TulsaTech.edu

CERT ACADEMY APPLICATION FOR ADMISSION

[
STUDENT APPLICATION
2024—2025 ACADEMIC YEAR
]

Application structure courtesy of The REACH Program at College of Charleston, Charleston, SC.

» *Project SEARCH® has one yearly entry point. Applications are due by June 1.*
» *CERT Culinary has two yearly entry points. Applications are due by June 1 and October 1.*

Applications are currently being accepted by mail for the 2024–25 Academic Year. You will be notified via email when your entire packet has been received. Applicants will not be considered until the entire packet is submitted. Applications will be reviewed in the order received. If selected, the applicant will be interviewed independently as well as with his/her family or support person. Please note: due to limited space, not all applicants who complete the application process will be interviewed for admittance to the Program. An interview does not guarantee admittance to the Program. If selected to interview, applicants will be notified at the latest, by June 1. Interviews will be held in June/July.

Students will be notified by email regarding acceptance into the Tulsa Tech CERT Academy. Letters will be mailed at the latest, by July 15, 2024. Students receiving a letter of acceptance must confirm acceptance to the Tulsa Tech CERT Academy by July 20, 2024.

Application Checklist

☐ Student Application
☐ Student Questionnaire completed by applicant (student) – please indicate if a scribe is used
☐ Personal Support Questionnaire completed by parent/support person
☐ Parent Readiness Questionnaire
☐ Official High School Transcript (must be sent directly by school)
☐ High School Attendance Records
☐ Behavioral records (if student has no record, send a letter from the high school stating there is no record)
☐ Official OSDE Summary of Performance which serves as evidence of the applicant's eligibility for special education and related services under the IDEA
☐ A documented comprehensive and individualized psycho-educational evaluation and diagnosis of an intellectual disability by a psychologist or other qualified professional that includes an IQ Score:
  » Psychological Evaluation, including IQ testing within the past two years
  » Educational Evaluation, including achievement scores within the past year
☐ Three Recommendation forms (included) from non-family members who have known the applicant for at least three years. Recommendations should include at least one educator.

Application Submission

Application materials, transcript and recommendations should be submitted to:

Tulsa Tech CERT Academy
Tulsa Technology Center
School District No.18
P.O. Box 477200
Tulsa, OK 74147.7200

The Tulsa Tech CERT Academy is a non-degree Certificate Program. Students desiring to take standard certificate coursework must meet standard admission criteria per Tulsa Tech guidelines.

Important: All applicants must read and certify.

I certify all information provided on this application and supplementary materials is correct and complete.

I understand any untruthful statement in this application could result in my application being denied or my immediate dismissal from the CERT Academy.

I understand that I am required to notify and update the CERT Academy Application Committee if any disciplinary or criminal incident occurs after submission of this application and prior to my enrollment in the CERT Academy at Tulsa Tech.

I have read and understand these statements: _____

Application Criteria

Applicants must:
☐ Be over the age of 18 by August 1. Cannot turn 25 years old while in the program;
☐ Display a desire to continue academic and career development instruction at Tulsa Technology Center;
☐ Have a cognitive and/or developmental disability that interferes with their academic performance and social development according to the American Association on Intellectual Development. The applicant must have been (or is presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA) or qualify for services from Department of Vocational Rehabilitation;
☐ Have sufficient emotional and independent living skills necessary to participate in coursework and campus life;
☐ Be able to remain unsupervised for a minimum of 6 hours;
☐ Demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/her and others and have no history of disruptive or challenging behaviors;
☐ Be able to perform at an academic level;
☐ Be independent in handling his/her own medication, specialized dietary, and/or medical needs. Staff is not available to manage/administer medications. The Tulsa Tech CERT Academy does not take responsibility for specialized diets or medical needs;
☐ Participate in an interview with and without support from family/support person, if selected for an interview;
☐ Be able to attend all classes, tutoring, and mentoring sessions, etc. once accepted to the Program;
☐ Have completed a high school program

Projected Cost for 2024–25 Academic Year

Project SEARCH® - Saint Francis: (additional uniform cost)   *$1,500*
For scholarship opportunities, please contact Teresa Berg or Elena Morales.

CERT Culinary: (additional uniform cost)	*Semester 1: $3,562.00*	*Student Cost Per Semester: $750.00*
	Semester 2: $3,476.00	*Student Cost Per Semester: $750.00*

*These costs are from the 2024–25 Academic Year and are subject to change.
**These projected costs do not include books or uniform cost.
***DRS income guidelines apply, any student who does not qualify for DRS financial assistance will be required to pay full tuition costs.

