilities					
	Counseling Services						
	Speech/Hearing Services						
	Medical Assistance						
	□ Other:						
Studen	t Legal Information (check that	it which applies):					
	Minor						
	Competent Major						
] Interdicted						

□ Representation and Mandate (formerly known as Power of Attorney)

- □ Continuing Tutorship
- □ Other:

Student lives with: ______

Primary Parent/Guardian Info	ormation					
Name:						
Address:						
City:	State:		z	ZIP Code:		
Email Address:	1		I.			
Occupation/Employer:						
Cell Phone:			Home Phone:			
Secondary Parent/Guardian I	nformation					
Name:						
Address:						
City:	State:		Z	ZIP Code:		
Email Address:	I		I			
Occupation/Employer:						
Cell Phone:			Home Phone:			
Emergency Contact Informati	ion					
Emergency Contact #1						
Name:		Relationship:		Phone Number:		
Emergency Contact #2		<u> </u>		1		
Name:		Relationship		Phone Number:		

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):

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

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

School	City, State	Years Attended	Reason for Leaving

- 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							
Employer Contact Information	Responsibilities	Employment Dates	Reason for Leaving				

Volunteer Work Experience							
Employer Contact Information	Responsibilities	Employment Dates	Reason for Leaving				

What type of work do you enjoy?

Personal Support Inventory

Completed by (parent/guardian); Name: ______

Academic Skills	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				İ.
Respecting authority figures				İ.
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 punctua							
Drafts, Edits, revises							
Reading and	d Comprehension Skills (Check all tha	t apply)					
□ No functional reading	□ Identifies letters	Recognizes familiar words					
Reads short stories	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 with	nout calculator						
□ Solves simple multiplication problems w	vithout 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?

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 students does at the university.										
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
2. l exp	2. I expect one-on-one support all day.									
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
3. I wo	rry about my stud	ent talki	ng to ot	her stud	ents uns	supervise	ed.			
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
4. I wo	rry about my stud	ent cros	sing the	street.						
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
5. l ne	ed to know the ho	mework	assignm	nent for	each cla	ss.				
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
6. l ne	ed to know the cal	endar of	factiviti	es offere	ed to my	student				
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
7. I wo	uld like to speak v	vith my s	student's	s suppor	t staff.					
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
8. I wo	uld like to attend	classes t	o see m	y studen	t intera	ct with o	thers.			
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
9. l tru	st my student's ju	dgment.								
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
10. l tr	10. I trust my student's ability to handle small sums of money.									
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
11. l kr	11. I know my student, with support, will develop friendships.									
	Strongly Agree	1	2	3	4	5	Strongly Disagree			
12. l kr	now my student, v	vith supr	oort, will	try new	opport	unities.				
	Strongly Agree	1	2	3	4	5	Strongly Disagree			

13. M	y student has the a	bility to	o handl	e frustra	ition.		
	Strongly Agree	1	2	3	4	5	Strongly Disagree
14 N	/ly student has the	ahility	to seek	assistan	ice		
1 4. IV	Strongly Agree	1	2	3	4	5	Strongly Disagree
							0, 0
15. C	Often, I am in conta	ct with	my stu	dents m	ore than	3 times	a day.
	Strongly Agree	1	2	3	4	5	Strongly Disagree
16 0)ften, I am telling m	ny stud	ent wha	at to do	and sav		
10. 0	Strongly Agree	1	2	3	4 and 3ay.	5	Strongly Disagree
		-	-	0	·	5	
17. I	check up on my stu	udent.					
	Strongly Agree	1	2	3	4	5	Strongly Disagree
18. I	check to see if my					F	Ctuanaly Disagras
	Strongly Agree	1	2	3	4	5	Strongly Disagree
19. I	believe that I know	v what i	is best f	or my st	udent.		
	Strongly Agree	1	2	3	4	5	Strongly Disagree
20. I	believe a postseco	-		-		-	
	Strongly Agree	1	2	3	4	5	Strongly Disagree
21	feel that my studer	nt knov	us what	is host f	for him c	n harsal	f
21.1	Strongly Agree	1	2	3	4	5	Strongly Disagree
		_		-	-	-	
22.1	feel that my studer	nt want	ts to att	end the	universi	ty.	
	Strongly Agree	1	2	3	4	5	Strongly Disagree
~~ .							
23. N	Ay student will live Strongly Agree	•	ndent o 2	ot our ta 3	mily afte	er gradua 5	Strongly Disagree
	Strongly Agree	T	Z	5	4	5	Strongly Disagree
24. N	/ly student will have	e mear	ingful e	mploym	nent afte	er gradua	ation.
	Strongly Agree	1	2	3	4	5	Strongly Disagree
25. P	Person Centered Pla	-	-	-			-
	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:

Employment:

Academics:

What kind of jobs are you interested in a	fter you leave	high school or	college?
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What do you like to do in your free time?

What is your favorite music or singer?

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

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

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, <u>https://www.lsua.edu/docs/default-source/default-document-library/student-handbook-2023-2024.pdf?sfvrsn=54a58b01_2</u>. 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 state 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.

Name:		
Address:		
City	State:	Zip Code:
Organization:	Relationship:	
Email:	Phone Number:	
Signature:		

SPERO Student Recommendation Form

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

Please describe whether you think the applicant would benefit from enrollment in the LSUA SPERO program and why.

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?

24

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.

Academic Skills	Needs Complete	Needs Much	Needs Little	Completely	N/A
	Assistance	Assistance	Assistance	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					

Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	N/A

Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	N/A
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					