



# UMass Boston Inclusive Education Initiative New Student Application

## About Inclusive Education

The Inclusive Education Initiative (*previously the MA Inclusive Concurrent Enrollment Initiative- MAICEI*) at the University of Massachusetts Boston offers higher education opportunities for students through partnerships with local school districts and state agencies. The Inclusive Education Initiative is a fully inclusive, non-degree seeking enrollment opportunity to support students with intellectual disabilities, autism, or other developmental disability, who want to go to college. The state-funded initiative supports partnerships between local school districts, the Department of Developmental Services (DDS), the Massachusetts Rehabilitation Commission (MRC), and other state agencies.

## Eligibility Requirements for School District Partnerships

**UMass Boston Inclusive Education is open to students who want to go to college who are:**

- > 18-21, have not passed the MCAS exam or are not likely to achieve the competency determination necessary for graduation by passing the MCAS exam due to the significant nature of their disability, and are eligible for special education services as documented through an Individualized Education Program (IEP); or
- > Are 20-21, have passed the MCAS exam, but are still eligible for special education with an IEP because of significant functional disabilities or transition needs.

## Deadlines

**Students may apply for fall semester start.**

- Due February 20<sup>th</sup>

## Participation Requirements

Enrollment is based on a full academic year (a minimum of two consecutive semesters). Students are required to be accompanied by an educational coach.

## Educational Coaches

An educational coach (ed coach) much like an employment coach, is a person who works to “even the playing field” for students with disabilities in postsecondary education.

## Transportation Requirements

It is the responsibility of the student, school district, or family (if applicable) to determine the student’s transportation plan.

## Checklist

**Completed applications include:**

- New Student Application (p. 1-5)
- Signed eligibility/ consent form (p. 6-8)
- Submission of recent IEP documentation

## Next Steps

**After the application is received, we will be in touch to schedule the following:**

- New Student Interview
- Planning meeting with applicant, school district representative, or family (if applicable)
- New Student Orientation

## Contact Information

**Please scan/email completed applications to:**

Rachel Estremera, Program Coordinator

[Rachel.Estremera@umb.edu](mailto:Rachel.Estremera@umb.edu)

## APPLICANT INFORMATION

Applicants First and Last Name:

Date of Birth:

Permanent Address (City, State, Zip):

Applicants Cell Phone #:

Applicants Email Address (High School or Personal):

## SENDING SCHOOL/ ORGANIZATION CONTACT INFORMATION

Sending School/ Organization Name:

Sending School/ Organization Address:

Contact Person:

Role of Contact Person:

Phone #:

Email Address:

## FAMILY MEMBER/ LEGAL GUARDIAN INFORMATION

First and Last Name:

Relationship to Applicant:

Phone #:

Email Address:

**BEGINNING OF SECTIONS TO BE COMPLETED BY SENDING SCHOOL/ ORGANIZATION STAFF.**

**DISABILITY INFORMATION**

Documentation of the applicant’s psychoeducational testing from the past two years must be submitted with this application.

**Eligible Disability:**

**SKILLS SUMMARY**

The self-advocacy and life skills summary will be used to give us an idea of the supports the applicant may need and will be used when developing the applicants person-centered plan.

Please check a number on the scale from 1-5 that best describes the applicant.

| Self- advocacy competency                                  | None of the time |   | Some of the time |   | All the time |  |
|--|------------------|---|------------------|---|--------------|--|
|  | 1                | 2 | 3                | 4 | 5            |  |
| Ask for assistance when needed                             |                  |   |                  |   |              |  |
| Is willing to schedule their own meetings and appointments |                  |   |                  |   |              |  |
| Can define and describe their diagnosis                    |                  |   |                  |   |              |  |
| Can identify personal interests and strengths              |                  |   |                  |   |              |  |
| Can set personal goals (with support or independently)     |                  |   |                  |   |              |  |

| Life skills competency  | None of the time |   | Some of the time |   | All the time |  |
|---|------------------|---|------------------|---|--------------|--|
|   | 1                | 2 | 3                | 4 | 5            |  |
| Uses community resources (with support or independently)                          |                  |   |                  |   |              |  |
| Uses recreational facilities (with support or independently)                      |                  |   |                  |   |              |  |
| Will travel to and from college independently                                     |                  |   |                  |   |              |  |
| Will receive training to travel to and from college independently                 |                  |   |                  |   |              |  |
| Will receive training to travel to and from college but will need ongoing support |                  |   |                  |   |              |  |

## TRANSITION SERVICES TO DATE

Please check all that apply to the applicant:

Has a 688 referral has been made?