For more information, please visit tulsatech.edu or email: Teresa Berg - ACD Adult Coordinator at teresa.berg@tulsatech.edu or Elena Morales - Special Services Coordinator at elena.morales@tulsatech.edu or call (918) 828-5000.

Application For Admission (Please print neatly)

Tulsa Tech offers two options of educational and competitive employment training programs.
Below, select the program you desire to apply for

» **Project SEARCH®** ☐ I am applying for Project SEARCH®

Project SEARCH® is a collaborative partnership between Tulsa Tech, other agencies and institutions. Project SEARCH® is designed for students with significant disabilities to assist them with a plan to transition from school to employment through innovative workforce and career development. It is dedicated to workforce development that can benefit the individual, community and workplace by offering on-site job skills training and support, career exploration in a variety of entry-level positions, internships, interviewing and assessment practice and job placement. It is not intended as training for the "easiest" jobs, but complex and systematic jobs matched to student skills and interests.

» **CERT Culinary** ☐ I am applying for Tulsa Tech CERT Academy

CERT Culinary students in the hospitality program learn how to work as a culinary assistant. The program provides them with technical training and experience in a variety of service occupations through the HospitAbilities curriculum. They are taught personal life skills and employability skills, such as job readiness and independent living. Skills students develop in this program includes decision making under pressure, working both independently and in a team, and how to maintain focus in a high-activity environment.

How did you hear about the Tulsa Tech CERT Academy?

☐ Lead Learn Live ☐ Referred by: _____
☐ High School Guidance Counselor ☐ Internet Search (Google, Bing, Yahoo)
☐ Transition Fair ☐ Facebook/Social Media

Student Contact Information ☐ (A scribe was used for this section of the application)

*All communication will be sent via email. An email address is required.

Student's Full Name: _____ Nickname: _____

Date of Birth (MM/DD/YY): _____ Social Security No: _____

Gender: ☐ Male ☐ Female Green Card No (if applicable):_____

Cell Phone: _____ Home Phone:_____ Email:_____

Address: _____ City: _____ State: _____ Zip: _____

High School: _____ City: _____ State: _____

Graduation Year:_____ Technology Center Name: _____

Technology Program Name:_____ Dates Attended: _____

Student's permanent residence is with: ☐ Mother ☐ Father ☐ Both ☐ Other

Does the student have a guardianship in place? ☐ No ☐ Yes
　　　　　　　　　　　　　　　　　　　　Name of Guardian: _____
　　　　　　　　　　　　　　　　　　　　If yes: ☐ Full ☐ Partial If yes, include a copy.

Parent/Guardian Contact Information   ☐ (A scribe was used for this section of the application)

*All communication will be sent via email. An email address is required.

Parent/Guardian Name:_____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Parent/Guardian Name:_____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Emergency Contact Information

Name:_____

Relationship: _____

Cell Phone: _____

Other Phone:_____

Address: _____

City: _____

State: _____ Zip: _____

Emergency Contact Information

Name:_____

Relationship: _____

Cell Phone: _____

Other Phone:_____

Address: _____

City: _____

State: _____ Zip: _____

[PROJECT SEARCH® COMPLIANCE FORM]

Parent / Student Information

1. A student cannot participate if the student has not graduated from high school.

2. Final placement into Project SEARCH® will depend upon an Individual Plan of Employment (IPE) Meeting with your VR Counselor.

3. Release: A copy of the last IEP, MEEGS and/or Psychological evaluation concerning my son/daughter may be kept on site and reviewed by the program professional staff. Student information may be released to program partners at the discretion of the program instructor.

4. Equal Opportunity: Project SEARCH® placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.

5. Students selected for Project SEARCH® will be required to pass drug screening and background check.

Student's position within the Project SEARCH® program is contingent upon adherence to the policies and procedures of both the Tulsa Tech and Host Business.

By signing or typing your names, the parent/guardian and student understand and agree to comply with the statements and information stated above; including section B, 1-5.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature:_____ Date: _____

Proof of Vaccinations

☐ 2 MMR/Varicella Vaccines or Positive Titers
☐ TB Test (within 4-weeks of start date)
☐ COVID-19
☐ Flu Vaccine

Project SEARCH®

Parent/Guardian: Read the student contract below. Please sign and date.

I, (print student name) _____, hereby grant to Tulsa Tech and the Project SEARCH® Oklahoma Partners the irrevocable and unrestricted right to use and publish/broadcast photographs, videos, social media and audio recordings of me, or any in which I may be included , for editorial, trade, advertising and any other purpose and in any manner or medium; to alert the same without restrictions; and to copyright the same.

