

Wayfinders Admission Procedure

The Wayfinders Program at California State University, Fresno is an inclusive, comprehensive educational and independent living program with a vocational component for young adults, ages 18 to 28 with intellectual/developmental disabilities. The program length is two years with optional additional years for remediation or special employment opportunity. Wayfinders is not a place, but a service to develop leadership and independent living and employment skills. Full participation in all components of Wayfinders, (i.e.: instruction time, after-hours supports, and two (2) weekends per month) are mandatory.

Criteria

Applications must be submitted only for individuals who are able to:

- Function without attendant care for personal needs.
- Independently and accurately manage and administer their medications.

Further, the program will consider only individuals that meet the following criteria:

- The applicant must have an identified intellectual/developmental disability.
- The age range of students to be accepted is 18 - 28 years of age.
- The applicant cannot be fully conserved. *
- The applicant must have received a diploma or certificate of completion or equivalent from a high school program.
- The applicant must be able to read prescriptions, store medications as well as self-medicate.
- The applicant must possess enough self-help skills and responsibility to be able to safely and independently function in his/her apartment with **minimal to no** supervision during all program hours.
- The applicant must have acceptable social behavior, verified by previous schools, family, and/or agency personnel as well as the ability to get along with peers, follow rules, and accept supervision.
- The applicant must be willing to participate in all hours of instruction a week, as well as in the supported learning during after hours and weekends.
- The applicant must have a strong desire to complete the program.
- The applicant must be free of any communicable diseases that are transmissible by casual contact and all immunizations must be up to date. He or she must have health insurance (i.e. private or Medi-Cal).
- The applicant must be able to participate in a personal interview.
- The applicant is required to provide current assessments from school, regional center and/or current program attending.

*Wayfinders will evaluate on a case-by-case basis students with limited conservatorship.

- The applicant must have the necessary income requirements:
 - Academic Unit Fees
 - Course Materials and Textbooks, as required by Instructor
 - Room and Board - \$

Financial assistance may be available. Applicants who receive Social Security Benefits can use their monthly income towards the room and board.

Good reasons for referring a student:

- The applicant is interested in pursuing academic interests on a college campus.
- The applicant expresses a desire to live independently and is ready to make a commitment to learning independent living skills.
- The applicant expresses a desire to become employed and is willing to learn vocational skills.
- The family is supportive of the applicant's decision and is willing to partner with the Wayfinders Program.

Wrong reasons for referring a student:

- The family wants the applicant out of their home.
- It seems like a good idea to separate the applicant from their family.
- The applicant has lost the motivation for learning in their present environment.
- The applicant feels ready to live independently, but the family, teacher and Regional Center Service Coordinator (RCSC) does not feel they are ready.

If the applicant **does not** meet the criteria for the Wayfinders Program, they may reapply or are encouraged to search other options through their RCSC, online exploration, and through their local school districts.

STEP #1

Initial Criteria:

If the **initial criteria** is met, the applicant is referred by the Regional Center Service Coordinator (RCSC). If not a client of a regional center, they may apply directly. The application instructions and forms can be accessed online at www.fresnostate.edu/kremen/wayfinders or by calling the Wayfinders Office at 559.278.0390.

The Application Packet includes:

- Wayfinders Application
- Personal Statement Instructions
- Reference Letter (Print 2 of these forms)
- Reference Letter - Waiver form
- Regional Center Referral Form

It is critical to discuss with the applicant's RCSC the eligibility and intension for funding from Regional Center.

- Authorization to Release Student Information form
- Applicant's Skill Inventory
- Graff Parent Readiness Scale (GPRS)
- Scope of Services

STEP #2

Program Tour:

The applicant and family must attend a Wayfinders Program Tour. During the Program Tour, all aspects and goals of the program will be reviewed and discussed. A tour of the campus and apartments will take place with an opportunity for questions and answers by the staff. The Program Tours are scheduled throughout the year and attending a Program Tour is mandatory before being considered to Wayfinders. Call the Wayfinders Office for the dates and to reserve space for a tour at 559-278-0390.

Admission Packet:

All required documents must be submitted together to complete the process for admission consideration to Wayfinders. It is important that the most current information is submitted in order to ascertain that the Wayfinders Program is an appropriate placement and that the student has the combination of desire, motivation, skill, and experience to be successful in the program.

