NORTHEASTERN
STATE UNIVERSITY

Riverhawks Scholar Program

STUDENT APPLICATION

APPLICATIONS ONLY ACCEPTED IN HARD COPY
(NOT ELECTRONICALLY)

APPLICATION FORM

Applications are currently being accepted by mail. 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. Applicants receiving a letter of acceptance must confirm acceptance to the RiverHawks Scholar Program to secure your place in the program.

APPLICATION CHECKLIST	
☐	$25 application fee made out to "Northeastern State University/Continuing Education"
☐	Student Application
☐	Student Questionnaire completed by applicant **(student) –** please indicate if a scribe is used
☐	Personal Support Questionnaire completed by parent/support person
☐	Parent Readiness Questionnaire
☐	Official High School Transcript **(must be sent directly by school)**
☐	Behavioral records **(if student has no record, send a letter from the high school stating there is no record)**
☐	Official OSDE Summary of Performance which serves as evidence of the applicant's eligibility for special education and related services under the IDEA
☐	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: o Psychological Evaluation, including IQ testing within **the past three years** o Educational Evaluation, including achievement scores within **the past year**
☐	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.
☐	Copy of guardianship agreement, if applicable. **Please note: The Riverhawks Scholar Program does not accept students with full guardianships.**

APPLICATION SUBMISSION

Application materials, Transcript and Recommendations should be submitted to:

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

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 August 1st of their Freshman year in college.
- 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 12 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;*
- No significant health impairments that would prevent the student from living independently.
- 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	
Program Cost (Tuition, Fees and Housing (including meal plan).	$23,500 for the full academic year
* These costs are from the 2021 - 2022 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: ☐Mother ☐Father ☐Both ☐Other _____

Does the student have a guardianship in place? ☐No
☐Yes, name of Guardian: _____

If yes: ☐Full ☐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 **(required)**		Email Address **(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?

- ☐ Thinkcollege.net
- ☐ LeadLearnLive
- ☐ Referred by _____
- ☐ High School Guidance Counselor
- ☐ Internet Search (Google, Bing, Yahoo)
- ☐ Transition Fair: _____
- ☐ Facebook/ Social Media
- ☐ Conference:_____
- ☐ Community Event: _____
- ☐ 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.

_____

_____

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_____

_____

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?

_____

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_____

_____

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

_____

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_____

12. Have you had any significant health issues or medical concerns in the last 5 years? If so, please describe below.

_____

_____

_____

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_____

EMPLOYMENT HISTORY

Please complete the following, including paid employment, unpaid employment, school-based employment training and internships. Attach a resume and references if applicable.

(Employment experience is not a requirement for admission.)

☐ **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	
☐ Paid ☐ Internship ☐ Volunteer ☐School-based employment training					
Employer				Phone	
Address				Supervisor	
How did you obtain the job?				Job Title	
Responsibilities					
From		To		Reason for Leaving	
☐ Paid ☐ Internship ☐ Volunteer ☐School-based employment training					
Employer				Phone	
Address				Supervisor	
How did you obtain the job?				Job Title	
Responsibilities					
From		To		Reason for Leaving	
☐ Paid ☐ Internship ☐ Volunteer ☐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?

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2. What type of internships are you interested in?

_____

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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	☐ Has never had the opportunity ☐ Needs complete assistance ☐ Needs limited assistance ☐ Completely independent
Follows a schedule independently	☐ Has never had the opportunity ☐ Needs complete assistance ☐ Needs limited assistance ☐ Completely independent
Bathes daily	☐ Needs daily reminders ☐ With prompting/schedules ☐ Completely independent
Changes clothes daily	☐ Needs daily reminders ☐ With prompting/schedules ☐ Completely independent
Brushes teeth daily	☐ Needs daily reminders ☐ With prompting/schedules ☐ Completely independent
Asks for help, clarification	☐ Needs prompting ☐ Always ☐ Only in familiar situations
Uses appropriate judgment in an emergency	☐ Has received instruction, but has not been in the situation ☐ Has not received instruction ☐ Completely independent
Copes well with stress	☐ Needs assistance ☐ Has and uses coping strategies ☐ Independent
Adjusts well to new environments	☐ Needs much assistance ☐ Needs little assistance ☐ Independent
Prefers to do things for himself/herself	☐ Yes ☐ No ☐ Frequently requests assistance
Laundry	☐ Sorts ☐ Operates washer ☐ Operates dryer ☐ Folds ☐ Irons ☐ Does not do laundry

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

SOCIAL SKILLS AND COMMUNICATION	
Communicates needs appropriately	☐ Yes ☐ No ☐ With prompting

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

SOCIAL SKILLS AND COMMUNICATION (CONT.)