Yes

No

Has the applicant been determined to be eligible for services from one of these agencies?

DDS

MRC

MCB

DMH

Other

Not applicable

Does the applicant have a relationship with a community rehab provider? (E.G., BCIL, JVS, Price Center, Work Inc, etc.) If applicable list the provider below:

**END OF SECTIONS TO BE COMPLETED BY SENDING SCHOOL/ ORGANIZATION STAFF.**

**BEGINNING OF SECTIONS TO BE COMPLETED BY APPLICANT.**

## WORK EXPERIENCE

Please list any previous work experience you may have:

| Job title | Location | Approx. Dates of Employment |
|-----------|----------|-----------------------------|
|-----------|----------|-----------------------------|

## INTERESTS/ EXTRACURRICULAR INFORMATION

What top 3 subjects or areas of study are you most interested in?

- 1.
- 2.
- 3.

Please list any extracurricular activities (hobbies, volunteer, faith-based, etc.) you are currently involved in:

Why do you want to go to UMass Boston?

Is there any other information you would like us to know about you?

**END OF SECTIONS TO BE COMPLETED BY APPLICANT**  
**END OF NEW STUDENT APPLICATION**

## UMass Boston Inclusive Education Initiative Eligibility Checklist

Our initiative is bound by certain funding and university requirements. Our initiative is also approved for funding to support student attendance in certain situations. We ask you to review these requirements for eligibility, and determinations to support attendance below. Please complete this checklist so we might proceed with your college and career plans. Completion of this checklist does not confirm acceptance but will indicate students' eligibility.

| Key Criteria for Participation in Inclusive Higher Education  | Meets Requirement | Does Not Meet Requirement | N/A |
|---|-------------------|---------------------------|-----|
| 1. The student is 18 years old (or will be at the time of the start of the semester) or older but will not turn 22 years old during the current semester.   |                   |                           |     |
| 2. The student is not likely to pass MCAS   |                   |                           |     |
| 3. The student has passed MCAS, but is still eligible for special education with an individualized Education Program (IEP) because of significant functional disabilities, transition needs, etc.                   |                   |                           |     |
| 4. The student is eligible for special education services as documented through an IEP.   |                   |                           |     |
| 5. The student has completed 4 years of high school and is in a 5 <sup>th</sup> year/postgrad program or will be in a 5 <sup>th</sup> year/postgrad program upon entry to UMass Boston.                             |                   |                           |     |
| 6. All parties (student, family, and school district rep.) are willing to participate in Person-Centered Planning (PCP) prior to the start of the college semester or already has a PCP.                            |                   |                           |     |
| 7. The student and parent/s have met with their HS liaison and college liaison to discuss college.  |                   |                           |     |
| 8. The student/family agrees to the principle of student gaining independent skills in college.   |                   |                           |     |
| 9. All parties (student, family, and school district rep.) agree to following the UMass Boston academic calendar and attend classes accordingly. <a href="#">To view the UMass Boston Academic Calendar&gt;&gt;</a> |                   |                           |     |

|   |  |  |  |
|---|--|--|--|
| 10. All parties (student, family, and school district rep.) understand that students are enrolled as non-degree seeking students and obtaining or complimenting paid employment is the goal of this initiative. |  |  |  |
| 11. The student's school district/program agrees to support the student to attend UMass Boston as resources and availability allows.  |  |  |  |

**Electronic Signature Accepted Below**

|   |       |
|---|-------|
| Students Date of Birth:                         |       |
| Print Student Name:                             |       |
| Signature (Student):                            | Date: |
| Print Family Member or Guardian Name:           |       |
| Signature (Family Member or Guardian):          | Date: |
| Print High School Liaison/Representative Name:  |       |
| Signature (High School Liaison/Representative): | Date: |

# UMass Boston Inclusive Education Initiative

## Consent Form

UMass Boston keeps all information about students private. Sometimes, our staff might need to talk about how students learn and when they have classes. This helps us make sure students are getting support they need to participate in activities on and off campus.

We only talk about these things if the student says it is okay, we only share information that will help students' get the support they need and participate in college-based transition services.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission (check to confirm) to share information about my learning style and my schedule with the following:

- My High School Special Education Team
- Ross Center (Disability Services Office)
- Educational and Peer Coaches
- State Providers
  - MA Rehabilitation Commission; Department of Developmental Services
- Parent/Guardians
- Other, Please Specify:

|   |       |
|---|-------|
| <i>Student Signature:</i>                     | Date: |
| <i>Signature (Family Member or Guardian):</i> | Date: |