Documents and completed forms required at time of submission:



- _____ 1. Wayfinders Application
- _____ 2. Recent 5" X 7" photograph
- _____ 3. Authorization to Release Student Information form - signed & dated
- _____ 4. Wayfinders Skill Inventory
- _____ 5. Personal Statement. This is the applicant's opportunity to state reasons for wanting to attend Wayfinders and provide additional personal information. Be creative! This can be handwritten or typed by the applicant, a portfolio, video recorded onto a flash drive (no DVD/CD's as they will crack in the mailing process), etc. The maximum allowed time for video recorded personal statements is 5 minutes

Applicants referred by Regional Center must include the Regional Center Referral Form completed by the applicant's RCSC. **The form must be submitted in sealed envelope with appropriate signature on back securing seal.**
- _____ 6. Referral Form completed by the applicant's RCSC along with:
 - _____ a. IPP - most current
 - _____ b. CDER evaluation
- _____ 7. High School Transcripts
- _____ 8. High school diploma or certificate - copy
- _____ 9. College Transcripts
- _____ 10. Exit IEP from High School
- _____ 11. Two Reference letters
 - _____ a. Professional references, cannot be completed by family members
 - _____ b. Must be submitted in a sealed envelope with appropriate signature on back securing seal.
- _____ 12. Reference Letter Waiver form - completed by applicant
- _____ 13. Immunization Records - copy
- _____ 14. LETTERS OF CONSERVATORSHIP - copy (if applicable)
- _____ 15. \$50.00 non-refundable application fee made payable to Wayfinders for packets received on or before 5 PM, April 15, 2014.
- _____ 16. \$100.00 non-refundable application fee made payable to Wayfinders for packets received from April 16 forward through 5 PM, May 1, 2014.
- _____ 17. No applications will be accepted after May 1, 2014.

Submission requirements:

- Submit all required materials and fee in one packet
- All of the materials must be thoroughly completed
- Incomplete applications will not be processed

STEP #3

Once the completed admission packet has been submitted and reviewed by Wayfinders, notification letters will be mailed to all applicants. The letter will state either:

- The applicant and parent(s) or guardian(s) will be contacted to set up the next step in the process, which are the interviews,
or
- The applicant was not selected and may be encouraged to reapply,
or
- The applicant is on a waiting list in the event a selected student does not accept an offer of admission.

STEP #4 – Applicants who are selected to be interviewed

The applicant will be interviewed separately from their parent(s)/guardian(s).

The interview process will ascertain:

- That the student has the desire, ability and motivation to complete the program in the expected period.
- That the student's individual needs can be appropriately served by the program staff and/or community resources.
- The program provides the least restrictive environment for the student
- The student is prepared to enter the program.
- The student meets the entrance requirements.

Results Notification

Upon completion of the interviews, notification will be sent to each applicant in a timely manner. Please be patient. This is a daunting process. We are weighing our decisions carefully.

Please mail completed packets to:

Wayfinders at California State University, Fresno
Kremen Education Building, Room 151
5005 N. Maple Avenue, M/S ED 301
Fresno, CA 93740-8025
Phone: (559) 278-0390
Fax: (559) 278-0199
Email: wayfinders@mail.fresnostate.edu

Wayfinders Application

To ensure that the application is processed, applicant and/or parent/guardian must complete all information. (Race & ethnicity tracking section is optional.)

First time application Last application submitted for Fall of 20____

Date you attended a Program Preview: _____

IDENTIFYING INFORMATION					
Applicant Name:				Birth date:	
Street Address:				Age:	
City:		State:		Zip Code:	
Phone: ()		Applicant's Cell Phone: ()		Female <input type="checkbox"/>	Male <input type="checkbox"/>
Applicant's Email Address:			Drivers License:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
U. S. Citizen:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Country of Citizenship:		
Languages Spoken in the Home:					
Are you Conserved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Areas Conserved:		
Conservator's Name:			Relationship to Applicant:		
PARENT INFORMATION					
Parent #1 or Guardian Name:					
Address:					
Primary Phone #: ()		Cell Phone #: ()			
Email Address:					

