



STRIVE Academy

Select Training Received in Vocational Education

DMACC
DES MOINES AREA
COMMUNITY COLLEGE
Life's Calling™

STRIVEacademy.DMACC.edu

STRIVE Academy

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STRIVE Academy Limitations

DMACC STRIVE Academy is a semi-independent environment and does not have services in place to meet the needs of students:

- with behavior management needs,
- with emotional or mental disabilities,
- who are a flight risk,
- who are a safety risk to oneself in a kitchen semi-independent environment.

Students with these needs should be placed in an environment where their needs can be met.

STRIVE Academy/DMACC Student Referral Form

(To be completed by a special education teacher)

Date: _____

Student Name: _____ Birthdate: _____
Home Phone #: _____
Address: _____ Student Cell #: _____
Email: _____

Parent(s) Name: _____ Parent Cell #: _____
Parent Work #: _____
Email: _____
Address (If different from above): _____

Referring District:

Administrative Contact Person: _____ PHONE: _____
Job Title: _____ EMAIL: _____

Special Class Teacher: _____ PHONE: _____
EMAIL: _____

Resident District (If different from above):

Administrative Contact Person: _____ PHONE: _____
Job Title: _____ EMAIL: _____

*** If the resident district is different from the referring district, the referring district **must** communicate with the resident district to determine who should receive the contract, billings, meeting notices, etc.*

Identify the district who will contract with STRIVE Academy: _____

Vocational Rehabilitation Client: Yes _____ No _____

Counselor Name: _____
Phone: _____ Email: _____

Attendance (Days absent): 10th _____ 11th _____ 12th _____

Continued on next page...

STRIVE Academy/DMACC Student Referral Form (Continued)

The student is expected to be able to perform the following skills independently.
Please verify that this student has the following skills:

Required Skills

Medication

Take medication in correct dosages at correct time.
Refill medication as needed.

YES

NO

Independence

Student is able to live independently with minimal supervision

Preferred Skills

Dorm/Independent Living

Take care of health and grooming daily. This includes showering, using deodorant, brushing teeth, keeping fingernails and hair neat.

Keep dorm room tidy daily. This includes picking up clothes, emptying trash, cleaning kitchen, bathroom & living areas.

Organizing your day

Get up on your own and arrive to class on time.

Being prepared by having your own safety/first aid kit.

Academically

Write down homework assignments and come to class prepared.

Organize your work. This includes knows what needs to be done, gets started independently and has an organizational system.

Follow a schedule.

I acknowledge this student referral to the STRIVE Academy program at DMACC is being made by the _____ School District. I further understand the _____ School District will contract with the college for the exact cost of the student's program and will received an itemized bill for this amount.

Superintendent or Designee _____ Date _____

DMACC STRIVE Academy Application

(To be filled out by student & parent)

Applicant Information

Student Name:				Date of application:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	Birth Date (mm/dd/yyyy)	

Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone:		Email	
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Parent/Guardian Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		

Address:			
	<i>Street Address</i>		<i>Apartment/Unit #</i>

	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Phone:		Email	
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Academic fall year of enrollment:	
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Are you a citizen of the United States?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you a permanent resident of the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>			

Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a behavior goal, and or is behavior an issue?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, explain:	

Education

High School:		Address:	
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From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:	
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H.S. Administrator's Name:			
		<i>Last</i>	<i>First</i>
Phone:		Email	

H.S. Special Education Teacher's Name:			
		<i>Last</i>	<i>First</i>
Phone:		Email	

References

At DMACC we believe, "To get something you've never had you have to do something you've never done," by Thomas Jefferson.

Are you, the student, ready and able to take on the challenge of living with minimal supervision?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>
Are you, the parents, ready and able to let your student take on the challenge of living with minimal supervision?	Yes <input type="checkbox"/>	NO <input type="checkbox"/>

Please list 3 reasons why you (the student) would be a good candidate for the STRIVE Academy:	
Parents/ Guardians please list 3 reasons why your student would be a good candidate for the STRIVE Academy:	

Required Skills

Can you take medication in correct dosages at correct times?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you refill medication as needed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you live independently with minimal supervision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application or interview may result in my release from the program.

Signature: _____

Date: _____

Family/Student Contract with DMACC STRIVE Academy

I, _____ (Student's Name), agree to take ownership of my education. I understand that my academic/living skills/employability success depends on class attendance, quality of work on assignments and projects, and my personal performance on assessments as well as on the job skills. I understand that STRIVE Academy services are in place to provide education, living, and employability skill experience, support, and training and that my success is ultimately my responsibility, not that of the STRIVE Academy staff.

I acknowledge that the STRIVE Academy will provide in-class academic support and educational training in the areas of independent living and employability skills. Support includes assistance with organization, re-teaching and progress monitoring. I understand that the STRIVE Academy does not provide academic support during summer semesters.

