



Inclusive Post-Secondary Education (IPSE)

University of Calgary

St. Mary's University

STUDENT APPLICATION FORM

Inclusive Post-Secondary Education (IPSE)

Inclusive Post-Secondary Education (IPSE) facilitates opportunities for diverse learners to cultivate their academic and social aspirations, at either University of Calgary or St. Mary's University.

HOW TO APPLY

Applicants must be 18 years or older and qualify for Individualized Funding with Persons with Developmental Disabilities (PDD).

Complete this application including a MINIMUM of 2 Letters of Recommendation.

Submit your completed application:

- In Person: To our offices (EDB 051-054) at the University of Calgary
- By Email: To our Education Team Leader danica.babey2@ucalgary.ca
- By Mail: Inclusive Post-Secondary Education
Brentwood RPO, PO Box 45029
Calgary, AB T2L 1Y4

WHEN TO APPLY

Applications will be accepted between January 1st and March 31st for the Fall 2018 semester.

SELECTION PROCESS

- Completed applications (including a referral from your PDD Service Coordinator) will be reviewed after the March 31st deadline.
- Short-listed applicants will be contacted to arrange an interview by April 15th, 2018
*Please note; only applicants to be interviewed will be contacted
- Interviews will take place during the month of May 2018
- Interviewees (and their PDD Coordinator) will be advised regarding final decisions by June 1st, 2018.

Application for Admission

Fall 2018

The following application package consists of FIVE sections. Please use the checklist below to insure that your application is complete prior to submission.

SECTION A: GENERAL STUDENT INFORMATION

(To be completed by student as much as possible)

- **Student Information**
- **Family and Guardian Information**
- **Living Situation Information**
- **Funding Information**
- **Health-based Information**
- **Supports Information**

SECTION B: SCHOOL, WORK, AND VOLUNTEER HISTORY

(To be completed by student as much as possible)

- **School History**
- **Volunteer History**
- **Program and Agency History**
- **Work History**

SECTION C: STUDENT PROFILE

(To be completed by student as much as possible)

- **Written, Photo, or Video Essay Submitted**

SECTION D: PARENT SURVEY

(To be completed by parent(s))

- **Parent Survey**

SECTION E: LETTERS OF RECOMMENDATION

(To be completed by community members)

- **Letter of Recommendation #1**
- **Letter of Recommendation #2**
- **Letter of Recommendation #3 (Optional)**

SECTION A: GENERAL STUDENT INFORMATION

The following section will help us learn the basics about you.

This section was completed with:

(Check one) Lots of Assistance A Little Assistance No Assistance

STUDENT INFORMATION:

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	GENDER: <input type="radio"/> Male <input type="radio"/> Female
TELEPHONE (HOME):	TELEPHONE (CELL):
DATE OF BIRTH:	EMAIL ADDRESS:
WHICH CAMPUS ARE YOU INTERESTED IN? <input type="radio"/> University of Calgary <input type="radio"/> St. Mary's University <input type="radio"/> Either	
HAVE YOU APPLIED/WILL YOU BE APPLYING TO OTHER IPSE PROGRAMS?	

FAMILY INFORMATION:

PARENT NAME:	PARENT NAME:
PRIMARY PHONE NUMBER:	PRIMARY EMAIL:
STREET ADDRESS:	
CITY:	POSTAL CODE:

GUARDIAN INFORMATION:

ARE YOU YOUR OWN GUARDIAN? <input type="radio"/> Yes <input type="radio"/> No If NO, has an application been made through the courts? <input type="radio"/> Yes <input type="radio"/> No
GUARDIAN (AND RELATIONSHIP TO YOU):
GUARDIANSHIP STATUS: <input type="radio"/> Full Guardianship <input type="radio"/> Partial Guardianship <input type="radio"/> Guardianship in Progress <input type="radio"/> Guardianship Not Applicable
WHAT DECISIONS DO YOU MAKE ON YOUR OWN, AND WHAT DECISIONS DO YOU NEED HELP WITH?