Parent #2 Name:			
Address:			
Primary Phone #:	()	Cell Phone #:	()
Email Address:			
SIBLING(S) INFORMATION			
Name of Sibling(s)	Age	Lives at Home	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
EDUCATION & SERVICES			
	Name of Institution	Certificate or Diploma	
High School			
College or Program			
High School Completion or Projected Date:			
The High School transcripts must be included (even if in progress).			
Indicate the approximate grade level for the following skills:			
Math: _____	Reading: _____	Writing: _____	
Regional Center Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of RC:	
Address:			
Service Coordinator Name:		Fax #:	()
Phone #:	()	Email:	
In Home Support Services Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IHSS Agency Name:			
Address:			

Contact Person & Title:		Fax #:	()
Phone #:	()	Email:	
Client of California Department of Rehabilitation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In Process <input type="checkbox"/>
Address:			
DOR Counselor Name:		Phone #:	()
Email:		Fax #:	()
Do You Receive SSI:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In Process <input type="checkbox"/>
		Will apply at 18	<input type="checkbox"/>
If Yes, Name of Payee:		Amount Per Month:	\$
VOLUNTEER & COMMUNITY SERVICE			
Organization	Description of Activity & Duties	Hrs Per Week	
WORK EXPERIENCE			
Business/Organization	Duties	Dates Employed	Hrs/Wk

MEDICATION INFORMATION

Do You Take Medication(s): Yes No

Needs Assistance With Medications: Yes No If yes, please explain:

Medication(s)	Times of Day/Week	Purpose

PHYSICAL SUPPORTS

	Yes	No
Uses Manual Wheelchair		
Uses Electric Wheelchair		
Uses a Walker		
Uses a Cane		
Uses Handrails in Bathroom & Shower		

Requires Other Supports. If yes, please specify:

BEHAVIOR		
	Yes	No
Caused property damage including starting fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behaviors		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
<p>If yes to any of the behavioral and/or self care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):</p>		

RACE & ETHNICITY TRACKING	
Optional	
For purposes of data collection for the Wayfinders funding, please mark the box(es) that best describes the applicant's race/ethnicity category of which s/he identifies with:	
A <input type="checkbox"/>	Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
B <input type="checkbox"/>	African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.
H <input type="checkbox"/>	Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Latin Cultures, regardless of ethnicity.
I <input type="checkbox"/>	Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
W <input type="checkbox"/>	Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

I have completed this Wayfinders application truthfully and to the best of my knowledge all information is accurate.

Applicant or Parent/Guardian Signature: _____

Date: _____

Personal Statement Instructions

An important part of the admissions process is the personal statement. This is your opportunity to shine by telling why you want to come to the Wayfinders Program as well as something about you. This includes facts about your background, goals, and any other information that you think will help us learn more about YOU.

BE CREATIVE. The personal statement can be handwritten or typed, a portfolio, video recorded, etc. Any electronic submissions must be on a flash drive, as a DVD/CD will easily break during the mailing process. **The maximum allowed time for video recorded personal statements is 5 minutes.** Materials submitted will not be returned.

Your personal statement must include 1 - 4. 5 - 10 are optional.

1. Your name.
2. Why you want to be accepted into the Wayfinders Program.
3. Special interests.
4. Include specific areas you want to learn while in the program.
5. Describe 1-2 opportunities/trips you have taken without your parents/family. Include:
 - # of days
 - Destination
 - Purpose (e.g. vacation, conference, etc.)
 - How you felt about being away
 - Who you traveled with
 - Mode of transportation
6. Things you like to do in your free time.
7. In school, name your favorite subject(s).
Your least favorite subject(s).
8. Your strengths.
9. Areas you would like to improve upon.
10. Describe what you learned and enjoyed about any paid and/or volunteer work experience.
11. Describe what you see as your ideal life in the future?
 - Where would you like to work?
 - Where would you like to live?
 - ✓ City
 - ✓ Apartment, condominium, home
 - ✓ Roommates, family, alone

Reference Letter

Name of Applicant: _____

The applicant is applying for admission to Wayfinders Program at California State University, Fresno. Wayfinders is an inclusive, comprehensive educational and residential program with a vocational component for young adults with intellectual and other developmental disabilities. The program combines university level courses with independent living skills, vocational skills, social and recreational opportunities on the Fresno State Campus and in the community. The goal is to assist the students in determining their future in all aspects of their lives. The program provides the life and job skills training necessary for Wayfinders students to lead independent fulfilling lives with lifelong friends.