How does the student manage anger/anxiety?
Explain.

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_____

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

ACADEMIC SKILLS (CONT.)	
Listening skills	☐ Can retell a story ☐ Able to retell settings, problems, events and solutions ☐ Creates questions based on information presented
Tutor/Assistant	☐ Attended class with student ☐ Assisted with work one on one ☐ At home tutor ☐ No tutor or assistant
Assistive technology	☐ iPad- apps: _____ ☐ Live Scribe Pen ☐ Laptop ☐ Voice Recognition software ☐ Dragon Naturally Speaking ☐ OneNote ☐ Evernote ☐ Recording device ☐ Google apps ☐ Other: _____

Please feel free to provide any supporting documentation.

What goals does the family/parent have for the student while in college?

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Provide any additional information for consideration regarding the applicant. Include any relevant social, emotional or educational factors. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.

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.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I worry about my student talking to other students unsupervised.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I worry about my student crossing the street.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I check to see if my student has the correct facts.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

POST-SECONDARY PROGRAMS	
I expect to know everything my student does at the college.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I need to know the homework assignments for each class my student takes in college.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

POST-SECONDARY PROGRAMS (CONT.)	
I need to know the calendar of social activities offered to my student.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I know my student, with support, will develop friendships.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I know my student, with support, will try new opportunities.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

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

STUDENT'S STRENGTHS AND CHALLENGES	
My student has the ability to handle frustration appropriately.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I trust my student's judgment.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

STUDENT'S STRENGTHS AND CHALLENGES (CONT.)	
My student has the ability to seek assistance.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I believe I am ready for my student to leave home to college.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I feel that my student knows what is best for him/herself.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

CONCERNS ABOUT THE FUTURE	
I believe a post-secondary education is important for my student.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
I feel that my student wants to attend the college.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
My student will live independent of our family after graduation.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
My student will have meaningful employment after graduation.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
My student will no longer have a disability after graduation.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
My student will lead the Student Centered Planning in order to achieve his/her goals.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ 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**?

_____

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_____

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:

_____

_____

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_____

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

_____

_____

_____

_____

15. 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

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	☐ Has never had the opportunity ☐ Needs complete assistance ☐ Needs limited assistance ☐ Completely independent
Follows a schedule independently	☐ Has never had the opportunity ☐ Needs complete assistance ☐ Needs limited assistance ☐ Completely independent
Hygiene	☐ Is an issue ☐ Is not an issue
Asks for help, clarification	☐ Needs prompting ☐ Always ☐ Only in familiar situations
Use appropriate judgment in an emergency	☐ Has received instruction, but has not been in the situation ☐ Has not received instruction
Copes well with stress	☐ Needs assistance ☐ Has and uses coping strategies ☐ Independent
Adjusts well to new environments	☐ Needs much assistance ☐ Needs little assistance ☐ Independent
Prefers to do things for himself/herself	☐ Yes ☐ No ☐ Frequently requests assistance
Sets appointments for himself/herself	☐ Yes ☐ No
What responsibilities outside of classwork does the student have at school?	
Is the student able to manage his/her own time?	☐ Arrive on time ☐ Allow enough time to walk to classes, etc. ☐ Uses alarm clock ☐ Uses schedule or day planner ☐ No
Has participated in community-based instruction	☐ No ☐ Yes, successfully ☐ Yes, unsuccessfully
Students knows and understands disability	☐ Not aware of disability ☐ Knows disability, but does not understand ☐ Knows and understands

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

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

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

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Signature

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