



**The L.I.V.E.S. Program**  
(Learning Independence, Vocation and Educational Skills)

at

**SUNY Geneseo**  
in collaboration with

**Genesee Valley Educational Partnership**

**Student Application**

Please return application to address listed below:

Genesee Valley Educational Partnership  
c/o Special Education Intake, LIVES  
80 Munson Street  
LeRoy, NY 14482

(585) 344/658-7540

## **Application Process**

While the L.I.V.E.S. *Program* is a university-based transition program, students will be admitted to the G.V. Educational Partnership (GVEP) 18-21 year old L.I.V.E.S. Program at SUNY Geneseo and not SUNY Geneseo. That is, students in this program will *not* be matriculated students of SUNY Geneseo. The L.I.V.E.S. Program will seek to accept 8-12 new students each year, typically between 18-21 years of age at the start of their program. All applicants must complete an application process. Potential applicants may be observed by a L.I.V.E.S. Program and GVEP staff member to help determine the appropriateness of the program for the student. Potential applicants will likely:

- have intellectual and/or developmental disabilities;
- have attended 4 years of high school and have maintained a satisfactory attendance record;
- be working toward a Local Diploma or CDOS Credential;
- have demonstrated successful participation in an academic setting, work readiness curriculum, and/or a vocational situation;
- demonstrate good social skills and the ability to act in a socially appropriate manner;
- have demonstrated independence and social skills, and as well as a desire for greater independence and further development of social skills;
- have a familial or natural support group that will help the student reach his/her goals;
- travel independently, have a transportation plan, or be familiar with a public transportation system; and
- be willing to make a two-four year commitment.

## **Intake Process**

Applications are due by April 15<sup>th</sup> for the following academic year. Once the completed application has been submitted, potential students will be contacted in May for a student interview and parent/family interview. The following documentation should be included along with the application:

- most recent Individualized Education Plan (IEP);
- most recent educational and psychological evaluations (within 3 years);
- related service evaluations, if applicable. (Speech, PT, OT, Assistive Technology, etc.); and
- teacher or service provider letter of recommendation.

Admission decisions will be made by June 15<sup>th</sup> for students beginning in the fall semester. Decisions are based on:

- applicant's learning needs and desire to attend the program;
- ability of program to meet applicant's needs and goals;
- ability of the applicant to demonstrate behaviors for success and independently negotiate transitions between classes, buildings, lunch, and non-academic activities;
- potential of applicant to successfully achieve his/her goals within the context of the program content and setting; and

- commitment from the applicant's family/caregivers to support the goals of the program.

All applicants and their families must participate in an interview process which is designed to determine the student's needs, preferences, and interests, taking into account h/her specific wants and desires. The interview process is designed to determine:

- the applicant's learning preferences;
- current life skills;
- vocational interests; and
- level of independence.

## **Application Checklist**

- I attended an informational meeting on \_\_\_\_\_.
- I have visited the program, (date) \_\_\_\_\_.
- I submitted my high school transcript and any records.
- I submitted current educational, psychological, and social evaluations which have been conducted within the last three (3) years.
- I completed the L.I.V.E.S. Program application packet, which includes:
  - L.I.V.E.S. Program Application
  - Questions about Me
  - Parent/Guardian Information (recommended but not required)
  - Three Letters of recommendation
    - Letter from CSE Chairperson (mandatory)
    - Teacher
    - Employer/Community Member
    - Personal (relative)
- Current IEP

When the student is accepted into the L.I.V.E.S. Program, s/he will need to provide a recent photograph, medical information, read and sign the SUNY Geneseo Student Code of Conduct

Mail completed application to address below:

Genesee Valley Educational Partnership  
c/o Special Education Intake LIVES  
80 Munson Street  
LeRoy, NY 14482

### **Intake Process**

1. Program visit with parent/guardian
2. Student visit to shadow for ½ day or full day
3. Application completed and submitted
4. Interview with SUNY Geneseo Coordinator
5. Acceptance and CSE meeting

# The L.I.V.E.S. Application Form

This form is to be completed by the student

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Primary Contact Number(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Month

Day

Year

High School Attending or Attended \_\_\_\_\_

Date of Graduation or Expected Graduation \_\_\_\_\_

Exit Credential \_\_\_\_\_

I understand that I am applying to a 4-year program for transition, vocational/employment, and educational skills at SUNY Geneseo, funded through a collaborative partnership by SUNY Geneseo and Genesee Valley Educational Partnership. The information provided on this application is my own work and represents my own thoughts. I verify that I meet the eligibility requirements as described on page 2 of this packet.