Within your letter of recommendation, please include the following information:

- Your occupation
- Length of time you have known the applicant
- The context you first become acquainted with the applicant
- The applicant's most exemplary traits
- Areas that could use improvement
- Concerns you have about the applicant (e.g. behavioral issues)
- Reasons why you feel the applicant is a good candidate for Wayfinders

Return your letter of recommendation in a **sealed envelope** to the student. Should you have any questions regarding this reference or our program, please call Wayfinders at 559-278-0390.

Reference Letter Waiver Form

Applicant Name: _____

Applicant Statement: I understand these letters of evaluation are to be received and maintained in confidence by Wayfinders at California State University, Fresno for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and/or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.

Applicant or Guardian's Signature

Date

Wayfinders requires two reference letters. One must be from a teacher or job supervisor and another from a person who knows the student well, but not a family member. Individuals writing the letters must place the reference letter in a sealed envelope.

Regional Center Referral Form

Please review admissions criteria located on the website, before referring your client to the Wayfinders Program at Fresno State. **Attach the most current IPP and CDER report.**

Client Name:			
UCI #:		Age:	
Diagnosis:			
Name of Regional Center:		Fax:	()
Address:			
Name of Service Coordinator:			
Phone #:	()	Email:	
Number of Months or Years the Applicant has been your Client:			

1. What are the client's most exemplary traits?

2. What are some areas for improvement?

3. State any factors/characteristics/behaviors of this client that would be a concern for Wayfinders? Please be very specific.

4. State reasons why you feel the client *is* or *is not* appropriate/ready for Wayfinders at Fresno State?

5. Is your client ready to move out of the house? Explain why or why not.

6. Are the client's parents/guardian supportive of their son/daughter attending Wayfinders? Explain.

7. Generally, how often would you say this client's parent's contact you?
 - 7a. When contacted by this client's parents, what types of negative or positive situations are you addressing?

8. Do you feel the client’s rights and choices as an adult are being respected and supported by his/her parents/guardians? Please give examples.

9. Does the client have a strong support system? State who they are and how they support the client.

Check the box for all that apply to the client’s history of:

	Yes	No
Causing property damage including starting fires		
Physically threatening and/or attacking others		
Verbally threatening others		
Self injurious behaviors		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behaviors		
Stealing		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Incontinence problems		
Requires attendant care		
Prior arrest or probation		
Current gang behavior, affiliation and desires		
Resentment towards parents		

If yes to any of the behavioral and self care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and the severity:

Certification:

I have completed this application truthfully, and to the best of my knowledge all information is accurate.

RC Service Coordinator: _____ Date: _____
Signature

Submission of Regional Center Referral Form:

Your client's *current* IPP and CDER reports MUST be submitted with this form.

This referral MUST accompany the Wayfinders Admission Packet when it is received by the program's office for review.

Return all 3 documents (IPP/CDER/Referral Form) to your client in an envelope sealed as directed below.

Envelope Sealing Instructions

Once Completed, please place this referral in an envelope, seal the envelope completely, write your name across the overlap of the flap/envelope body. Finally, place a generous amount of clear tape over your signature.

Authorization to Release Information

Name(s) of Agency, High School, Professional (all that apply):			
Applicant Name:			
DOB:		Today's Date:	

Wayfinders at Fresno State requests the following information regarding the aforementioned person to aid in providing quality services:

<input type="checkbox"/> Medical Information <input type="checkbox"/> Diagnostic Information <input type="checkbox"/> Current Medications <input type="checkbox"/> Treatment History <input type="checkbox"/> Assessments/Evaluations	<input type="checkbox"/> Psychological Information <input type="checkbox"/> Diagnostic Information <input type="checkbox"/> Current Medications <input type="checkbox"/> Treatment History <input type="checkbox"/> Assessments/Evaluations
<input type="checkbox"/> Individual Program Plan	<input type="checkbox"/> Individualized Plan for Employment
<input type="checkbox"/> Educational Assessments/Evaluations	<input type="checkbox"/> Social Assessment Information
<input type="checkbox"/> Individual Education Plan	
<input type="checkbox"/> Other (describe):	

