

Massachusetts Inclusive Concurrent
Enrollment Program (MAICEI)
Cape Cod Community College



2019-2020

New Student Application

Important Dates

Applications Due: Friday March 29, 2019

Please submit to:

Massachusetts Inclusive Concurrent Enrollment Initiative
Cape Cod Community College
c/o Tara Riley
M.M. Wilkens Room 230
2240 Iyannough Road
West Barnstable, MA 02668
Email: triley@capecod.edu

Final Notification: Friday April 26, 2019

What is the MAICEI Program?

The Massachusetts Inclusive Concurrent Enrollment Initiative (MAICEI) provides a “college experience” to high school students with intellectual/severe disabilities. MAICEI students are 18 – 22 years old and are receiving special education services under IDEA. Each student who participates in the MAICEI Program will enroll in up to six college credits (typically one or two classes) each semester. Additionally, MAICEI students at Cape Cod Community College will be encouraged to participate in campus activities such as clubs, workshops, special events, peer lunches and use of wellness/fitness programs. The ultimate goal of the MAICEI Program is to allow students to have a robust college experience which leads to experiences of self-determination, self-advocacy, increased independence, and improvement of social skills.

Program Components:

- Enroll in up to six college credits (1 to 2 college courses) per semester
- Weekly meetings with Program Coordinator and/or Education Coach
- Weekly lunches with Peer Mentor Group
- Participation in Student Success Workshops
- Participation in campus events, clubs and other student centered activities
- Identification of goals that support greater independence

Qualifications:

- Enrolled in a Cape Cod Community College MAICEI Program partnering school district
- Applicant’s school district must be able to fund student’s participation in program
- Documentation of an intellectual or developmental disability
- Age 18 to 21, have not passed MCAS, and are eligible for special education services as documented through an Individualized Education Plan (IEP)
- Age 20 to 21, have passed MCAS, but still eligible for special education with an Individualized Education Plan (IEP) because of significant functional disabilities, transition needs, etc.

Please Note:

Admission into the MAICEI Program at Cape Cod Community College assumes one academic year of participation and follows the IDEA age-out guideline policy (IDEA services are only provided through age 21). Admission into the MAICEI Program does not guarantee future participation in the program beyond the enrolled academic year. Applicants who wish to continue participating in the MAICEI Program at Cape Cod Community College will need to reapply for admission. Participation in the MAICEI Program ends when a student has reached the age of 22, per guidelines of IDEA's age-out policy.

New Student Application Checklist

Dear Student,

Please complete the application packet as *independently* as possible. This is your opportunity to shine and to demonstrate the skills you have developed during your high school career. Applying to the MAICEI Program at Cape Cod Community College is an important step towards greater independence and we look forward to getting to know you better through the application process which includes:

Student Application:

- Personal Data
- Application Questions
- Emergency Contact Information Form
- Medical Information Form
- Release of Information Form
- Permission to Use Image/Likeness Form

- Massachusetts In-State Tuition Eligibility Form

Please Attach the Following:

- IEP and transition plan
- Official neuro-psychological report documenting disability

- High School transcript

**2018 – 2019
New Student Application
MAICEI Program Cape Cod Community College**

PERSONAL DATA:

| | | |
|---|--|----------------------|
| Name | | |
| _____ | _____ | _____ |
| First Name | Last Name | Middle Name |
| Number & Street _____ | | |
| City _____ | State _____ | Zip _____ |
| Parent/Guardian Contact Numbers _____ | | |
| Student's Contact Number _____ | | |
| Gender <i>(please circle)</i> Male Female | Birthdate _____ / _____ / _____ | Month Day Year |
| Email address _____ | | |

EDUCATIONAL DATA:

Name of School District _____

High School Attending _____

AWARDS / RECOGNITION: Briefly describe any awards or recognition you have received (community, academic, extracurricular).

COMMUNITY SERVICE AND PERSONAL ACTIVITIES:

List your involvement, in order of importance to you, in any of the following areas: personal or school activities, community service, etc.

| Activity | Dates | Position Held / Honors Achieved |
|----------|-------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

WORK EXPERIENCE:

List any employment that you have had in the last three years. Please note if the job was paid or volunteer.

| Type of Work | Location | Approximate Dates of Employment | Approximate Number Hours per Week |
|--------------|----------|---------------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

Application Questions

Please tell us about your favorite school subjects.