I hereby release to Tulsa Tech and the Project SEARCH® Oklahoma Partners and their legal representatives, successors, and assigns for all claims and liability relating to said photograph, video, images and audio recordings. I understand that any use of my image will relate to the school and Project SEARCH® activities, and also that I receive no compensation for the use of my image and/or name.

Student Signature:_____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Tulsa Tech CERT Culinary

Parent/Guardian: Read the student contract below. Please sign and date.

I, (print student name) _____, hereby grant to the Tulsa Tech CERT Academy the irrevocable and unrestricted right to use and publish/broadcast photographs, videos, social media and audio recordings of me, or any in which I may be included , for editorial, trade, advertising and any other purpose and in any manner or medium; to alert the same without restrictions; and to copyright the same.

I hereby release to the Tulsa Tech CERT Academy and their legal representatives, successors, and assigns for all claims and liability relating to said photograph, video, images and audio recordings. I understand that any use of my image will relate to the school and Tulsa Tech CERT Academy activities, and also that I receive no compensation for the use of my image and/or name.

Student Signature:_____ Date: _____

Parent/Guardian Signature: _____ Date: _____

[PROJECT SEARCH® & CERT ACADEMY STUDENT CONTRACT]

Parent/Guardian: Read the student contract below. Please sign and date.

I (print student name),_____ , understand that if I have been accepted into the Tulsa Tech CERT Academy, and I must abide by the following terms and conditions:

» I will attend the program every day from 8am–3pm, Monday through Friday.
» I understand that the Tulsa Tech CERT Academy correlates with the Tulsa Tech school calendar.
» I will dress appropriately, and wear required uniform.
» I will call my instructor and departmental supervisors when I am absent or tardy.
» I will follow all the rules, policies and procedures established by the Tulsa Tech CERT Academy , Tulsa Tech and host business.
» I will attend evaluation meetings with my rehabilitation counselor, parent/guardian, teachers, and business staff.
» I will be an active participant and communicate any issues at our evaluation meetings.
» I will actively pursue employment.
» I will take a TB test, Flu Shot and Drug Screening if required by the Host Business.
» I will take a flu shot required and provided by the Host Business.
» I understand that by signing this document I give permission for the partner agencies to share and discuss testing, reports, and other pertinent information with each other.

I have read the above terms and conditions and agree to accept my placement in the Tulsa Tech CERT Academy if selected. I understand that I may be asked to leave the Tulsa Tech CERT Academy if I fail to follow the terms and conditions.

Student Signature:_____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Transportation

How do you plan to get to Project SEARCH™?
☐ Public Transit   ☐ Parents   ☐ Drive Self

Department of Rehabilitation Services (DRS) Information

Do you have a DRS Vocational Rehabilitation Counselor?   ☐ Yes   ☐ No

Counselor Name:_____Phone Number:_____Date DRS case was opened: _____

Comments: _____

D.H.S. Developmental Disabilities Services (DDS) Information

Are you eligible or do you currently receive DDS Services?   ☐ Yes   ☐ No

Case Worker Name:_____Phone Number:_____

Comments: _____

Independent Living (By student)

Medication: Dosage: Time of Day:

_____

_____

_____

_____

_____

List any health, medical, or allergy issues that may impact participation or a successful job placement:

_____

_____

_____

_____

_____

Please list any limitations (physical, mental, or emotional) that impact participation and employment:

_____

_____

_____

_____

_____

Applicant IQ Score: _____ Applicant Special Education Category: _____

Do you receive Social Security benefits? ☐ Yes ☐ No

Have you ever met with a Social Security or DRS benefits planner? ☐ Yes ☐ No

Behavioral Summary

Do you have any behaviors that might impact a successful job placement? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

☐ (A scribe was used for this section of the application)

Schools Attended (Name, City, and State)	Public or Private	Calendar Years Attended	Reason for Leaving

Did/will receive: ☐ High School Diploma ☐ Equivalent Certificate

Name of certificate received: _____

Participated in general education classes: ☐ Yes ☐ No

Describe inclusive educational experiences/List inclusive classes:

_____

_____

_____

_____

List or attach accommodations and modifications used in general education classes according to student's IEP.

_____

_____

_____

_____

1. Why do you want to attend the CERT Academy at Tulsa Tech?

_____

_____

_____

_____

_____

2. What are your goals for the future?

_____

_____

_____

_____

_____

3. What kind of job would you like to have when you finish school? Why?

_____

_____

_____

_____

_____

4. Whom do you socialize with? Family or friends or do you prefer to be alone? Do you do most of your socializing face to face or through social media?

