



**NORTHEASTERN
STATE UNIVERSITY**

Riverhawks Scholar Program

**STUDENT APPLICATION
2019-2020 ACADEMIC YEAR**

**APPLICATIONS ONLY ACCEPTED IN HARD COPY
(NOT ELECTRONICALLY)**

Due Date: February 1, 2019

APPLICATION FORM

Applications are currently being accepted by mail for the 2019 - 2020 Academic Year. You will be notified via email when your entire packet has been received. Applicants will not be considered until the entire packet is submitted. Applications will be reviewed in the order received. If selected, the applicant will 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 interviewed for admittance to the Program. An interview does not guarantee admittance to the Program. If selected to interview, applicants will be notified at the latest, by March 4, 2019. Interviews will be held between March 11 and March 15. Students will be notified by mail regarding acceptance into the Riverhawks Scholar Program. Letters will be mailed at the latest, by March 29, 2019. Students receiving a letter of acceptance must confirm acceptance to the Riverhawks Scholar Program by April 12, 2019.

| APPLICATION CHECKLIST | |
|--------------------------|--|
| <input type="checkbox"/> | \$25 application fee made out to "Northeastern State University/Continuing Education" |
| <input type="checkbox"/> | Student Application |
| <input type="checkbox"/> | Student Questionnaire completed by applicant (student) – please indicate if a scribe is used |
| <input type="checkbox"/> | Personal Support Questionnaire completed by parent/support person |
| <input type="checkbox"/> | Parent Readiness Questionnaire |
| <input type="checkbox"/> | Official High School Transcript (must be sent directly by school) |
| <input type="checkbox"/> | Behavioral records (if student has no record, send a letter from the high school stating there is no record) |
| <input type="checkbox"/> | Official OSDE Summary of Performance 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 psycho-educational evaluation and diagnosis of an intellectual disability by a psychologist or other qualified professional that includes an IQ Score: <ul style="list-style-type: none"> o Psychological Evaluation, including IQ testing within the past three years o Educational Evaluation, including achievement scores within the past year |
| <input type="checkbox"/> | Three Recommendation forms (included) from non-family members who have known the applicant for at least three years . Recommendations should include at least one educator. |
| <input type="checkbox"/> | Copy of guardianship agreement, if applicable. Please note: The Riverhawks Scholar Program does not accept students with full guardianships. |

| APPLICATION SUBMISSION |
|--|
| <p>Application materials, Transcript and Recommendations should be submitted to:</p> <p style="padding-left: 40px;">RiverHawks Scholar Program Northeastern State University ATTN: Application Committee College of Education/Bagley Hall - 239 717 N. Grand Ave. Tahlequah, OK 74464</p> |

The Riverhawks Scholar Program is a non-degree Certificate Program. Students desiring to take coursework for credit must meet standard admission criteria per NSU admission guidelines, see: [Standard Admissions](#).

CERTIFICATION & HONOR CODE COMPLIANCE

Important: All applicants must read and certify.

I certify all information provided on this application and supplementary materials is correct and complete.

I understand any untruthful statement in this application could result in my application being denied or my immediate dismissal from the Riverhawks Scholar Program.

I understand that I am required to notify and update the Riverhawks Scholar Program Application Committee if any disciplinary or criminal incident occurs after submission of this application and prior to my enrollment in the Riverhawks Scholar Program at Northeastern State University.

I have read and understand these statements: _____

APPLICATION CRITERIA

Applicants must:

- Be over the age of 18 by September 1, 2019;
- Display a desire to continue academic, career development, social and independent living instruction at Northeastern State University.
- Have a cognitive and /or developmental disability that interferes with their academic performance and social development according to the AAIDD. The applicant must have been (*or is presently*) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA);
- Have sufficient emotional and independent living skills necessary to participate in coursework and campus life;
- Be able to remain unsupervised for a minimum of 6 hours;
- Demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/her and others and have no history of disruptive or challenging behaviors;
- Be able to perform at an academic level;
- Be independent in handling his/her own medication, specialized dietary, and/or medical needs. *Staff is not available to manage/administer medications. The Riverhawks Scholar Program does not take responsibility for specialized diets or medical needs;*
- Participate in an interview with and without support from family/support person, if selected for an interview
- Be able to attend all classes, tutoring and mentoring sessions, etc. once accepted to the Program;
- Have **completed** a high school program; and
- Be available to attend an orientation, if accepted. Dates TBD.

