



UMass Boston Inclusive Education Initiative New Student Application

About the UMass Boston Inclusive Education Initiative

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 20th

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. The education coach will be provided by the sending school district.

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:

- ☐ Applicant Information (p. 1-4)
To be completed by sending school
- ☐ New Student Application (p. 5-6)
To be completed by student
- ☐ Letter of Recommendation (p. 7-8)
- ☐ Signed Application Verification (p. 9)
- ☐ Attachment 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:

UMass Boston Inclusive Education Initiative (MAISPE)
MAIPSEPartnership@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:

Lead School Contact Person:

Role of Contact Person:

Phone #:

Email Address:

FAMILY MEMBER/ LEGAL GUARDIAN INFORMATION

First and Last Name:

Relationship to Applicant:

Phone #:

Email Address:

DISABILITY INFORMATION

Documentation of the applicant's psycho-educational testing from the past two years and their most recent IEP must be submitted with this application.

Eligible Disability:

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 meet high school graduation requirements to earn a diploma.			
3. The student has met/may meet high school graduation requirements to earn a diploma, 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 th year/postgrad program or will be in a 5 th 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. To view the UMass Boston Academic Calendar>>			
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.			

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					

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

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):

WORK EXPERIENCE

Please list any work experience you may have.

It is highly recommended to attach a copy of your resume to this application.

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



UMASS BOSTON INCLUSIVE EDUCATION INITIATIVE:

LETTER OF RECOMMENDATION

Applicant's Name: _____

The above-named student is applying for admission to the Inclusive Education Initiative at UMass Boston. This program is designed to offer individuals with intellectual/developmental disabilities a fully inclusive college experience that includes the following: enrolling in college-level courses, social engagement with college-aged peers, academic advising, and career development.

Candidates should meet the following criteria:

- > Interested in and/or willing to learn and participate in the classroom to meet their academic goals.
- > Interested in and/or willing to explore university offerings to support career goals.
- > Eager to meet personal goals to work towards independence in their community.
- > Eager to practice communication skills to communicate regularly with faculty, staff, and peers.
- > Eager to connect with the campus and campus community
- > Understands and is prepared to adhere to our commitment requirements that include abiding by the UMass Boston Student Code of Conduct

With the above information in mind, please answer the following questions to the best of your ability. Please scan or email a copy of your answers to maipsepartnership@umb.edu. The recommendation letter will be added to the application upon receipt. *Thank you!*

Your Name: _____

Organization: _____

Address: _____

Contact Information: _____

QUESTIONS FOR LETTER OF RECOMMENDATION

****Please use an additional sheet for answers as needed****

How long have you known the applicant and in what capacity?

Do you think the applicant meets the criteria listed? Why or Why not?

Do you feel this applicant is motivated to continue their education in a college setting?

Has the applicant expressed future career goals and/or job-related interests?

Do you see this applicant as someone who will get involved in the UMass Boston community?

Do you think the applicant is able to use sound judgement when making decisions? Why or why not?

Is the applicant able to self-advocate for help when needed?

Is there anything else you would like us to know about the applicant?

APPLICATION VERIFICATION

All parties certify that all information provided in this application is complete, accurate, and true to the best of their knowledge. All parties understand that any false or misleading information may result in the denial or revocation of participation, acceptance, or services related to this application.

Students Date of Birth:	
Print Student Name:	
Signature (Student):	Date:

Print Family Member or Guardian Name :	
Signature (Family Member or Guardian):	Date:

Print Lead School Representative Name:	<input type="checkbox"/> Liaison
Signature (High School Representative):	Date:

Print Director of Student Services Name:	<input type="checkbox"/> Liaison
Signature (Director of Student Services):	Date:

Please note: The Liaison listed will be the individual(s) who will serve as a primary contact responsible for communicating with the Inclusive Education Initiative staff, district staff, and attend all Boston Consortium partnership meetings for the Inclusive Education Initiative.