_____

_____

_____

_____

_____

5. Describe the most challenging part of school, both academically and socially?

_____

_____

_____

_____

6. What has been the most enjoyable part of high school?

_____

_____

_____

_____

7. What clubs or teams were you involved in? Awards won? Offices held?

_____

_____

_____

_____

8. What responsibilities do you have at home?

_____

_____

_____

_____

9. Describe a special relationship you have with a friend, mentor or family member.

_____

_____

_____

_____

10. Describe how you like to spend time when you are alone.

_____

_____

_____

_____

_____

11. Are you on Facebook, Instagram, Twitter, SnapChat, TikToc or other Social Media?
    Do you check your accounts regularly?

_____

_____

_____

_____

_____

12. Describe a time when you felt successful.

_____

_____

_____

_____

_____

[EMPLOYMENT HISTORY]

Please complete the following, including paid employment, unpaid employment, school-based employment training and internships. Attach a resume and references if applicable.

(Employment experience is not a requirement for admission.)
☐ A scribe was used for this section of the Application
☐ No Work History

How do you want to be employed in the community upon completion of Project SEARCH®?
☐ Full time   ☐ Part time

Which shift would you prefer working after graduating from Project SEARCH®?
☐ 1st Shift   ☐ 2nd Shift   ☐ 3rd Shift   ☐ Any Shift   ☐ No Preference

Do you plan to work during the school year, in addition to being in the Project SEARCH® program?
☐ Yes   ☐ No

If yes, where? _____ How many days/ hours? _____

Paid Employment / Volunteer / Internship

Employer 1:_____ Phone: _____

Address: _____ Supervisor:_____

Job Title:_____ Responsibilities:_____

Hire Date: _____Last Day: _____ Reason for Leaving: _____

☐ Paid   ☐ Internship   ☐ Volunteer   ☐ School-based employment training

Employer 2:_____ Phone: _____

Address: _____ Supervisor:_____

Job Title:_____ Responsibilities:_____

Hire Date: _____Last Day: _____ Reason for Leaving: _____

☐ Paid   ☐ Internship   ☐ Volunteer   ☐ School-based employment training

Employer 3:_____ Phone: _____

Address: _____ Supervisor:_____

Job Title:_____ Responsibilities:_____

Hire Date: _____Last Day: _____ Reason for Leaving: _____

☐ Paid   ☐ Internship   ☐ Volunteer   ☐ School-based employment training

Employer 4:_____ Phone: _____

Address: _____ Supervisor:_____

Job Title:_____ Responsibilities:_____

Hire Date: _____Last Day: _____ Reason for Leaving: _____

☐ Paid   ☐ Internship   ☐ Volunteer   ☐ School-based employment training

Have you ever been fired from a job?   ☐ Yes   ☐ No
If yes, please explain: _____

Have you ever quit a job?   ☐ Yes   ☐ No
If yes, please explain: _____

1. Full Name:_____Relationship: _____

Company: _____Phone: _____

Address: _____Email: _____

2. Full Name:_____Relationship: _____

Company: _____Phone: _____

Address: _____Email: _____

3. Full Name:_____Relationship: _____

Company: _____Phone: _____

Address: _____Email: _____

4. Full Name:_____Relationship: _____

Company: _____Phone: _____

Address: _____Email: _____

1. What did you enjoy most about your work experiences? Why?

_____

_____

_____

_____

_____

2. What type of internships are you interested in?

_____

_____

_____

_____

_____

(To be completed by parent/guardian or support person) Completed by:_____

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program. Check all that apply.

Independent Living Skills

Finds way around new environment
☐ Has never had the opportunity
☐ Needs complete assistance
☐ Needs limited assistance
☐ Completely independent

Follows a schedule independently
☐ Has never had the opportunity
☐ Needs complete assistance
☐ Needs limited assistance
☐ Completely independent

Bathes daily
☐ Needs daily reminders with prompting/schedules
☐ Completely independent

Changes clothes daily
☐ Needs daily reminders with prompting/schedules
☐ Completely independent

Brushes teeth daily
☐ Needs daily reminders with prompting/schedules
☐ Completely independent

Asks for help/clarification
☐ Needs prompting
☐ Always
☐ Only in familiar situations

Uses appropriate judgment in an emergency
☐ Has received instruction, but has not been in the situation
☐ Has not received instruction
☐ Completely independent

Copes well with stress
☐ Needs assistance
☐ Has and uses coping strategies
☐ Independent

Independent Living Skills (Continued)

Adjusts well to new environments
☐ Needs much assistance
☐ Needs little assistance
☐ Independent

Prefers to do things for himself/herself
☐ Yes
☐ No
☐ Frequently requests assistance

Laundry
☐ Sorts
☐ Operates washer
☐ Operates dryer
☐ Folds
☐ Irons
☐ Does not do laundry

Cooks
☐ No
☐ Completely independent
☐ Very basic, example: _____

Has attended camp away from home
☐ Yes, for how long? _____
☐ No

Sets appointments for himself/herself
☐ Yes
☐ No

Has traveled
☐ Yes, flown alone
☐ Yes, flown with adult Internationally
☐ Yes, bus alone
☐ Yes, bus with adult
☐ No
☐ Other:_____

Has driver's license
☐ Yes, drives on own
☐ Yes, drives with parent/adult only
☐ Learner's Permit only
☐ Student does not drive

What chores is the student responsible for at home?

