Thank you for your interest in the Aggie ACHIEVE inclusive postsecondary education program at Texas A&M University! Aggie ACHIEVE (Academic Courses in Higher Inclusive Education and Vocational Experiences) is a four-year inclusive higher education program for young adults with intellectual and developmental disabilities to expand their interests and prepare for employment in the community. Aggie Achieve students will live on campus, participate in TAMU classes, join clubs and organizations, prepare for inclusive employment, and integrate fully into student life at Texas A&M University. We are now accepting applications for our next cohort of students for the 2020-2021 academic year, beginning in August 2020. Applications are due December 1, 2019 by 11:59pm (CST).

Please review the ALL of the following information before continuing.

Prospective students for Aggie ACHIEVE should meet the following criteria:

i. Completed high school and no longer receiving support from the school.  
ii. Documented disability diagnosis of intellectual disability; received special education services in high school with an IEP  
iii. Demonstrate ability to communicate (not limited to verbal speech) reliably with staff, faculty, and mentors.  
iv. Demonstrate ability to live independently and take care of daily functioning and basic support needs (e.g., toileting, hygiene, feeding, etc.)  
v. Demonstrate at least 3rd grade reading level in comprehension and fluency.  
vi. Demonstrate ability to function independently for a sustained period of time (e.g., able to sit through 90-minute courses and function independently for 1-hour blocks of time, including navigating campus independently)  
vii. Demonstrate basic mathematics understanding and ability to use a calculator.  
viii. Express desire and motivation to complete a postsecondary education program.  
ix. Express desire to attain a job in an inclusive employment setting upon completing the program.  

x. Demonstrate active participation throughout the application and interview process.  

xi. Demonstrate sufficient emotional and independent stability to participate in all aspects of the Aggie ACHIEVE coursework and campus environment.  

xii. Be able to handle and adapt to change; not overly stressed when schedules or people change.  

xiii. Have proof of health insurance (Medicaid, Medicare, private).  

xiv. Serve as own guardian (financial and medical guardianship is permissible)  

xv. Must be able to independently self-administer and manage medication and specialized dietary needs.  

xvi. Demonstrate the ability to navigate campus safely (e.g., crossing streets and parking lots independently).

There is a $30 application fee. This fee is due when submitting the application. Applications will not be reviewed if the application fee is not received. Please go to https://secure.touchnet.com/C21490_ustores/web/classic/product_detail.jsp?PRODUCTID=1
2262 to pay the application fee. An email confirmation will be sent to you once the payment is received.

Each application must have at least two references. These references must be received prior to the application deadline. References are asked to complete the following survey: https://tamucehd.qualtrics.com/jfe/form/SV_bC3C2LkGuU21r3n

By completing the application below, the applicant and his or her family have reviewed the fees that are associated with attending Aggie ACHIEVE:
Total for program support fees and TAMU fees per year: $20,500

Approximate housing and dining meal plan costs per year: $10,400

Each applicant who completes an application will be notified of their status once decisions are made at each phase of the application process.

Please let us know if you have any questions by emailing aggieachieve@tamu.edu

Thank you!

I confirm that I have read the admissions criteria and understand the expectations for Aggie ACHIEVE.

☐ Yes, I have read the admissions criteria.

End of Block: Aggie ACHIEVE Application 2020-2021

Start of Block: Applicant Information

Applicant Information

These responses can be completed by the applicant and/or parent.
Applicants Full Name

○ First Name ________________________________________________

○ Middle Name ________________________________________________

○ Last Name __________________________________________________

What is the applicant's gender?

________________________________________________________________

Choose one or more races that the applicant identifies with:

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Other _______________________________________________________

What is the applicant's date of birth? Please use format: 01-01-2001.

________________________________________________________________
Current age of applicant:

________________________________________________________

What is the applicant's permanent mailing address?

☐ Address ________________________________________________

☐ Address 2 ________________________________________________

☐ City ________________________________________________

☐ State ________________________________________________

☐ Postal code ________________________________________________

Applicant's Contact Information

☐ Home Phone ________________________________________________

☐ Cell Phone ________________________________________________

☐ Email Address ________________________________________________

What is the applicant's social security number? Please use format 999-99-9999.

________________________________________________________
Please choose all the following categories of disabilities that correspond with the applicant's CURRENT diagnosis.