| PROJECTED COST FOR 2018 – 2019 ACADEMIC YEAR | |
|--|----------|
| Academic Tuition, Fees and Housing (including meal plan) | \$17,000 |
| Program Fee | \$2,000 |
| * These costs are from the 2018 - 2019 Academic Year and are subject to change. ** These projected costs do not include books or individual housing supplies (towels, sheets, clothes, computers, etc.) | |

For further information, please see web site and access FAQ link, email RiverhawksScholar@nsuok.edu or leave a message at (918) 444-3711. Calls will be returned within 24 hours during 8:00 a.m. and 5:00 p.m. M-F

STUDENT INFORMATION

A scribe was used for this section of the Application

| CONTACT INFORMATION STUDENT | | | |
|---|-----|-------------------------|-----|
| All communication will be via email. | | | |
| Student's Full Name | | Nickname | |
| Date of Birth (MM/DD/YY) | | Social Security # | |
| Cell Phone # | () | Home Phone # | () |
| | | Email Address | |
| | | (required) | |
| 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: _____ | | | |
| If yes: <input type="checkbox"/> Full <input type="checkbox"/> Partial | | If yes, include a copy. | |
| CONTACT INFORMATION PARENT(S) | | | |
| All communication will be via email. | | | |
| 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 | | Email Address | |
| (required) | | (required) | |
| EMERGENCY CONTACT INFORMATION | | | |
| Name | | Relationship | |
| Cell Phone | | Other Phone | |
| Address | | City, State, Zip | |

EDUCATIONAL HISTORY

A scribe was used for this section of the Application

| 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

Describe inclusive educational experiences/List inclusive classes:

List or attach accommodations and modifications used in general education classes according to student's IEP.

1. Describe the most challenging part of school, both academically and socially?

2. What has been the most enjoyable part of high school?

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

4. Have you received any state funding to attend a post-secondary program? _____

How did you hear about the Riverhawks Scholar Program?

- | | |
|--|---|
| <input type="checkbox"/> Thinkcollege.net | <input type="checkbox"/> Transition Fair: _____ |
| <input type="checkbox"/> LeadLearnLive | <input type="checkbox"/> Facebook/ Social Media |
| <input type="checkbox"/> Referred by _____ | <input type="checkbox"/> Conference: _____ |
| <input type="checkbox"/> High School Guidance Counselor | <input type="checkbox"/> Community Event: _____ |
| <input type="checkbox"/> Internet Search (Google, Bing, Yahoo) | <input type="checkbox"/> Other: _____ |

STUDENT QUESTIONNAIRE

This section is to be complete by the applicant with minimal assistance. It may include additional pages when completed. This questionnaire is used as an assessment of the student's written communication skills

1. Why do you want to attend the Riverhawks Scholar Program at Northeastern State University?

2. What are your goals for the future?

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

4. How do you spend your free time?

5. Whom do you socialize with? Family or friends or do you prefer to be alone? Do you do most of your socializing face to face or through social media?

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

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

8. How do you feel about living away from your family?

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

10. Are you on Facebook, Instagram, Twitter, SnapChat, or other Social Media? Do you check your accounts regularly?

11. Describe a time when you traveled away from home and family.

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.)