_____

Is the student able to manage his/her own time?
☐ Arrives on time
☐ Allows enough time to walk to classes, etc.
☐ Uses alarm clock
☐ Uses schedule or day planner
☐ No

Student is able to use independently: (check all that apply)
☐ Laptop
☐ Debit card
☐ Flash drive
☐ Cell phone
☐ ATM
☐ Attach a document to an email
☐ Email
☐ Printer

Cuts fingernails and toenails
☐ Needs complete assistance
☐ Needs daily reminders with prompting/schedules
☐ Completely independent

Shaves face/legs
☐ Needs complete assistance
☐ Needs daily reminders with prompting/schedules
☐ Completely independent

Social Skills and Communication

Communicates needs appropriately
- ☐ Yes
- ☐ No
- ☐ With prompting

Engages in age appropriate interaction
- ☐ Yes, socializes with same age peers
- ☐ Does not socialize
- ☐ Socializes mostly with family
- ☐ Socializes with older
- ☐ Socializes with younger

Deals with conflict
- ☐ Needs much assistance
- ☐ Seeks assistance
- ☐ Needs limited assistance
- ☐ Independent

Distinguishes between friends & strangers
- ☐ Yes
- ☐ No
- ☐ Has not been in the situation

Follows rules
- ☐ Yes, is a rule follower
- ☐ Needs reminders
- ☐ Struggles following rules

Orders and purchases from a restaurant/store
- ☐ Yes
- ☐ No
- ☐ Needs assistance

Respects authority figures
- ☐ Yes
- ☐ No
- ☐ Depends on the relationship

Uses cell phone (check all that apply)
- ☐ Phone calls
- ☐ Text messages
- ☐ Calendar/day planner
- ☐ Alarms
- ☐ Apps
- ☐ Internet browsing

Is able to provide personal information (check all that apply)
- ☐ Address
- ☐ Emergency contact
- ☐ Medication information
- ☐ Insurance information
- ☐ Phone number
- ☐ Email address
- ☐ Social Security
- ☐ no

Uses email
- ☐ Has email account but does not use
- ☐ With assistance
- ☐ Independently
- ☐ Remembers passwords
- ☐ Needs reminder for passwords
- ☐ Maintains appropriate social behavior
- ☐ With prompts
- ☐ Independently with family
- ☐ Needs reminders in public situations
- ☐ Independent in public situations

Dating experience
- ☐ Has not dated
- ☐ Has dated
- ☐ Online dating
- ☐ No experience, but is interested in dating

Is the student currently involved in activities that are specifically created for individuals with disabilities?
- ☐ Yes
- ☐ No
- ☐ Yes, inclusive activities _____

How does the student manage anger/anxiety?
Please explain.

_____

_____

_____

_____

_____

Academic Skills

Reading skills
- ☐ Approximate grade level reading ability: _____
- ☐ No functional reading
- ☐ Reads chapter books
- ☐ Reads books silently
- ☐ Can answer questions about a reading selection
- ☐ Can summarize a reading selection
- ☐ Reads books for pleasure
- ☐ Makes inferences
- ☐ Title of last book read: _____

Math skills
- ☐ No functional math skills
- ☐ Handles money to make a purchase
- ☐ Counts change in bills
- ☐ Manages a checking account
- ☐ Stays within a budget

Computer skills (check all that apply)
- ☐ Word processor
- ☐ Internet search
- ☐ Remembers password
- ☐ PowerPoint
- ☐ Requires assistance
- ☐ Uses Mac
- ☐ Uses PC
- ☐ Does not use the computer

Following verbal directions
- ☐ Yes
- ☐ No
- ☐ With reminder

Following written directions
- ☐ Yes
- ☐ No
- ☐ With reminder

Time Management
- ☐ Uses a calendar
- ☐ Makes appointments
- ☐ Needs complete assistance
- ☐ Keeps planner/agenda
- ☐ Sets reminders on phone
- ☐ On time

Study Habits
- ☐ Studies independently
- ☐ Has tutor
- ☐ Requires one-on-one assistance
- ☐ Requires prompting
- ☐ Does not have homework