By signing below, I understand that Wayfinders at Fresno State shall share information with the referring agency and any other agencies as it pertains to the program services rendered to the aforementioned person and his/her health and welfare. I authorize Wayfinders to request information from the referring agency, school and other pertinent health care providers that is deemed pertinent to services provided. I also authorize the release of information from the referring agency to Wayfinders to aid in providing such services only until I complete the program or for three years from signature date (whichever comes first).

Applicant Signature: _____ Date: _____

Or

Guardian Signature: _____ Date: _____

Wayfinders Signature: _____ Date: _____
(Representative)

Applicant Skill Inventory

Applicant Name: _____

Person assisting or rating applicant: _____

Relationship: _____ Date: _____

Use this rubric to rate the applicant with the attached Skill Inventory

With No Assistance	Applicant is able to accomplish the task without assistance
Little Assistance	Applicant requires 25-50% assistance to accomplish the task
Significant Assistance	Applicant requires 50-75% assistance to accomplish the task
With No Reminders	Applicant is able to accomplish the task without reminders
Few Reminders	Applicant is able to accomplish the task with reminders on 25-50% of the steps
Many Reminders	Applicant is able to accomplish the task with reminders on 50-75% of the steps
Is Still Learning	Applicant requires assistance with 100% of the steps to accomplish the task
N/A	This particular task is not applicable to this Applicant

Place a mark in the appropriate box indicating the **Level of Assistance** AND the **Level of Reminders** needed to accomplish the skill. See example on the next page. Please follow the example provided at the top of the next page.

Budgeting & Shopping	With No Assistance	Little Assistance	Significant Assistance
Understands the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes grocery lists and shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows spending limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses a bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows user id	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows password	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to create and follow weekly/daily budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carries enough money to pay for necessities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Cleaning	With No Assistance	Little Assistance	Significant Assistance
Keeps bedroom clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses a vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes out trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes bed linen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medication	With No Assistance	Little Assistance	Significant Assistance
Reads prescriptions and is able to follow medication requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes correct dosage of medication independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses over the counter medication as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academics: Writing	With No Assistance	Little Assistance	Significant Assistance
Writes name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes/copies all letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes complete words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes short sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctly uses punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drafts, revises, edits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academics: Reading	With No Assistance	Little Assistance	Significant Assistance
Identifies letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes familiar words/names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies reading strategies (sentence structure, meaning, phonetic clues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads chapter books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads books silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academics: Listening Comprehension	With No Assistance	Little Assistance	Significant Assistance
Retells a simple story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can retell the beginning, middle, and end of stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to retell settings, characters, problems, major events and solution of stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academics: General	With No Assistance	Little Assistance	Significant Assistance
Keeps track of assignments and due dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes notes in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brings proper supplies to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes multiple choice exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes written exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With No Reminders	Few Reminders	Many Reminders	Is Still Learning	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Graff Parent Readiness Scale (GPRS) This scale helps determine the families' readiness for the student with an intellectual and/or developmental disability to attend a post secondary program. Please circle the family/guardian's response.

1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university.
Strongly Agree 1 2 3 4 5 Strongly Disagree
2. I expect one-one support all day.
Strongly Agree 1 2 3 4 5 Strongly Disagree
3. I worry about my student talking to other students unsupervised.
Strongly Agree 1 2 3 4 5 Strongly Disagree
4. I worry about my student crossing the street.
Strongly Agree 1 2 3 4 5 Strongly Disagree
5. I need to know the homework assignment for each class.
Strongly Agree 1 2 3 4 5 Strongly Disagree
6. I need to know the calendar of activities offered to my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
7. I would like to speak with my student's support staff.
Strongly Agree 1 2 3 4 5 Strongly Disagree
8. I would like to attend classes to see my student interact with others.
Strongly Agree 1 2 3 4 5 Strongly Disagree
9. I trust my student's judgment.
Strongly Agree 1 2 3 4 5 Strongly Disagree
10. I trust my student's ability to handle small sums of money.
Strongly Agree 1 2 3 4 5 Strongly Disagree
11. I know my student, with support, will develop friendships.
Strongly Agree 1 2 3 4 5 Strongly Disagree
12. I know my student, with support, will try new opportunities.
Strongly Agree 1 2 3 4 5 Strongly Disagree