A scribe was used for this section of the Application

No Work History

| PAID EMPLOYMENT/VOLUNTEER/INTERNSHIP | | | | | | |
|--|--|----|--|--------------------|--|--|
| Employer | | | | Phone | | |
| Address | | | | Supervisor | | |
| How did you obtain the job? | | | | Job Title | | |
| Responsibilities | | | | | | |
| From | | To | | Reason for Leaving | | |
| <input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> School-based employment training | | | | | | |
| Employer | | | | Phone | | |
| Address | | | | Supervisor | | |
| How did you obtain the job? | | | | Job Title | | |
| Responsibilities | | | | | | |
| From | | To | | Reason for Leaving | | |
| <input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> School-based employment training | | | | | | |
| Employer | | | | Phone | | |
| Address | | | | Supervisor | | |
| How did you obtain the job? | | | | Job Title | | |
| Responsibilities | | | | | | |
| From | | To | | Reason for Leaving | | |
| <input type="checkbox"/> Paid <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> School-based employment training | | | | | | |

| EMPLOYMENT REFERENCES | | | |
|-----------------------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | Email | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | Email | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | Email | |

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

2. What type of internships are you interested in?

PERSONAL SUPPORT INVENTORY

(To be completed by parent or support person) Completed by: _____

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program.

Check all that apply.

| 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"/> Needs limited 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"/> Needs limited 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 appropriate 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 (Example: _____) |
| Has attended camp away from home | <input type="checkbox"/> Yes (For how long? _____) <input type="checkbox"/> No |
| Sets appointments for himself/herself | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has travelled | <input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____ |
| Has driver's license | <input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive |
| What chores is the student responsible for at home? | |
| Is the student able to manage his/her own time? | <input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No |
| Is student independently able to use: | <input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Email <input type="checkbox"/> Printer |
| Cuts fingernails and toenails | <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent |
| Shaves face/legs | <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent |

| SOCIAL SKILLS AND COMMUNICATION | |
|----------------------------------|--|
| Communicates needs appropriately | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting |

| SOCIAL SKILLS AND COMMUNICATION (CONT.) | |
|--|--|
| Engages in age appropriate interaction | <input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger |
| Deals with conflict | <input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent |
| Distinguishes between friends & strangers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation |
| Follows rules | <input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules |
| Orders and purchases from a restaurant/store | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance |
| Respects authority figures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship |
| Uses cell phone | <input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing |
| Is able to provide personal information | <input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Social security # |
| Uses email | <input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords |
| Maintains appropriate social behavior | <input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations |
| Dating experience | <input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating |
| Is the student currently involved in activities that are specifically created for individuals with disabilities? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, inclusive activities |

SOCIAL SKILLS AND COMMUNICATION (CONT.)

How does the student manage anger/anxiety?

Explain.

| ACADEMIC SKILLS | |
|--|--|
| Reading skills Approximate grade level reading ability: _____ | <input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____ |
| Math skills | <input type="checkbox"/> No functional math skills <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget |
| Computer skills | <input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer |
| Following verbal directions | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder |
| Following written directions | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder |
| Time Management | <input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time |
| Study Habits | <input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework |
| Note-taking | <input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes |
| Writing skills | <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing |

PARENT READINESS SURVEY

(To be completed by parent or 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 students unsupervised. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| I worry about my student crossing the street. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| I check to see if my student has the correct facts. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |

| POST-SECONDARY PROGRAMS | |
|---|--|
| I expect to know everything my student does at the college. | <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 in college. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |

POST-SECONDARY PROGRAMS (CONT.)

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

DIRECT INVOLVEMENT

| | |
|---|--|
| I would like to attend classes to see my student interact with others. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| Often, I am in contact with my student more than three times a day. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| Often, I am telling my students what to do or say. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| I check up on my student in person, if I can. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| I understand I will have very limited contact with the Program and that communication will go through my child. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STUDENT'S STRENGTHS AND CHALLENGES

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

STUDENT'S STRENGTHS AND CHALLENGES (CONT.)

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

CONCERNS ABOUT THE FUTURE

| | |
|---|--|
| I believe a post-secondary education is important for my student. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| I feel that my student wants to attend the college. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| My student will live independent of our family after graduation. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| My student will have meaningful employment after graduation. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| My student will no longer have a disability after graduation. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |
| My student will lead the Student Centered Planning in order to achieve his/her goals. | <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree |

RECOMMENDATIONS AND RELEASE

Please list the following information for recommendations. Recommendations will need to be returned to student with signature across seal in order to be included in application packet.

