TRANSITIONAL STUDIES

CAREER ACADEMY PATHWAY PROGRAM

APPLICATION PACKET

APPLICATION CHECKLIST

Please submit the following items:

- ☐ A Completed Application
- ☐ Two (2) Adaptive Behavior Skills Checklists (completed by professionals in sealed envelopes or sent via email to the Director of Transitional Studies, pcctransitionalstudies@my.pittcc.edu, contact number: 252-493-7439.
- ☐ Copy of Psychological Evaluation (most current) and IEP or 504 Plan to be given to the Office of Accessibility (if accommodations are being requested)
- ☐ Completed FERPA form

The CAREER ACADEMY (Adult Basic Life-Skills Education) pathway is a tuition-waived, grant-funded program.

Legal guardians are expected to attend orientation with accepted students.

Pitt Community College
Transitional Studies Department
PO Drawer 7007
Greenville, NC 27835-7007

PROGRAM MISSION

The Career Academy is an academic program designed to enhance reading, writing, math, technical skills, and work skills to prepare students for volunteer, employment, or college. Pathway courses are focused on helping students gain the necessary skills to find meaningful career/job or volunteer opportunities upon program completion. The program also focuses on social, digital, and technical skills to further personal/professional development.

The Career Academy program strives to bridge the gap and create opportunities for employers to hire and build unique positions for adults with IDD (intellectual and/or developmental disability) that will prepare them to succeed in a chosen career field. Students in the Career Academy pathway program will have opportunities to collaborate with ECU Pirate Wellness Program students, PCC Occupational Therapy students, and other community-based organizations to support classroom learning.

CAREER ACADEMY PATHWAY PROGRAM STANDARDS

AGE REQUIREMENT

Students who are applying to our program must be 18 years or older.

BASIC EDUCATION PROFICIENCY

Prospective students must achieve an educational functioning level placement score according to the NRS (National Reporting System) and the NCCCS Adult Basic Education Content Standards. Currently, we are using the Test of Adult Basic Education (TABE) to assess current educational functioning levels.

ADAPTIVE BEHAVIOR SKILLS CHECKLIST

Students must submit two (2) Adaptive Behavior Skills Checklists completed by someone who has worked with them in a ***professional capacity*** which indicate the student's ability to successfully participate in the Career Academy Pathway program. A family member/parent/guardian should **not** complete the behavior checklist. Refer to the FAQs for more guidance on who is eligible to complete the checklist. These can be submitted in sealed envelopes along with the program application or submitted via email to the Director of Transitional Studies at pcctransitionalstudies@my.pittcc.edu.

INTERVIEW

Students must complete an interview with a PCC staff member and demonstrate appropriate social, behavioral, and practical skills.

APPLICATION FOR CAREER ACADEMY

STUDENT INFORMATION

Name_____

Address _____

City _____

State _____

Zip Code _____

Phone Number 1 _____

Phone Number 2 (optional) _____

Email Address _____

WILL YOU BE AT LEAST 18 YEARS OLD BY THE PROGRAM STARTING DATE?

Yes ☐ No ☐

ARE YOU YOUR OWN LEGAL GUARDIAN?

Yes ☐ No ☐

If NO, please list the name of your legal guardian _____

Guardian's Phone Number _____

Guardian's Email address:_____

DO YOU HAVE TRANSPORTATION TO PCC CAMPUS?

☐ I will apply for PATS ☐ Someone else will drive me

☐ I will drive myself ☐ Other (ex., use public transportation, support worker, etc.)

We apply for a PATS grant each year to supplement and support transportation for Career Academy students. However, the grant application is not submitted until September/October each year and we are not guaranteed funds. Transportation needs to be secured prior to this receiving this grant.

Please read all the answers and then **check** the most correct answers.

HAVE YOU COMPLETED HIGH SCHOOL?

☐ Yes, I received my diploma in (month & year)_____

☐ Yes, I received my "Graduation Certificate" (formerly Certificate of Achievement) in

(month & year) _____

☐ No. My highest grade completed was grade _____ in (month & year) _____

WHAT WAS THE LAST SCHOOL YOU ATTENDED?

School Name: _____

City: _____ State:_____

STUDENT RECORDS

ACCESSIBILITY SERVICES

Students who require accessibility services or Career Academy accommodations must identify themselves as having a disability and provide current diagnostic documentation to the Office of Accessibility. For more information about these services, please contact the Office of Accessibility at 252-493-7285.

SCHOOL/AGENCY REFERRAL

Two Career Academy Adaptive Behavior Skills Checklists must be completed and submitted along with this application. The individuals completing these forms must be someone familiar with the student's skills or work habits and must have worked with the student in a professional capacity; for example as a teacher, job coach, counselor, social worker, employer or supervisor (**no friends or family members**).

CURRENT EMPLOYMENT INFORMATION

If employed, please complete the following information

STUDENT'S EMPLOYMENT STATUS:

☐ Unemployed, not seeking a job ☐ Unemployed, seeking a Job

☐ Employed _____ Hours per week

Employer: _____

Please check one that apply to you:

☐ Volunteer Work ☐ Paid Employment

Direct Supervisor _____

Work Phone Number _____

Work Days / Hours _____

APPLICANT'S SIGNATURE

Please read and sign below

By completing and submitting this application, I agree to the policies and procedures of Pitt Community College. I understand my failure to provide complete, accurate and truthful information on this application may be grounds for refusal of admission.

Student's Signature: _____ Date _____

EMERGENCY CONTACT INFORMATION

Please include contact information for any person you give us permission to contact in case of an emergency. I understand it is my responsibility to updating information for my emergency contacts if/when it changes.

CONTACT INFORMATION #1

Name _____

Relationship _____

Phone Number 1 _____

Phone Number 2 (optional) _____

Email Address _____

CONTACT INFORMATION #2

Name _____

Relationship _____

Phone Number 1 _____

Phone Number 2 (optional) _____

Email Address _____