Your signature \_\_\_\_\_

Print your name \_\_\_\_\_

Date \_\_\_\_\_

## Questions about Me

Name \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions to the best of your ability. Your answers should be short, but you may attach additional sheets of paper if needed.

Tell us about any activities, hobbies, and/or groups that you belong to or have belonged to. (You may not have an answer for each question).

1. I play the following sports \_\_\_\_\_

---

---

2. I belong to the following clubs or organizations or I have belonged to the following clubs or organizations \_\_\_\_\_

---

---

3. I work/volunteer at \_\_\_\_\_

---

---

4. My other interests include \_\_\_\_\_

---

---

5. I would like to take a class or classes about \_\_\_\_\_

---

6. Two goals for my future are

a. Goal 1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Goal 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sample Student Interview Questions

Students who submit a completed application form will be required to participate in an intake interview with members of the L.I.V.E.S. Program Admissions Committee. This interview will provide the student the opportunity to learn more about the program and give the Admissions Committee the opportunity to learn more about the student. The questions below illustrate the types of questions that may be asked during the intake interviews; there are no right or wrong answers to the questions and students do not need to prepare or rehearse answers to these questions.

1. Why do you want to go to college?
2. What do you know about SUNY Geneseo and the L.I.V.E.S. Program?
3. How will you get to and from college?
4. What questions do you have about the L.I.V.E.S. Program and school?

## Parent/Guardian Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Student's Name \_\_\_\_\_

Please detail why you are interested in the L.I.V.E.S. Program for the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any assistance the applicant had in completing this application. (This will not affect the admissions decision process.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that \_\_\_\_\_ is applying for admission to attend the L.I.V.E.S. Program, a transition/postsecondary program, at SUNY Geneseo in collaboration with Genesee Valley Educational Partnership. If s/he is selected to participate, I will ensure that s/he will attend the program. I certify that s/he meets the following eligibility criteria: has an intellectual or developmental disability; is between the ages of 18-21; demonstrates a desire to continue his/her education; and displays socially appropriate skills at school, home and community.

Your signature \_\_\_\_\_

Print your name \_\_\_\_\_

Date \_\_\_\_\_



## Personal Recommendation Letter

### **Applicant**

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ State Zip Code

City

Person writing the recommendation

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

I have known the applicant for (specify years/months) \_\_\_\_\_

Please use a separate sheet of paper to discuss the following:

1. Describe how you know the applicant, what are their strengths, abilities and challenges?
2. Describe why you feel the applicant would benefit from a transition program in preparation for postsecondary goals in a college setting.
3. Describe the applicant's desire to learn, using examples from your relationship.

The letter of recommendation should be no more than two (2) pages in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who must enclose it in s/he application packet.



## Genesee Valley Educational Partnership Student Information Notice and Declination

The Genesee Valley Educational Partnership takes great pride in our students. We celebrate their activities and accomplishments. We share those activities and accomplishments with the public in many ways, including through our own flyers and newsletters, as well as through newspapers, on the Partnership website, on teacher websites, on video recordings used for professional development and to obtain teacher certification, and on social media such as Facebook, Twitter and podcasts. We love to tell our story.

In the process of telling our story, sometimes we release background information about the students who participate. That information is called, "directory information." More specifically, directory information includes:

1. Student honors, awards, degree earned and past projects completed,
2. Student names, the Partnership activities they participate in, their photograph and video recordings of the students,
3. Student academic programs, courses, statements and interviews, and
4. Student grade level, dates of attendance and home school.

Directory Information **does not include** more private information such as student test scores, grades, special education classification or student discipline records.

The Partnership does not share information that we feel is of a personal or private nature. However, some eligible students<sup>1</sup>, parents or legal guardians may still prefer that even the directory information listed above not be shared or publicized. In that case, the eligible student, parent or legal guardian may prohibit the release of the student's directory information completing this form and returning it to the Principal at the student's campus.

---

### **DO NOT SIGN AND RETURN THIS FORM Unless You Want to Prohibit the Sharing of Your Student's Directory Information**

Dear Principal \_\_\_\_\_: Please do not share or publicize this student's Directory Information:

\_\_\_\_\_  
Student name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Eligible Student Name (print)

\_\_\_\_\_  
Parent/Guardian/Eligible Student Name (signature)

<sup>1</sup> An "eligible student" is a student who is 18 years of age or older or who is attending a postsecondary institution.