



**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**



# 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](mailto: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	
		<b>(required)</b>	
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	
<b>(required)</b>		<b>(required)</b>	
EMERGENCY CONTACT INFORMATION			
Name		Relationship	
Cell Phone		Other Phone	
Address		City, State, Zip	



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

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

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

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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: _____           |



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?

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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?

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

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

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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	
<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?

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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	<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





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		
<b>I agree to waive my right to access the student recommendation forms.</b>		
Applicant Name	Applicant Signature	Date
Parent Name	Parent Signature	Date



**NORTHEASTERN  
STATE UNIVERSITY**

**Riverhawks Scholar Program**

**STUDENT APPLICATION**

**RECOMMENDATION FORM**

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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:

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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?

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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:

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**NORTHEASTERN  
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**Riverhawks Scholar Program**

**STUDENT APPLICATION**

**RECOMMENDATION FORM**



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:

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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?

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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: \_\_\_\_\_

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

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10. Discuss the student's level of independence:

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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:

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**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](http://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](mailto: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?

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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.

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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:

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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?

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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: \_\_\_\_\_

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

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10. Discuss the student's level of independence:

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11. 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:

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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: _____

