

Bobcat RISE Sample Application

This document is to give an overview of the questions included in the Bobcat RISE Application. **All applications must be submitted through the online application on the Bobcat RISE Website; this document will not be accepted as an official application.**

Parent/Guardian Information

First/Last Name

Address

City

State

Zip Code

Primary Phone

Email

Relationship to Applicant

Secondary Parent/Guardian Information

First/Last Name

Address

City

State

Zip Code

Primary Phone

Relationship to Applicant

Emergency Contact

First/Last Name

Primary Phone Number

Relationship to Applicant

Applicant Information

First/Middle/Last Name

Permanent Address

Primary Phone Number

Applicant Email Address- **must not be a parent email**

Guardianship

Applicants full date of birth

Current Age of applicant

If 18 or older, is the applicant his/her own [full legal guardian](#)? If the applicant has not reached their 18th birthday, will they be their own full legal guardian?

If no, who is the legal guardian.

Please describe in detail the type of guardianship in place.

Demographic Information

Race

Do you identify as Hispanic/Latinx/a/o?

Are you a Texas Resident?

Are you a US citizen?

Eligibility Information

Select all disability categories that correspond to the applicants diagnosis.

- Intellectual Disability (ID)
- Autism Spectrum Disorder (ASD)
- Hard of Hearing
- Deafness
- Orthopedic Impairment
- Blindness
- Speech Language Impairment
 - Pragmatics
 - Expressive Language
 - Receptive Language
 - Articulation
 - Fluency
 - Other:
- Specific Learning Disability (SLD)
 - Listening Comprehension
 - Reading Comprehension
 - Written Expression
 - Basic Reading Skills
 - Reading Fluency
 - Math Problem-Solving
 - Math Calculation
 - Oral Expression
- Other Health Impairment (OHI)
 - List your eligibilities:
- Deaf-Blindness
- Emotional/Behavioral Disorder
- Traumatic Brain Injury (TBI)

Support Services

Speech:

How much difficulty does speech present when communication with others? Describe challenges and strategies used to overcome those challenges.

What goals did you work on in speech therapy?

Occupational Therapy:

What goals did you work on in OT?

Recreational Therapy:

What goals did you work on in rec therapy?

Physical Therapy:

What goals did you work on in physical therapy?

Diploma:

What type of diploma did you/will you receive?

Education:

Setting	Name	Graduation/Dates Attended
High School		
Transitional 18+ program		
Community College		
University		
Job Corps/ Apprenticeships		
Homeschool		

Which BEST describes the curriculum and educational setting you experienced in HS?

- Mainstream (40)- Fully included in general education curriculum and general education classes
- Majority of General education classes, some co-teach/special education classes
- 50% of the time is general education, 50% is self-contained special education (resource, life skills, etc.)
- Partially included in general education, majority of classes in special education (resource, life skills, etc.)
- Not included in general education curriculum or classes. Only in self-contained classroom.

- Homeschooled
- Other:

What type of state assessment did you take?

Work History

Have you ever had a job? (paid or volunteer)

Where did you work?

What were your responsibilities? What tasks did you do?

Was it a paid job? If so, how much per hour?

Did you receive support from Texas Workforce Commission (TWC)?

Case manager Name

Case manager Email

Case ID#

Behavioral

Do you have a behavior improvement plan (BIP)?

If yes, submit a copy of your BIP.

Have you ever been in trouble with the law?

Applicant Personal Preferences- Applicant must answer this section.

What are your academic (math, science, reading, writing, history) strengths (what are you good at)?

What are your academic (math, science, reading, writing, history) weaknesses (what is hard)?

What skills do you need to continue working on?

How do you learn best? What accommodations do you need?

What class/subject did you like MOST in High School? Why?

What class/subject did you like LEAST in High School? Why?

In high school, what organizations, clubs, and/or extracurricular activities did you participate in?

In your community, what organizations, clubs, and/or extracurricular activities did you participate in?

Personal Support Inventory- to be completed by parent/guardian

Each skill will be rated one of the following: complete support, some/moderate support/reminders, independent, NA

Eating and Food Preparation

- Gathering ingredients and equipment
- Opens containers
- Follows Recipes
- Uses microwave
- Uses stove top
- Uses oven
- Uses other appliances
- Oral motor skills (chewing/swallowing/etc.)
- Uses utensils
- Sets Table
- Puts away left overs
- Wipes off kitchen surfaces
- Washes dishes (by hand or dishwasher)

Grooming and Dressing

- Brushes teeth
- Brushes/combs hair
- Cleans eye glasses
- Puts in contacts
- Cleans hearing aids
- Maintains clean appearance
- Dresses/undresses self

- Chooses appropriate clothing for season/weather conditions
- Maintains fingernails/toenails

Hygiene and Toileting

- Toileting needs
- Washes hands
- Bathes/showers regularly
- Washes/cleans hair
- Manages menstrual care
- Shaving
- Uses deodorant