STRIVE Academy has expressed the following concerns (see circled areas) that could potentially affect the success of this student's independent college experience:

- Cannot take medication by themselves
- Requires greater supervision needs than which the program is designed
- Requires ability for students to be prepared for classes and arrive to class on time

- Requires greater academic assistance than which the program is designed
- Student demonstrates behavior concerns which the program is not designed to meet

Student's Signature

Date

Parent's Signature

Date

STRIVE Staff Signature

Date

Parental Consent and Release Form for STRIVE Academy Students

Des Moines Area Community College PARENTAL/GUARDIAN CONSENT FOR:

Acknowledgement of Personal Liability, and my student to ride with a college student driver, faculty driver, and or staff member driver

Background

My student, _____, has permission to participate in off campus trips for the _____ academic school year. I understand that my student's participation in the activity is a privilege, and not a right. All DMACC policies and procedures; rules of conduct set forth in the Student Code of Conduct pertain. I understand that all college rules and policies apply to my student and the other students during trips.

Transportation & Waiver

I also understand that private drivers, which may include my child (pending my written permission below), a teacher, an administrator, or college student participating in the activity, may be used to transport students to and from activities. DMACC's insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a guardian/or other designated driver (including student-drivers), arising from the operation of a motor vehicle in relation to the above listed activity, is hereby waived.

Please initial on the spaces to the left of each statement below to acknowledge your acceptance of the following permissions.

_____ I give permission for my student to ride in a vehicle driven by a teacher, an administrator, sponsor, or college student to activities.

I also understand that I have the ability to refuse to sign this form. In addition, that if I refuse to sign, my student will not be permitted to participate in specific activities.

Acknowledgement of Personal Liability & Waiver

I also understand that transportation may expose my student to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my student by reason of his/her participation.

By signing this form, however, I hereby release Des Moines Area Community College, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my student's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my students; or, (c) arising out of a teacher/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the student or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this ____ day of _____, 20____.

This consent and release has been read and is understood by me (Parent/Guardian)

Student's Signature and Date

Signature of Student's Parent or Legal Guardian and Date



Policy for Student Conduct, Suspension, and Dismissal

Student conduct rules are structured to provide respect and protection to the rights and welfare of all students.

Standards of student conduct, the violation of which may lead to suspension or dismissal, are:

1. Obstruction or disruption of the learning environment.
2. Obstruction or disruption of college students' activities or events.
3. Conduct which threatens or endangers other persons or college property, or which threatens or endangers other property at STRIVE/DMACC sponsored events.
4. Theft or damage to property owned by students, employees or visitors on Campus View/DMACC property or at STRIVE/DMACC sponsored events.
4. The unlawful entry into DMACC-owned buildings or the unlawful use of DMACC equipment or vehicles.
5. The illegal use, possession or distribution of controlled substances, as defined by the laws of the State of Iowa, while on Campus View/DMACC property or at STRIVE/DMACC sponsored events.
6. The possession of alcohol, tobacco, firearms, dangerous weapons or explosives while on Campus View/DMACC property or at STRIVE/DMACC sponsored events.
7. The habitual noncompliance with health or safety regulations established either by a municipality, state, or federal government, or health or safety regulations established by DMACC and which the students have been informed that such regulations must be followed.

The IEP team reserves the right to exit the student from special education services and the STRIVE Academy, if deemed appropriate, due to misconduct and/or failing to maintain attendance and/or educational standards.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY

Student Signature

Date

Parent/Guardian Signature

Date

STRIVE Academy Referral Checklist

(For special education teacher use only)

Check the "STRIVE Academy Referral Timeline" link for referral deadlines. Items 1-4 need to be submitted by March 2nd.

Submit Item 1

- _____ 1. Completed Student Referral Form
- Be sure to identify the administrative contact person who should receive the contract, meeting notices, etc.
 - Be sure to identify and notify the resident district & their administrative contact person if different from the referring district

Email or Mail Items 2, 3, & 4 to: Karey Palmer
STRIVE Academy
Des Moines Area Community College
2006 S. Ankeny, Blvd, Bldg. 19 Rm 40AB
Ankeny, IA 50023
kipalmer2@dmacc.edu

- _____ 2. Copy of up-to-date high school transcript
- _____ 3. Copies of student's junior and senior IEPs
- _____ 4. Complete a Three-Year Evaluation must be completed the spring before attending the Academy.
- _____ 5. Student Parent Application.
- _____ 6. Permission to transport form.
- _____ 7. Copies of evaluations or other information that would be pertinent

The following items are required but do not have to be sent. We will be able to access this information through the IEP system at the beginning of the school year.

- _____ 8. An updated 3-year evaluation IEP should be completed in May of the student's senior year for students starting fall semester (Aug.) OR in December of the student's senior year for students starting spring semester (Jan.). **DO NOT EXIT** student from special education services or they will not be eligible for the STRIVE program.
- Write an IEP review, not an amendment
 - STRIVE Academy living & working goals must be in place (sample goal pages will be sent to the teacher)
- _____ 9. Inform the student that he/she is not eligible for FAFSA, Pell Grant, etc. (federal student financial aid) while in STRIVE Academy.

For IEP/3 year evaluation questions, talk to your AEA Consultant or call the STRIVE Academy office at 515-964-6689.