LIVING SITUATION INFORMATION:

WHO DO YOU LIVE WITH? <input type="radio"/> Live with Parents <input type="radio"/> Live with other supports	
PRIMARY HOME CONTACT:	AGENCY NAME (IF APPLICABLE):
PRIMARY PHONE NUMBER:	SECONDARY PHONE NUMBER:

FUNDING INFORMATION:

ARE YOU RECEIVING FUNDING THROUGH PDD? <input type="radio"/> Yes <input type="radio"/> No If yes, what type(s) of funding are you receiving? <input type="radio"/> Education <input type="radio"/> Residential <input type="radio"/> Employment <input type="radio"/> Family Managed Services <input type="radio"/> Community Outreach If no, are you eligible to receive funding? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure If not sure, have you visited the Intake Worker at PDD? <input type="radio"/> Yes <input type="radio"/> No
PDD CLIENT SERVICE COORDINATOR INFORMATION NAME: EMAIL: PHONE:
ADDITIONAL COMMENTS ABOUT FUNDING (IF NEEDED):

HEALTH-BASED INFORMATION:

<p>INTELLECTUAL/PHYSICAL DISABILITY:</p>	<p>DESCRIBE ANY SPECIFIC NEEDS:</p>
<p>MEDICAL CONDITIONS:</p>	<p>DESCRIBE ANY SPECIFIC NEEDS:</p>
<p>PAST OR PRESENT COUNSELLING (Behavioural, Psychological, Etc.):</p>	<p>DESCRIBE ANY SPECIFIC NEEDS:</p>
<p>DO YOU TAKE ANY MEDICATIONS?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>WOULD YOU NEED ASSISTANCE AT SCHOOL WITH TAKING YOUR MEDICATIONS?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>

SUPPORTS INFORMATION:

DO YOU NEED SUPPORT WITH...		
Reading <i>(Comprehension, Sounding out Words, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Writing <i>(Spelling, Sentences, Writing Paragraphs, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Transportation <i>(Access Calgary, Public Transit Training, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Mobility <i>(Wheelchair, Cane, Walking Long Distances, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Time Management <i>(Telling Time, Being on Time, Following a Schedule, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Money Management <i>(Making Change, Paying for Items, Using a Debit Card, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Technology <i>(Using a Cell Phone, Using a Computer and the Internet, Sending Emails, Etc.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Washroom use <i>(During the time that you would be at school.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:
Eating/Meals <i>(During the time that you would be at school.)</i>	<input type="radio"/> Yes <input type="radio"/> No	DESCRIBE:

SECTION B: SCHOOL, WORK, AND VOLUNTEER HISTORY

The following section will help us learn about your experiences in school, work, and volunteering.

This section was completed with:

(Check one) Lots of Assistance A Little Assistance No Assistance

SCHOOL HISTORY:

School Attended:	Years Attended:
Type of Program: <input type="radio"/> Segregated <input type="radio"/> Inclusive <input type="radio"/> Other If OTHER, please describe:	
Types of accommodations and/or modifications that helped you as a student:	
School Attended:	Years Attended:
Type of Program: <input type="radio"/> Segregated <input type="radio"/> Inclusive <input type="radio"/> Other If OTHER, please describe:	
Types of accommodations and/or modifications that helped you as a student:	

VOLUNTEER HISTORY:

Place you Volunteered:	For how long?
What were your responsibilities?	
Place you Volunteered:	For how long?
What were your responsibilities?	
Place you Volunteered:	For how long?
What were your responsibilities?	

PROGRAM AND AGENCY HISTORY:

Program or Agency:	Months/Years Attended:
Type of Program (Employment, Life Skills, Respite, Education):	
Program or Agency:	Months/Years Attended:
Type of Program (Employment, Life Skills, Respite, Education):	
Program or Agency:	Months/Years Attended:
Type of Program (Employment, Life Skills, Respite, Education):	

WORK HISTORY:

Company or Organization Name:	Months/Years Employed:
What were your responsibilities?	
What kinds of support did you have?	
Company or Organization Name:	Months/Years Employed:
What were your responsibilities?	
What kinds of support did you have?	
Company or Organization Name:	Months/Years Employed:
What were your responsibilities?	
What kinds of support did you have?	

****If you have any additional school, volunteer, agency, or work experiences that you were not able to include in the above charts, feel free to attach an additional page to this package.***

SECTION C: STUDENT PROFILE

The following section will help us learn about who you are, what is important to you, and why you want to start the journey into post-secondary education.

This section was completed with:

(Check one) Lots of Assistance A Little Assistance No Assistance

We want to get to know YOU! Take some time to think about, talk about, and write down answers to the following questions before completing your task below.

1. Why do you want to go to university?
2. How do you learn best?
 - a. What makes you want to learn new things?
 - b. What keeps you interested in learning?
3. Who do you like to spend time with?
 - a. What kinds of things do you do with them?
4. What are some of your hobbies and interests?
5. What are your gifts (the things that you're good at)?
6. What kind of job would you like to have in the future?
7. If you could play a role in solving any problem in the world, which problem would you MOST want to tackle?