☐ Autism

☐ Deaf-Blindness

☐ Deafness

☐ Emotional Disturbance

☐ Hearing Impairment

☐ Intellectual Disability

☐ Multiple Disabilities

☐ Orthopedic Impairment

☐ Other Health Impairment

☐ Specific Learning Disability

☐ Speech and Language Impairment

☐ Traumatic Brain Injury

☐ Visual Impairment

☐ Other ________________________________
Is the applicant a Texas resident?

- Yes. Please enter Texas county of residence:

- No. Please enter state of residence:

Is the applicant a U.S. Citizen?

- Yes

- No

If the applicant is not a U.S. Citizen, is the applicant a legal U.S. resident?

- Yes

- No

Does the applicant receive vocational rehabilitation services? If yes, please provide the name and contact information for the VR counselor.

- Yes ________________________________

- No

- Not sure
Does the applicant receive Social Security Insurance (SSI)?

- Yes
- No

How did you learn about the Aggie ACHIEVE program?

________________________________________________________________

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End of Block: Applicant Information

Start of Block: Guardianship

Guardianship Information

Is this applicant his or her own FULL legal guardian?

- Yes
- No

If no, please indicate the name of the legal guardian.

_____________________________________________________
Please describe in detail the type of guardianship in place. For example, if there is medical guardianship, financial guardianship, and processes in place.

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Aggie ACHIEVE students are REQUIRED to be their own legal guardians. If the applicant does not have guardianship, are you willing to change this if accepted into the Aggie ACHIEVE program and will you provide supporting documents to prove this change?

○ Yes

○ No

Please upload any documents supporting the applicants guardianship (e.g., supported decision making document, medical and/or financial guardianship)

End of Block: Guardianship

Start of Block: Parent/Guardian Information

Parent/Guardian Information
Please indicate the name, phone number, mailing address, and email address for the primary contact for information regarding this applicant and Aggie ACHIEVE.

- Name ________________________________________________
- Address ________________________________________________
- Address 2 ________________________________________________
- City ________________________________________________
- State ________________________________________________
- Postal code ________________________________________________
- Email Address ________________________________________________
- Phone Number ________________________________________________
- Phone Number ________________________________________________
If needed, indicate the name, phone number, mailing address, and email address for an additional contact such as another parent.

- Name ________________________________________________
- Address ________________________________________________
- Address 2 ________________________________________________
- City ________________________________________________
- State ________________________________________________
- Postal code ________________________________________________
- Email Address ________________________________________________
- Phone Number ________________________________________________
- Phone Number ________________________________________________
Emergency Contact Information:

Should be different than contacts listed above.

- Name ________________________________________________
- Address ________________________________________________
- Address 2 ________________________________________________
- City ________________________________________________
- State ________________________________________________
- Postal code ________________________________________________
- Email Address ________________________________________________
- Phone Number ________________________________________________

What is the preferred method of communication?

- Phone
- Email
- Other ________________________________________________

Does the applicant have any siblings? If so, please list their names, gender, and age.

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Why are you interested in the Aggie ACHIEVE program for your son or daughter?

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Describe the applicant's motivation for attending the Aggie ACHIEVE program.

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Describe the applicant's attitude toward moving away to college.

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Describe the applicant's attitude for attaining a job in the community.

________________________________________________________________
Describe any concerns you may have that would impact the applicant’s ability to be successful in Aggie ACHIEVE.

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Describe your family’s preparation in assisting the applicant to make the transition to college life.

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Please describe the types of general supports that are most effective for the applicant to succeed in academic settings. Examples might include extended time, small group support, verbal read-aloud of instructions, visual presentation/organizers, experiential learning.

________________________________________________________________
________________________________________________________________
Is the applicant involved in any hobbies or extracurricular activities in school or in the community? If so, please describe.

__________________________________________

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Is the applicant currently employed in a paid employment setting OR recently exited employment (i.e., within the last 1 year)? If yes, please indicate the name of employer, position and job responsibilities, hours per week, and whether the applicant has a job coach or any accommodations provided at work.

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To assist us with internship placements, please describe the circumstances regarding any difficult work or volunteer experiences.

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Has your son/daughter completed any postsecondary programs since graduating from high school? If so, please name them.

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End of Block: Parent/Guardian Information

Start of Block: Educational History

Educational History

Has the applicant completed high school?

○ Yes. Please enter the year of completion.

________________________________________________

○ No. Please enter expected date of completion.