What are your hobbies/interests?

Do you have any special skills you would like to share?

Why do you think you would be a good fit for the MAICEI Program at Cape Cod Community College?

What life skills do you want to learn at Cape Cod Community College that you have not learned in high school?

What kind of jobs are you interested in after leaving school?

Discuss two of your goals for the future upon completion of the MAICEI Program:

1) _____

2) _____

Please use the space below to provide us with additional information about yourself that you wish to share:

Student Signature

Date _____

Parent / Guardian Signature

Date _____

*Special Education Director Signature

REQUIRED ATTACHMENTS:

See Student Application Checklist

Release of Information
MAICEI Cape Cod Community College

Cape Cod Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Student Name: _____

Date: _____

I give permission to exchange information about me with the following:

___ High School District Personnel

___ Disability Services Office (O'Neill Center)

___ CCCC Course Instructors

___ Academic Support Staff (tutoring center, academic coaches, etc.)

___ Community Workforce Agencies

___ MA Rehabilitation Commission; Department of Developmental Services

___ Parents / Guardians

___ Other, Please Specify: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

**Emergency Contact
MAICEI Program
Cape Cod Community College**

Student's Full Name: _____

Date: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

| |
|--------------------|
| First Name _____ |
| Last Name _____ |
| Relationship _____ |
| Home Phone _____ |
| Cell Phone _____ |
| Work Phone _____ |

| |
|--------------------|
| First Name _____ |
| Last Name _____ |
| Relationship _____ |
| Home Phone _____ |
| Cell Phone _____ |
| Work Phone _____ |

Name of Parent/Guardian:

Please Print: _____ **Signature:** _____ **Date:** _____

**Medical Information
MAICEI Program
Cape Cod Community College**

Student's Full Name: _____

Date: _____

MEDICAL HISTORY

1) Any history of serious illness or injuries?

2) Any allergies?

3) Any allergies to medication?

4) List any medical or physical conditions that may impact participation in classroom, social, or recreational activities while on-campus:

5) Please list any current medications and indicate for what the medications are taken:

Note: Students that must take medications while participating in ICEI, must be independent in administering their medication.

6) Please list any other information that we should be aware of:

Name of Parent/Guardian:

Please Print: _____ **Signature:** _____ **Date:** _____

MASSACHUSETTS COMMUNITY COLLEGES – IN-STATE TUITION ELIGIBILITY FORM

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ St _____ Zip _____

SSN# or Student ID Number _____ Date of Birth _____

Are you a U.S. Citizen? ____ Yes ____ No If not, please complete the following:

Are you a Permanent Resident? ____ Yes ____ No (If yes, list Alien Registration Number: _____)

If you are not a US Citizen or Permanent Resident, please state your Visa or Immigration status in detail:

Please check the in-state or reduced tuition eligibility category that applies to you:

____ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two (2) of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check off those documents you possess as proof of your intent to remain in Massachusetts.

____ Valid Driver's license

____ Utility bills*

____ Employment pay stub*

____ Valid car registration

____ Voter registration*

____ State/Federal tax returns*

____ Mass. High School Diploma

____ Signed lease or rent receipt*

____ Military home of record*

____ Record of parents' residency for unemancipated person*

____ Other _____

____ I am an eligible participant in the New England Board of Higher Education's Regional Student Program.

____ I am a member of the Armed Forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: _____ Date _____

Parent/Guardian Signature (Applicant is under 18 years old): _____ Date _____

For Official Use Only – Do not write in this box

I have reviewed the above information to determine this individual's eligibility to receive the in-state tuition rate. Based on my review, I have determined that this individual

____ IS eligible for the in-state tuition rate.

____ IS NOT eligible for the in-state tuition rate.

____ I am unable to make a determination at this time. The following additional information has been requested from the applicant: _____

Authorized College Personnel: _____



CAPE COD COMMUNITY COLLEGE
PERMISSION TO USE IMAGE/LIKENESS/VIDEO/AUDIO MATERIAL

I

please print full name

hereby grant Cape Cod Community College and/or any of its programs and affiliates, permission to use my name, likeness, voice, and/or biographical information in any and all media, now known or hereafter developed, throughout the world, in perpetuity, in connection with any and all editions or versions of any promotional materials. I understand that Cape Cod Community College owns the copyright of any promotional materials supporting, promoting, and/or encouraging awareness of the institution, organization, community colleges, or initiatives of any or all involved, and has the exclusive right(s) to use any promotional material(s) in whatever way it/they may wish.