YOUR TASK: We want YOU to share your answers to the above questions with US in one of the following ways:

- **Write a short essay or collection of paragraphs that answer all of the questions above. You can write it by hand or you can type it.**
- **Create a presentation (such as a PowerPoint presentation) with pictures and phrases that answer all of the questions above.**
- **Have someone record a video of you telling us the answers to each of the questions above.**

The MOST important thing about this section of the application is that it tells us who YOU are! We want to know your passions, your strengths, and why you want to go to university!

TO SUBMIT THIS SECTION AS PART OF YOUR APPLICATION:

- If you completed a short essay or collection of paragraphs, please attach your answers to this application package.
- If you completed a presentation or video, please email your presentation or video to danica.babey2@ucalgary.ca
 - Please use the subject line: IPSE 2018 APPLICATION: YOUR NAME

SECTION D: PARENT SURVEY

The following section will help us learn about your values and beliefs regarding your son or daughter's participation in higher learning.

This section is to be completed by the parent(s) of the applicant.

Please circle (or select) a number on the scale for each statement.

1 = Strongly Agree 2 = Agree 3 = Neither Agree nor Disagree 4 = Disagree 5 = Strongly Disagree

1. I want my student to have one-to-one support from staff throughout the school day.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

2. My student is motivated to pursue higher learning.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

3. I want to be involved in the choosing of my student's classes, clubs, and other activities.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

4. I am confident that after learning routes, my student could travel to and from school independently.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

5. I encourage my student to take risks and learn from their mistakes.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

6. My student knows how to seek assistance, when needed.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

7. With support, my student will embrace and try new opportunities.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

8. I trust the judgement of my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

9. My student can handle small sums of money independently.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

10. With support, my student could provide me with regular updates of their classes and coursework.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

11. With support, my student has the ability to handle being challenged (pushed beyond their current ability/comfort zone).

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

12. I am able to assist my student in completing homework from an organization-based perspective (while ensuring they complete the work independently).

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

13. I feel that my student knows what is best for him/herself.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

14. I trust my student to spend time on campus without supervision.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

15. I believe that attending university will assist my student in achieving their life goals.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

16. I believe that my student can contribute/add value to the university and greater community with their abilities and strengths.

Strongly Agree 1 2 3 4 5 Strongly Disagree

Comments:

17. What would you like to see your student take away from the IPSE Program?

(Choose one or multiple)

- “Soft” skills/learning competencies (critical thinking, problem-solving, resilience to change etc.) that will benefit them throughout life
- A portfolio, featuring highlights and accomplishments from their IPSE experience
- An increased network of natural supports
- A sense of contribution to the greater community
- A degree or certificate in a particular area of study
- The opportunity to work with as many staff, students and professors as possible
- New friends
- A desire to be as independent as possible
- Ability and willingness to advocate for their own wishes and goals
- An idea of what they might want to pursue as a career
- Other:

SECTION E: LETTERS OF RECOMMENDATION

The following section will help us learn about you from other individuals who have had the opportunity to work with you or get to know you well.

This section should be completed by people who have worked with you as a student, volunteer, employee, or community member.

In order for your application to be considered complete, please include a **MINIMUM** of two Letters of Recommendation using the form on the following three pages.

Letters of Recommendation should be completed by someone such as:

- A Teacher from your High School
- A Boss or Supervisor from a Job
- A Boss or Supervisor from a Volunteer Position
- A Support Worker from another Program, Agency, or School

To complete this section of the application:

1. Print off a copy of the “Letter of Recommendation” form for each person you want to request to fill it out. (MINIMUM: 2 individuals)
2. Give a copy of the “Letter of Recommendation” form to each person you want to fill it out.
3. After your forms have been filled out, attach them to the back of this package.

INCLUSIVE POST-SECONDARY EDUCATION PROGRAM
University of Calgary and St. Mary's University

LETTER OF RECOMMENDATION FORM

(Student's Name)

The student named above is applying for admission into the Inclusive Post-Secondary Education program. Inclusive Post-Secondary Education (IPSE) facilitates opportunities for diverse learners to cultivate their academic and social aspirations, at either the University of Calgary or St. Mary's University. The program focuses on a broad set of learning competencies that will transfer to daily life, and create a smooth transition into working life/living with independence. Structured planning strategies include key areas of development like critical thinking, cognitive flexibility, decision-making, creative thinking, information management, cultural and global citizenship, and collaboration.

With the program focuses in mind, please answer the following questions to the best of your knowledge. Please provide examples where necessary and feel free to attach additional pages as needed. You may return the completed form to the student. The student will submit all Letters of Recommendation as part of their application for admission.