Recommendation letters without signatures across seal will not be accepted.

Individuals sending recommendations should know the student well and be able to speak to his/her readiness for college:

| RECOMMENDATION 1 (EDUCATOR) | |
|-----------------------------|----------|
| Name | Position |
| Address, City, State | |
| Phone | Email |

| RECOMMENDATION 2 | |
|----------------------|----------|
| Name | Position |
| Address, City, State | |
| Phone | Email |

| RECOMMENDATION 3 | |
|----------------------|----------|
| Name | Position |
| Address, City, State | |
| Phone | Email |

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



**NORTHEASTERN
STATE UNIVERSITY**

Riverhawks Scholar Program

STUDENT APPLICATION

RECOMMENDATION FORM

RECOMMENDATION FORM FOR:

(Applicant name)

The above-named individual has applied to the Riverhawks Scholar Program at Northeastern State University. (Visit www.NSUOK.edu/CE to learn more about the program.) The Riverhawks Scholar Program serves to provide young adults with mild/mild-moderate 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. Recommendations will be kept in the strictest confidence. Recommendation forms must be submitted using the form shown and returned with the application packet in a sealed envelope with the evaluator's signature across the flap. If you have any further questions, please visit our FAQ link or leave a message at 918-444-3711 Thank you.

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

1. How long have you known the student? _____

2. In what capacity? _____

3. Are you familiar with the Program? Yes No

4. How do you feel the student would benefit from post-secondary education service in the area of **academics**? Please describe the student's current level of academic functioning.

5. Do you feel the applicant would benefit from post-secondary education service in the area of **socialization**?

Why or why not? Describe the current level of socialization that you have observed:

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education service in the area of **career development**? Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the Riverhawks Scholar Program? Yes No

Comments:

9. Discuss the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

12. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No
Comments:

13. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the applications committee ensure the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness:

Signature:

Thank you.

Please address the completed recommendation form to:

**PLEASE SEAL, SIGN ACROSS THE
FLAP AND RETURN TO THE
STUDENT.**

**Northeastern State University
The Riverhawks Scholar Program
College of Education/Bagley Hall - 239
717 N. Grand Ave.
Tahlequah, OK 74464
Attn: Application Committee**



**NORTHEASTERN
STATE UNIVERSITY**

Riverhawks Scholar Program

STUDENT APPLICATION

RECOMMENDATION FORM

RECOMMENDATION FORM FOR:

_____ (Applicant name)

The above-named individual has applied to the Riverhawks Scholar Program at Northeastern State University. Visit www.NSUOK.edu/CE to learn more about the program.) The Riverhawks Scholar Program serves to provide young adults with mild/mild-moderate 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. Recommendations will be kept in the strictest confidence. Recommendation forms must be submitted using the form shown and returned with the application packet in a sealed envelope with the evaluator's signature across the flap. If you have any further questions, please visit our FAQ link page, email RiverhawksScholar@nsuok.edu or leave a message at 918-444-3711 Thank you.

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

1. How long have you known the student? _____

2. In what capacity? _____

3. Are you familiar with the Program? Yes No

4. How do you feel the student would benefit from post-secondary education service in the area of **academics**? Please describe the student's current level of academic functioning.

5. Do you feel the applicant would benefit from post-secondary education service in the area of **socialization**?

Why or why not? Describe the current level of socialization that you have observed:

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education service in the area of **career development**? Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the Riverhawks Scholar Program? Yes No

Comments: _____

9. Discuss the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

14. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No
Comments:



**NORTHEASTERN
STATE UNIVERSITY**

Riverhawks Scholar Program

STUDENT APPLICATION

**EDUCATOR RECOMMENDATION
FORM**

EDUCATOR RECOMMENDATION FORM FOR:

(Applicant name)

The above-named individual has applied to the Riverhawks Scholar Program at Northeastern State University. (Visit www.NSUOK.edu/CE to learn more about the program.) The Riverhawks Scholar Program serves to provide young adults with mild/mild moderate 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. Recommendations will be kept in the strictest confidence. Recommendation forms must be submitted using the form shown and returned with the application packet in a sealed envelope with the evaluator's signature across the flap. If you have any further questions, please visit our FAQ link page, email RiverhawksScholar@nsuok.edu or leave a message at 918-444-3711. Thank you.