Sexuality, Health, and Safety

- Awareness of public and private activities
- Closes door for bathing, toileting, dressing, etc.
- Appropriate show of affection with family/friends
- Knowledge of consent (self)
- Knowledge of consent (others)
- Appropriate control of sexual needs
- Awareness of bodily sexual functions
- Knowledge and/or use of birth control methods
- Disease transmission (e.g. cover mouth/nose when sneezing/coughing, blows nose, objects in mouth, etc.)
- Health concerns specific to disability (e.g. skin care, range of motion, positioning, seizure plan, etc.)
- Manages medication (e.g. knows medication schedule, knows which medication to take, ability to swallow, etc.)
- Cares for minor injury and/or illness
- Awareness of hazards and emergency procedures: Poison
- Awareness of hazards and emergency procedures: Fire
- Awareness of hazards and emergency procedures: Accidents

Travel and Transportation

- Safely crosses streets
- Arrives at destination

- Carries identification
- Asks for help
- Responsible for possessions (able to keep up with belongings)
- Uses caution with strangers
- When riding a bicycle/scooter: knows safety rules
- When riding a bicycle/scooter: able to find way
- When riding a city/school bus: knows safety rules
- When riding a city/school bus: can make transfer
- When riding a city/school bus: knows how to find the correct bus
- Can use GPS or other map apps
- Knows how to drive
- Has a drivers license

Using Services and General Shopping

- Makes appointments
- Uses banking services (ATM, deposits, etc.)
- Able to do laundry
- Makes shopping list
- Knows how to budget money
- Handles money exchanges (bills/coins, checks, change)
- Makes appropriate buying choices
- Can compare prices
- Selects appropriate store
- Selects items within budget
- Makes wise buying choices
- At a restaurant: orders own food
- At a restaurant: communicates with waitperson
- At a restaurant: can locate restroom
- At a restaurant: tallies bill including tip
- At a restaurant: knows how to pay

Planning and Scheduling

- Shows up on time
- Adapts to changes in routine
- Able to tell time

- Uses a time management system (calendar/planner)
- Plans homework time
- Arranges study area
- Attends to homework
- Plans time for chores
- Independently wakes up for the day using alarms
- Plans for unstructured time (hanging out with friends, knows what to do with free time)
- Arranges transportation

Social Skills

- Phone etiquette
- Dials phone
- Uses phone in emergency situations
- Can use assistive technology is necessary
- Can text message
- Can use the internet and/or apps on a smart phone
- Uses a computer
- Uses a tablet
- Introduces self
- Follows instructions
- Accepts criticism or consequences
- Accepts “no” for an answer
- Greets people appropriately
- Get’s peoples attention appropriately
- Disagrees appropriately
- Apologizes
- Engages in conversation
- Gives compliments
- Reports peer behavior appropriately

Please use the following prompts to provide us with an in depth assessment of your students abilities, characteristics, and anything else you think will help us determine if your student is a good fit for Bobcat RISE.

What are your students strengths and weaknesses?

Does your child have any specific sensory needs? (Chewies, deep pressure, certain stems, headphones, etc.)

What makes your student unique?

What things/activities/hobbies does your student show special interest in?

How has your student prepared for independent living?

How does your student do with unstructured (unscheduled/free) time?

What else do you want us to know?

Student Essay

This section is to be completed by the student.

This is an opportunity for the student to demonstrate communication skills and to share more deeply about themselves. This can be completed in a written essay or in a video essay (3 minute limit).

Recommendations:

Written Essay: Use Word or Google Docs and upload the file

Video Essay: Upload to YouTube, Google Drive, or Dropbox and submit the link on a word document or upload a video file to the application.

In your essay (written or video) answer the following questions:

1. Tell us about your strengths. What are you good at?
2. Why do you want to attend Bobcat RISE?
3. Do you want to get a job after college? What is your dream job?
4. After college, where would you like to live? (Examples: at home with parents, in your own apartment, with friend/roommates, in a group home, etc.)
5. What do you do in your free time? (Examples: Do you volunteer? Play an instrument? Play a sport? Paint?)
6. Living in student housing with other Bobcats, both in RISE and not in RISE, is an important component of the Bobcat RISE program.

What would you tell a future roommate about yourself? For instance, what do you like/dislike?

How do you handle difficult or stressful situations?

What are some difficulties you might have with a roommate and how would you handle the conflict? (Example: You like to throw your wet towel on the floor after a shower and your roommate wants you to hang it to dry. How would you work through that?)

References

Educator Reference

Name

Email

Phone

Personal Reference

Name

Email

Phone

Required Documents

- Most recent IEP
- Most recent FIE—recommend requesting an updated FIE through the school if the most recent is a REED. We are looking for the data on achievement tests given.
- Transition Plan (may be part of your IEP)
- High School Transcript (official or unofficial)