I understand that I will not receive any compensation as a result of any use of my name, likeness, voice and/or biographical information as described in this release.

I waive any rights of privacy, and/or approval that I might otherwise have with regard to the use of my name, likeness, voice and/or biographical information is/are used and/or participation in the production of such material.

No use of my name, likeness, voice and/or biographical information, or any aspect of my participation, shall be the basis of any future claim of any kind against: Cape Cod Community College and/or any of its parent, programs, affiliates, affiliated companies, and/or their respective officers, directors, agents, employees, successors or assigns; nor shall this release be made the basis of any such claim.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Address : _____ Phone: _____

**Cape Cod Community
Massachusetts Inclusive Concurrent Enrollment Initiative (MAICEI)
Student Growth Outcomes**

Student will:

- ✓ ...demonstrate an increased ability to use email as a tool to communicate with professors, members of the MAICEI program team and other peers.
- ✓ ... demonstrate an increased ability to compose an email as well as reply to an email in a formal manner using proper email etiquette and appropriate formatting (for example, including greeting, message, and signature).
- ✓ ... learn his/her professor's name, the names of the MAICEI staff, and the names of at least 1 classmate.
- ✓ ... demonstrate an ability to engage socially with other students.
- ✓ ... have lunch in the school cafeteria with other members of the CCCC community.
- ✓ ... participate in discussions around their learning strengths and challenges.
- ✓ ... learn how to access and use college resource centers that will assist them with their academic work such as the O'Neill Center for Students with Disabilities, the tutoring center, writing center, the math lab and computer labs.
- ✓ ... demonstrate an increased ability to travel to and from CCCC.
- ✓ ... demonstrate an increased ability to independently navigate the CCCC campus.
- ✓ ... demonstrate an ability to communicate with professors (for example, ask questions, provide information as needed).
- ✓ ... demonstrate an ability to effectively employ problem solving skills (for example, resolving issues that might arise relating to task completion, time management, and other conflicts).
- ✓ ... demonstrate an ability to use his/her I.D. card in order to access school resources and also demonstrate self-advocacy skills.
- ✓ ... display an increased understanding of the purposes of various college campus offices (for example, bookstore, public safety, disability services, registration office, etc.), their locations, and how to use them.
- ✓ ... (with support) demonstrate an ability to create and follow an on campus schedule.
- ✓ ... demonstrate organizational skills that require attending to tasks beyond time on campus
- ✓ ... demonstrate time management skills (arriving to campus on time, independently recognizing when class will begin).
- ✓ ... demonstrate an ability to provide school with information about expected and unexpected absences.
- ✓ ... use the library as a resource by engaging in tasks that might include checking out and returning books and
- ✓ completing an independent project.

- ✓ ... demonstrate an ability to participate in conversations about goal setting and engage in activities directed at accomplishing these goals.
- ✓ ... display self-advocacy skills in a variety of settings that might include the MAICEI program office, classrooms, offices, resource centers, etc.
- ✓ ... complete sample job applications
- ✓ ... complete interest surveys
- ✓ ... create and/or add information to resume
- ✓ ... learn about interviewing skills
- ✓ ... attend campus job fairs
- ✓ ... demonstrate an increased understanding of what a syllabus is and how this resource is used.
- ✓ ... demonstrate an ability to adhere to the campus Code of Conduct.
- ✓ ... attend at least one on campus event.
- ✓ ... demonstrate an ability to articulate his/her learning strengths and challenges.
- ✓ demonstrate an ability to discuss his/her academic goals and self-advocate for his/her academic plan at CCCC.
- ✓ ... demonstrate an ability to identify networks that provide support.