________________________________________________

Please indicate the type of diploma the applicant received or will receive.

________________________________________________
Did the applicant have an Individualized Education Program (IEP) in high school?

- Yes
- No
If yes, please indicate the IDEA primary disability category for which the applicant was served under an IEP.

☐ Autism
☐ Deaf-Blindness
☐ Deafness
☐ Emotional Disturbance
☐ Hearing Impairment
☐ Intellectual Disability
☐ Multiple Disabilities
☐ Orthopedic Impairment
☐ Other Health Impairment
☐ Specific Learning Disability
☐ Speech and Language Impairment
☐ Traumatic Brain Injury
☐ Visual Impairment
☐ Other ________________________________
If applicable, please indicate the IDEA secondary disability category for which the applicant was served under an IEP.

- [ ] Autism
- [ ] Deaf-Blindness
- [ ] Deafness
- [ ] Emotional Disturbance
- [ ] Hearing Impairment
- [ ] Intellectual Disability
- [ ] Multiple Disabilities
- [ ] Orthopedic Impairment
- [ ] Other Health Impairment
- [ ] Specific Learning Disability
- [ ] Speech and Language Impairment
- [ ] Traumatic Brain Injury
- [ ] Visual Impairment
- [ ] Other ________________________________
Please describe the type of special education assistance the applicant received OUTSIDE of the general education classroom.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Please indicate the applicant's level of independence of completing academic assignments or homework assignments.

- [ ] Completely independent
- [ ] Reviewing with adult
- [ ] Direct assistance

What type of support services did the applicant receive in high school? Examples include occupational therapy, physical therapy, speech and language therapy, and assistive technology. Please describe the duration of service and accommodations needed.

________________________________________________________________________
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________________________________________________________________________
Please indicate whether any support services will continue while the applicant is enrolled in Aggie ACHIEVE. If so, please note that the applicant is responsible for therapeutic support services.

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

Give an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):
Give an explanation of the applicant's math abilities (and approximate grade level equivalent):

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Has the applicant utilized assistive technology (voice recognition, iPad, etc.)? If so, what?

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________________________________________________________________
<table>
<thead>
<tr>
<th>Academic Skills</th>
<th>Requires Assistance</th>
<th>Requires Some Assistance</th>
<th>Independent</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands the value of money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles money to make purchases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following verbal directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following written directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates motivation to learn</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigating the internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a computer for word processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining and following a daily schedule</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asking for help when needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusting to schedule changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust to busy environments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can sit still for 90-minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional comments on the applicant's academics (if needed)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

End of Block: Educational History

Start of Block: Independent Living

Independent Living Questions
<table>
<thead>
<tr>
<th>Independent Living</th>
<th>Requires Assistance</th>
<th>Requires Some Assistance</th>
<th>Completely Independent</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toileting and Hygiene</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ordering and purchasing items from a restaurant or store</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Laundry</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Basic Cooking</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Basic Cleaning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Managing Personal Belongings</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Asking questions when needed</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Adjusting to new environments or situations</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emergency skills</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Managing his/her medication and health needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Crossing streets and parking lots safely</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Uses a cell phone</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Please describe if the applicant has stayed overnight from you and/or his/her primary caregivers in the last two years. If yes, where did the applicant stay and for how long? What level of supervision did the applicant have? Were there any adjustment issues?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does the applicant have a driver's license?

☐ Yes

☐ No

Does the applicant have his or her own vehicle?

☐ Yes

☐ No

Please describe any chores the applicant is responsible for at home:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please describe any concerns you may have about the applicants independent living skills.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
<table>
<thead>
<tr>
<th>Social Skills and Communication</th>
<th>Requires Assistance</th>
<th>Requires Some Assistance</th>
<th>Independent</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately communicates needs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Appropriately relates to others in social situations</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Handling conflict with others</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Respects authority</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sending and receiving text messages</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Using Email</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Verbalizing and/or writing personal information such as his/her name, address, phone number</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Adjusts appropriately to changes to environment or tasks</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Additional comments on the applicant's independent living skills (if needed)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Medical History

Primary Care Physician Information:

- Name _________________________________
- Address _________________________________
- Address 2 _________________________________
- City _________________________________
- State _________________________________
- Postal code _________________________________
- Country _________________________________
- Phone Number _________________________________

When was the applicant's last medical exam? Please use format: 01-01-2001.