Note-taking
- ☐ Takes own notes
- ☐ Uses technology
- ☐ Requires copies of notes

Writing skills
- ☐ Has written papers
- ☐ Writes simple sentences
- ☐ Drafts, revises and edits
- ☐ Writes short paragraphs
- ☐ Uses punctuation
- ☐ Takes notes during class
- ☐ Copies notes from board
- ☐ Does not write
- ☐ Uses technology for writing

Listening skills
- ☐ Can retell a story
- ☐ Able to retell settings, problems, events and solutions
- ☐ Creates questions based on information presented

Tutor/Assistant
- ☐ Attended class with student
- ☐ Assisted with work one-on-one
- ☐ At home tutor
- ☐ No tutor or assistant

Assistive technology
- ☐ iPad-apps: _____
- ☐ Live Scribe Pen
- ☐ Laptop
- ☐ Voice Recognition software
- ☐ Dragon Naturally Speaking
- ☐ OneNote
- ☐ Evernote
- ☐ Recording device
- ☐ Google apps
- ☐ Other:_____

Please feel free to provide any supporting documentation.

_____

(To be completed by parent or support person)

Applicant Information

Student Name: _____

Parent/Guardian Name:_____

Student Safety

I expect one-on-one support for my student all day.
☐ Strongly Agree Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I worry about my student talking to other students unsupervised.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I worry about my student crossing the street.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I check to see if my student has the correct facts.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

Post-Secondary Programs

I expect to know everything my student does at the Tulsa Tech CERT Academy
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I need to know the homework assignments for each class my student takes in the Tulsa Tech CERT Academy.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I need to know the calendar of social activities offered to my student.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I know my student, with support, will develop friendships.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I know my student, with support, will try new opportunities.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Direct Involvement

I would like to attend classes to see my student interact with others.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Often, I am in contact with my student more than three times a day.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Often, I am telling my student what to do or say.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I check up on my student in person, if I can.
- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

I understand I will have very limited contact with the Program
and that communication will go through my child.
- ☐ Yes
- ☐ No

Student's Strengths and Challenges

My student has the ability to handle frustration appropriately.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I trust my student's judgment
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

My student has the ability to seek assistance.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I believe I am ready for my student to leave home to attend Tulsa Tech.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I feel that my student knows what is best for him/herself.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

Provide any additional information for consideration regarding the applicant. Include any relevant social, emotional or educational factors. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.

_____

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[RECOMMENDATIONS AND RELEASE]

Please list the following information for recommendations. Recommendations will need to be returned to student with signature across seal in order to be included in application packet.

Recommendation letters without signatures across seal will not be accepted. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for the Tulsa Tech CERT Academy:

Recommendation 1 (Educator)

Name:_____Position: _____

Address: _____City: _____ State: _____

Phone: _____Email: _____

Recommendation 2

Name:_____Position: _____

Address: _____City: _____ State: _____

Phone: _____Email: _____

Recommendation 3

Name:_____Position: _____

Address: _____City: _____ State: _____

Phone: _____Email: _____

Recommendation Release

I agree to waive my right to access the student recommendation forms.

Applicant Name: _____ Date: _____

Applicant Signature: _____

Parent/Guardian Name:_____ Date: _____

Parent/Guardian Signature: _____

Concerns About The Future

I believe a post-secondary education is important for my student.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

I feel that my student wants to attend the Tulsa Tech CERT Academy.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

My student will live independent of our family after graduation.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

My student will have meaningful employment after graduation.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

My student will no longer have a disability after graduation.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

My student will lead the Student Centered Planning in order to achieve his/her goals.
☐ Strongly Agree
☐ Agree
☐ Neutral
☐ Disagree
☐ Strongly Disagree

What goals does the family/parent have for the student while in the Tulsa Tech CERT Academy?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TulsaTech
.edu

[RECOMMENDATION FORM
2024—2025 ACADEMIC YEAR]

(Applicant's name): _____

The above-named individual has applied to the Tulsa Tech CERT Academy. The CERT Academy serves to provide young adults with mild/mild-moderate intellectual disabilities an inclusive Technical Education experience that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form.

Recommendations will be kept in the strictest confidence. Recommendation forms must be submitted using the form shown and returned with the application packet in a sealed envelope with the evaluator's signature across the flap.

If you have any further questions, please contact Teresa Berg - ACD Adult Coordinator at teresa.berg@tulsatech.edu, Elena Morales - Special Services Coordinator at elena.morales@tulsatech.edu or call (918) 828-5000.