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

1. How long have you known the student? _____

2. In what capacity?

3. Are you familiar with the Riverhawks Scholar Program? Yes No

4. How do you feel the student would benefit from post-secondary education service in the area of **academics**? Please describe the student's current level of academic functioning.

5. Do you feel the applicant would benefit from post-secondary education service in the area of **socialization**?

Why or why not? Describe the current level of socialization that you have observed:

6. Describe the skills you feel the student would be able to learn in the area of **independent living**?

7. Do you feel the student would benefit from post-secondary education service in the area of **career development**? Why or why not?

8. Does the student have any behaviors that would interfere with his or her ability to participate in the Riverhawks Scholar Program? Yes No

Comments: _____

9. Discuss the student's social skills that you have observed with same aged peers:

10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

12. Do you feel the parents are ready to let their student go? Yes No
Comments:

| 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"/> Needs limited 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"/> Needs limited assistance <input type="checkbox"/> Completely independent |
| Hygiene | <input type="checkbox"/> Is an issue <input type="checkbox"/> Is not an issue |
| Asks for help, clarification | <input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations |
| Use appropriate judgment in an emergency | <input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction |
| 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 |
| Sets appointments for himself/herself | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What responsibilities outside of classwork does the student have at school? | |
| Is the student able to manage his/her own time? | <input type="checkbox"/> Arrive on time <input type="checkbox"/> Allow 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 |
| Has participated in community-based instruction | <input type="checkbox"/> No <input type="checkbox"/> Yes, successfully <input type="checkbox"/> Yes, unsuccessfully |
| Students knows and understands disability | <input type="checkbox"/> Not aware of disability <input type="checkbox"/> Knows disability, but does not understand <input type="checkbox"/> Knows and understands |

SOCIAL SKILLS AND COMMUNICATION

| | |
|--|---|
| Communicates needs appropriately | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting |
| Engages in age appropriate interaction | <input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with traditional students <input type="checkbox"/> Socializes only with students with disabilities |
| Deals with conflict | <input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent |
| Distinguishes between friends & strangers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation |
| Follows rules | <input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules |
| Respects authority figures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship |
| Uses cell phone | <input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing |
| Is able to provide personal information | <input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address |
| Uses email | <input type="checkbox"/> Has email account but does not use <input type="checkbox"/> Uses account with assistance <input type="checkbox"/> Uses account independently <input type="checkbox"/> Uses a flash drive <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords |
| Maintains appropriate social behavior | <input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations |
| How does the student manage anger/anxiety? | |

| ACADEMIC SKILLS | |
|---|---|
| Reading skills Approximate grade level reading ability _____ | <input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____ |
| Math skills Approximate grade level: _____ | <input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget <input type="checkbox"/> Approximate grade level: _____ |
| Computer skills | <input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer |
| Has participated in inclusive class | <input type="checkbox"/> No <input type="checkbox"/> Yes, independently <input type="checkbox"/> Yes, with assistant <input type="checkbox"/> Yes, with accommodations |
| Following verbal directions | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder |
| Following written directions | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder |
| Time Management skills | <input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time |
| Study Habits | <input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework |
| Note-taking skills | <input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes |

| ACADEMIC SKILLS (CONT.) | |
|----------------------------|--|
| Writing skills | <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Approximate grade equivalent: _____ |
| Listening skills | <input type="checkbox"/> Is auditory learner <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Create questions based on information presented |
| Tutor/assistant | <input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant |
| Assistive technology | <input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____ |

16. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the applications committee ensure the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness:

Signature

Thank you.
Please address the completed form to:

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Tahlequah, OK 74464
ATTN: Application Committee