Graff Parent Readiness Scale (GPRS) Continued

13. My student has the ability to handle frustration.
Strongly Agree 1 2 3 4 5 Strongly Disagree
14. My student has the ability to seek assistance.
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. Often, I am in contact with my students more than 3 times a day.
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. Often, I am telling my student what to do and say.
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. I check up on my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. I check to see if my student has the correct facts.
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. I believe, I know what is best for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. I believe a postsecondary education is important for my student.
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. I feel that my student knows what is best for him/herself.
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. I feel that my student wants to attend the university.
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. My student will live independent of our family after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. My student will have meaningful employment after graduation.
Strongly Agree 1 2 3 4 5 Strongly Disagree
25. Person Centered Planning will help my student achieve their goals.
Strongly Agree 1 2 3 4 5 Strongly Disagree

Scope of Services

The Wayfinders Program is designed to address the unique needs of students with intellectual/developmental disabilities.

ACADEMICS

Participants in the Wayfinders Program at Fresno State are not enrolled through traditional means, as the matriculated, degree seeking students of Fresno State University are. Wayfinders students enroll through Open University via the Division of Continuing and Global Education (CGE). Accordingly, Wayfinders students may not be eligible to participate in all activities offered on the campus of Fresno State.

Through CGE, Wayfinders students have the option of enrolling in one of the following tracks:

- 1) Certificate of Completion or;
This option is for an inclusive though less academically rigorous, vocational/life skills intense experience. Students taking this option will have an “Unofficial Fresno State Transcript”.

- 2) Certificate of Special Study
This option is for an inclusive, academically rigorous, vocational/life skills intense experience. Students taking this option will have an “Official Fresno State Transcript”.

Wayfinders students do not have access to traditional career or academic advising. Instead, Wayfinders students are assigned a Wayfinders Case Manager (WCM). The WCM will meet with the student weekly to review all aspects of the students program. Should any concerns arise, the WCM should be the parent’s secondary contact point (the primary should be the student).

HEALTH SERVICES

Wayfinders students have access to campus Student Health Center services. These services are for immediate first aid/onset care only. Wayfinders students need to make other medical arrangements for long term care issues. Likewise, counseling and psychological services provided by the Student Health Center are also for immediate emergency interventions only. Students with pre-existing/ongoing concerns should make the necessary arrangements for these known issues. Wayfinders does not endorse any physician or counselor and therefore does not make referrals.

As part of the Kremen School of Education and Human Development, individual and group counseling services may be available to Wayfinders students. These services are provided by graduate level counseling students supervised by a Ph.D. instructor. Once again Wayfinders does not endorse these services and participation is optional.

CODE OF CONDUCT

All Wayfinders students will be expected to abide by the student code of conduct as outlined, <http://www.fresnostate.edu/studentaffairs/judicialaffairs/title5.html>. Wayfinders students will follow policies of the judicial system and the recommendations of the Dean of Students as well as the Wayfinders Accountability Policy. Any resulting disciplinary action will follow in accordance with Fresno State and/or Wayfinders policies. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

PARENTS/GUARDIANS

Parental involvement is crucial for student success at Wayfinders. Parents will be incorporated in many important decisions that their student may make through the 30-Day Meeting, Individual Planning Meetings and Quarterlies. However there may be times that Wayfinders is bound by confidentiality or judicial rulings, <http://www.fresnostate.edu/catoffice/current/policies.html> and may be unable to share information about the student without his/her permission. Concerns that parents may have regarding their student may be directed to the WCM. Wayfinders goal is to support students in becoming independent adults, capable of self-advocacy and self-determination. Parents may not always agree with the decisions that their students make, but should maintain a positive and open relationship with all parties.

Applicant's Name Printed

Applicant's Signature

Date

Parent/Guardian Signature