______________________________________________
Does the applicant require any assistance with mobility?

- Yes. Please describe types of mobility aid (e.g., wheelchair, prosthesis, canine assistance) ________________________________________________
- No

Does the applicant have any history of seizures?

- Yes. Please describe: ________________________________________________
- No

Does the applicant have a chronic illness?

- Yes. Please describe medical diagnosis: ________________________________
- No

Does the applicant have a history of frequent hospitalization?

- Yes. Please describe: ________________________________________________
- No

List any medications the applicant is currently taking and the frequency of medication usage.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Please list any allergies.

________________________________________________________________
________________________________________________________________
________________________________________________________________
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________________________________________________________________

Does the applicant manage his or her own medications and health needs independently? If no, please describe the type of assistance required for administering medications.

________________________________________________________________
________________________________________________________________
________________________________________________________________
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Does the applicant have any history of aggressive physical or verbal behaviors? If yes, please describe the nature of the situation, including dates.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Does the applicant have a history of legal violation, arrest, or probation? If yes, please describe the nature of the situation, including dates.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

End of Block: Medical History

Start of Block: Applicant Questions

**Essay Questions for Applicant**

*The answers should come directly from the applicant's ideas.*

What do you enjoy doing in your free time (hobbies/sports)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you do really well?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
What is your biggest accomplishment in life so far?

________________________________________________________________
________________________________________________________________
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________________________________________________________________

Why do you want to attend Aggie ACHIEVE at Texas A&M University?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What are some skills that you would like to learn in Aggie ACHIEVE?

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What concern(s) do you have if you were to enroll in Aggie ACHIEVE?

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Do you want to have a job in the future? If yes, what kind of job do you want?

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What are you most excited about learning or doing in college?

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Is there anything else we should know about you?

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End of Block: Applicant Questions

Start of Block: Document Uploads

Important Files to Upload

Please upload the applicant's official high school transcript. Unofficial is acceptable if the applicant has not completed high school yet.

Please upload the applicant's most recent IEP document, in its entirety.

Please upload the most recent educational evaluation, including school re-evaluation, Peabody Individual Achievement Test (PIAT), Kaufman Test of Educational Achievement (KTEA), and Woodcock Johnson III or Revised Test of Achievement.

Please upload the most recent Functional Behavioral Assessment, if applicable.

If applicable, please upload the applicant's resume.

End of Block: Document Uploads

Start of Block: Video

Video Upload

Please upload a video of yourself (the applicant) that speaks to why you want to come to Aggie ACHIEVE. If you are unable to record a video then please submit an audio recording.
First share a little bit about yourself and then touch on each of the following:

1. Why do you want to attend Aggie ACHIEVE?

2. What do you hope to accomplish by attending Aggie ACHIEVE?

3. If accepted, what are some of your long term goals for when you graduate from the Aggie ACHIEVE program? Where would you want to work? Live?

4. Why would you be the best candidate?

Please upload your video below.

End of Block: Video

Start of Block: References

References

Please copy and paste the link below and send it to at least two people who have known the applicant for one year or longer. References by family members will not be accepted. References should represent at least two of the following areas: education, vocational/employment, community involvement, and personal. If possible, please have at least one current or prior teacher

Link to send to references: https://tamucehd.qualtrics.com/jfe/form/SV_bC3C2LkGuU21r3n

The link for references is also on our website.

☐ I acknowledge that I have sent the link to at least two individuals to serve as my references.

End of Block: References

Start of Block: CEHD Media Release
Applicants: please print, sign, and upload the media release form from the College of Education and Human Development.


By completing the application, the applicant and his or her family understand the fees that are associated with attending this program:
Total for program support fees and TAMU fees per year: $20,500

Approximate housing and dining meal plan costs per year: $10,400

In addition, Aggie ACHIEVE does not qualify for any state or federal funds at this time. This includes funds from the Texas Workforce Commission (TWC), foster care system, or military service workers.

☐ By clicking here, I certify that I understand the fees associated with this program. I acknowledge that scholarships and financial aid are not guaranteed and that if accepted, the applicant and their family are responsible for the fees above in order to attend the program.

There is a $30 application fee. Please go to the site below and pay your fee prior to submitting the application:


An email confirmation will be sent to you once the payment is received.
Applications will only be accepted upon receiving fee.

☐ I certify that I have paid the $30 application fee.

End of Block: Application Fee