Thank you very much for your assistance.

NAME/POSITION:	ORGANIZATION:
STREET ADDRESS:	CITY:
POSTAL CODE:	TELEPHONE:
EMAIL:	

PART A:

Please answer the following questions to the best of your knowledge.

- 1. How long have you known the applicant and in what capacity?**
- 2. Why do you think university is the next best step for the applicant?**
- 3. How do you think the applicant will benefit from our program?**
- 4. To what extent do you believe that the family of the applicant will support them with increased independence in all aspects of attending university (attending classes, homework, joining clubs, transportation to and from school, etc.)? Please explain.**
- 5. To what extent do you believe that the family of the applicant will support them in taking risks, making mistakes, and learning from those mistakes? Please explain.**

PART B:

Where possible, please provide specific examples. If, within your relationship with the applicant you cannot provide a specific example, please comment on the nature of the skill in general.

- 1. Please give an example of a time when the applicant independently solved a problem in their life.**
- 2. Please give an example of a time that the applicant embraced a mistake and learned from it.**
- 3. Please give an example of a time that the applicant showed flexibility and/or adaptability.**
- 4. Please give an example of a time that the applicant showed leadership or advocated for themselves.**
- 5. Please give an example of a time that the applicant showed motivation and/or initiative.**

INCLUSIVE POST-SECONDARY EDUCATION PROGRAM
University of Calgary and St. Mary's University

LETTER OF RECOMMENDATION FORM

(Student's Name)

The student named above is applying for admission into the Inclusive Post-Secondary Education program. Inclusive Post-Secondary Education (IPSE) facilitates opportunities for diverse learners to cultivate their academic and social aspirations, at either the University of Calgary or St. Mary's University. The program focuses on a broad set of learning competencies that will transfer to daily life, and create a smooth transition into working life/living with independence. Structured planning strategies include key areas of development like critical thinking, cognitive flexibility, decision-making, creative thinking, information management, cultural and global citizenship, and collaboration.

With the program focuses in mind, please answer the following questions to the best of your knowledge. Please provide examples where necessary and feel free to attach additional pages as needed. You may return the completed form to the student. The student will submit all Letters of Recommendation as part of their application for admission.

Thank you very much for your assistance.

NAME/POSITION:	ORGANIZATION:
STREET ADDRESS:	CITY:
POSTAL CODE:	TELEPHONE:
EMAIL:	

INCLUSIVE POST-SECONDARY EDUCATION PROGRAM
University of Calgary and St. Mary's University

LETTER OF RECOMMENDATION FORM

(Student's Name)

The student named above is applying for admission into the Inclusive Post-Secondary Education program. Inclusive Post-Secondary Education (IPSE) facilitates opportunities for diverse learners to cultivate their academic and social aspirations, at either the University of Calgary or St. Mary's University. The program focuses on a broad set of learning competencies that will transfer to daily life, and create a smooth transition into working life/living with independence. Structured planning strategies include key areas of development like critical thinking, cognitive flexibility, decision-making, creative thinking, information management, cultural and global citizenship, and collaboration.

With the program focuses in mind, please answer the following questions to the best of your knowledge. Please provide examples where necessary and feel free to attach additional pages as needed. You may return the completed form to the student. The student will submit all Letters of Recommendation as part of their application for admission.

Thank you very much for your assistance.

NAME/POSITION:	ORGANIZATION:
STREET ADDRESS:	CITY:
POSTAL CODE:	TELEPHONE:
EMAIL:	

PART A:

Please answer the following questions to the best of your knowledge.

- 1. How long have you known the applicant and in what capacity?**
- 2. Why do you think university is the next best step for the applicant?**
- 3. How do you think the applicant will benefit from our program?**
- 4. To what extent do you believe that the family of the applicant will support them with increased independence in all aspects of attending university (attending classes, homework, joining clubs, transportation to and from school, etc.)? Please explain.**
- 5. To what extent do you believe that the family of the applicant will support them in taking risks, making mistakes, and learning from those mistakes? Please explain.**

PART B:

Where possible, please provide specific examples. If, within your relationship with the applicant you cannot provide a specific example, please comment on the nature of the skill in general.

- 1. Please give an example of a time when the applicant independently solved a problem in their life.**
- 2. Please give an example of a time that the applicant embraced a mistake and learned from it.**
- 3. Please give an example of a time that the applicant showed flexibility and/or adaptability.**
- 4. Please give an example of a time that the applicant showed leadership or advocated for themselves.**
- 5. Please give an example of a time that the applicant showed motivation and/or initiative.**