Contact Information

Your Name:_____Title/Organization:_____

Address: _____City: _____State: _____ Zip: _____

Phone: _____Email: _____

1.How long have you known the student?

_____

2. In what capacity?

_____

3. Are you familiar with the Program?   ☐ Yes   ☐ No

4. How do you feel the student would benefit from post-secondary education service in the area of academics?
    Please describe the student's current level of academic functioning.

_____

_____

_____

_____

_____

5. Do you feel the applicant would benefit from post-secondary education service in the area of socialization? Why or why not? Describe the current level of socialization that you have observed:

_____

_____

_____

_____

_____

6. Describe the skills you feel the student would be able to learn in the area of independent living?

_____

_____

_____

_____

_____

7. Do you feel the student would benefit from post-secondary education service in the area of career development? Why or why not?

_____

_____

_____

_____

_____

8. Does the student have any behaviors that would interfere with his or her ability to participate in the Tulsa Tech Service Career Academy?   ☐ Yes   ☐ No

Comments:

_____

_____

_____

_____

_____

9. Discuss the student's social skills that you have observed with same aged peers:

_____

_____

_____

_____

_____

10. Discuss the student's level of independence:

_____

_____

_____

_____

_____

11. Discuss how the student manages stress:

_____

_____

_____

_____

_____

12. Do you feel the parents are ready to let their student go?   ☐ Yes   ☐ No

Comments:

_____

_____

_____

_____

_____

13. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the applications committee ensure the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness:

_____

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_____

Signature: _____ Date: _____

Please address the completed recommendation form to:

Tulsa Tech CERT Academy
Tulsa Technology Center
School District No.18
P.O. Box 477200
Tulsa, OK 74147.7200
Attn: ACD Application Committee

Please seal, sign across the flap and return to the student. Thank you.

![Tulsa Tech logo]

CERT ACADEMY STUDENT APPLICATION

[
EDUCATOR RECOMMENDATION FORM
2024—2025 ACADEMIC YEAR
]

[EDUCATOR RECOMMENDATION FORM]

(Applicant's name): _____

The above-named individual has applied to the Tulsa Tech CERT Academy. The CERT Academy serves to provide young adults with mild/mild-moderate intellectual disabilities an inclusive Technical Education experience that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form.

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Contact Information

Your Name:_____Title/Organization:_____

Address: _____City: _____State: _____ Zip: _____

Phone: _____Email: _____

1.How long have you known the student?

_____

2. In what capacity?

_____

3. Are you familiar with the Program?   ☐ Yes   ☐ No

4. How do you feel the student would benefit from post-secondary education service in the area of academics?
    Please describe the student's current level of academic functioning.

_____

_____

_____

_____

_____

5. Do you feel the applicant would benefit from post-secondary education service in the area of socialization? Why or why not? Describe the current level of socialization that you have observed:

_____

_____

_____

_____

_____

6. Do you feel the student would benefit from post-secondary education service in the area of career development? Why or why not?

_____

_____

_____

_____

_____

7. Does the student have any behaviors that would interfere with his or her ability to participate in the Tulsa Tech CERT Academy Program? ☐ Yes ☐ No

8. Discuss the student's social skills that you have observed with same aged peers:

_____

_____

_____

_____

9. Discuss the student's level of independence:

_____

_____

_____

_____

_____

10. Discuss how the student manages stress:

_____

_____

_____

_____

_____

11. Do you feel the parents are ready to let their student go?   ☐ Yes   ☐ No

Comments:

_____

_____

_____

_____

_____

Independent Living Skills

Finds way around new environment
☐ Has never had the opportunity
☐ Needs complete assistance
☐ Needs limited assistance
☐ Completely independent

Follows a schedule independently
☐ Has never had the opportunity
☐ Needs complete assistance
☐ Needs limited assistance
☐ Completely independent

Hygiene
☐ Is an issue
☐ Is not an issue

Asks for help, clarification
☐ Needs prompting
☐ Always
☐ Only in familiar situations

Use appropriate judgment in an emergency
☐ Has received instruction, but has not been in the situation
☐ Has not received instruction

Copes well with stress
☐ Needs assistance
☐ Has and uses coping strategies
☐ Independent

Adjusts well to new environments
☐ Needs much assistance
☐ Needs little assistance
☐ Independent

Prefers to do things for himself/herself
☐ Yes
☐ No
☐ Frequently requests assistance

Sets appointments for himself/herself
☐ Yes
☐ No

What responsibilities outside of classwork does the student have at school?

_____

_____

_____

_____

_____

Is the student able to manage his/her own time?
☐ Arrive on time
☐ Allow enough time to walk to classes, etc.
☐ Uses alarm clock
☐ Uses schedule or day planner
☐ No

Has participated in community-based instruction
☐ No
☐ Yes, successfully
☐ Yes, unsuccessfully

Students knows and understands disability
☐ Not aware of disability
☐ Knows disability, but does not understand
☐ Knows and understands

Social Skills and Communication

Communicates needs appropriately
☐ Yes
☐ No
☐ With prompting

Engages in age appropriate interaction
☐ Yes, socializes with same age peers
☐ Does not socialize
☐ Socializes mostly with family
☐ Socializes with older
☐ Socializes with younger

Deals with conflict
☐ Needs much assistance
☐ Seeks assistance
☐ Needs limited assistance
☐ Independent

Distinguishes between friends & strangers
☐ Yes
☐ No
☐ Has not been in the situation

Follows rules
☐ Yes, is a rule follower
☐ Needs reminders
☐ Struggles following rules

Respects authority figures
☐ Yes
☐ No
☐ Depends on the relationship

Uses cell phone (check all that apply)
☐ Phone calls
☐ Text messages
☐ Calendar/day planner
☐ Alarms
☐ Apps
☐ Internet browsing

Is able to provide personal information (check all that apply)
☐ Address
☐ Emergency contact
☐ Medication information
☐ Insurance information
☐ Phone number
☐ Email address
☐ Social Security
☐ no

Uses email (check all that apply)
☐ Has email account but does not use
☐ With assistance
☐ Independently
☐ Remembers passwords
☐ Needs reminder for passwords
☐ Maintains appropriate social behavior
☐ With prompts
☐ Independently with family
☐ Needs reminders in public situations
☐ Independent in public situations

Maintains appropriate social behavior
☐ With prompts
☐ Independently with family
☐ Needs reminders in public situations
☐ Independent in public situations

How does the student manage anger/anxiety?
Please explain.

_____

_____

_____

_____

_____

Academic Skills

Reading skills
- ☐ Approximate grade level reading ability: _____
- ☐ No functional reading
- ☐ Reads chapter books
- ☐ Reads books silently
- ☐ Can answer questions about a reading selection
- ☐ Can summarize a reading selection
- ☐ Reads books for pleasure
- ☐ Makes inferences
- ☐ Title of last book read: _____

Math skills
- ☐ No functional math skills
- ☐ Handles money to make a purchase
- ☐ Counts change in bills
- ☐ Manages a checking account
- ☐ Stays within a budget

Computer skills
- ☐ Word processor
- ☐ Internet search
- ☐ Remembers password
- ☐ PowerPoint
- ☐ Requires assistance
- ☐ Uses Mac
- ☐ Uses PC
- ☐ Does not use the computer

Has participated in inclusive class
- ☐ No
- ☐ Yes, independently
- ☐ Yes, with assistant
- ☐ Yes, with accommodations

Following verbal directions
- ☐ Yes
- ☐ No
- ☐ With reminder

Following written directions
- ☐ Yes
- ☐ No
- ☐ With reminder

Listening skills
- ☐ Can retell a story
- ☐ Able to retell settings, problems, events and solutions
- ☐ Creates questions based on information presented

Time Management
- ☐ Uses a calendar
- ☐ Makes appointments
- ☐ Needs complete assistance
- ☐ Keeps planner/agenda
- ☐ Sets reminders on phone
- ☐ On time

Study Habits
- ☐ Studies independently
- ☐ Has tutor
- ☐ Requires one-on-one assistance
- ☐ Requires prompting
- ☐ Does not have homework

Note-taking
- ☐ Takes own notes
- ☐ Uses technology
- ☐ Requires copies of notes

Writing skills
- ☐ Has written papers
- ☐ Writes simple sentences
- ☐ Drafts, revises and edits
- ☐ Writes short paragraphs
- ☐ Uses punctuation
- ☐ Takes notes during class
- ☐ Copies notes from board
- ☐ Does not write
- ☐ Uses technology for writing

Tutor/Assistant
- ☐ Attended class with student
- ☐ Assisted with work one-on-one
- ☐ At home tutor
- ☐ No tutor or assistant

Assistive technology
- ☐ iPad-apps: _____
- ☐ Live Scribe Pen
- ☐ Laptop
- ☐ Voice Recognition software
- ☐ Dragon Naturally Speaking
- ☐ OneNote
- ☐ Evernote
- ☐ Recording device
- ☐ Google apps
- ☐ Other:_____

12. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the applications committee ensure the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness:

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Signature: _____ Date: _____

Please address the completed recommendation form to:

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Tulsa Technology Center
School District No.18
P.O. Box 477200
Tulsa, OK 74147.7200
Attn: ACD Application Committee

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