

# College to Career Embracing Possibilities

College to Career (C2C) is a new and innovative program offered through North Orange Continuing Education. We will be accepting 20 students for the **Fall 2021** school year. The College to Career program is for adults with intellectual disabilities who would like to attend college, gain work experience, and achieve integrated employment in career areas of their choice.

All applications and eligibility criteria will be reviewed by C2C staff. Students who meet eligibility criteria and who submit completed applications will be invited to an interview on one of our three campuses. Letters will be mailed to your home to inform you of the panel's decision. Applicants not selected for an interview will also be notified by mail.

College to Career program will not accept incomplete applications. Please be sure to complete the entire application to the best of your abilities and then submit it along with documentation verifying your intellectual disability to the address below. If you have questions or need help and assistance in completing your application, please contact Marta Gamez at [mgamez@noce.edu](mailto:mgamez@noce.edu).

**Submit your completed applications via email to:  
[CollegetoCareer@noce.edu](mailto:CollegetoCareer@noce.edu) or [mgamez@noce.edu](mailto:mgamez@noce.edu)**

**In order to be considered for the College to Career program you must meet all of the following criteria:**

- Be at least 18 years of age
- Have an intellectual Disability or Autism Diagnosis
- Eligible for Department of Rehabilitation services
- Have the willingness to learn to travel independently e.g. by bus
- Possess necessary documentation in order to work (e.g., Social Security card, Green card, etc.)
- Need to enroll in at least one inclusive class through the North Orange County Community College District

## COLLEGE TO CAREER

Today's Date: \_\_\_\_\_

### Personal Information:

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

Banner ID #: \_\_\_\_\_ Campus:  Cypress College  Fullerton College  School of Continuing  
Education

Do you have a social security card?  Yes

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

### Service Agencies:

Regional Center:

RCOC  HRC  SCLARC  ELARC  Westside  Other \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Dept of Rehabilitation:

Counselor: \_\_\_\_\_ District Office: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

### Education Information:

Education completed:

GED  High School Diploma  Certificate of Completion

Name of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name of other School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree/certificate: \_\_\_\_\_

Are you currently part of an Adult Transition Program?  Yes  No

If you are, when do you plan on graduating or transitioning out of the program? \_\_\_\_\_

Are you currently enrolled in the NOCCCD? Please check:  Cypress College  Fullerton College  NOCE

List your program or major: \_\_\_\_\_

### Verification of Disability:

I have attached the following documentation to verify that I have an intellectual disability:

Most recent Regional Center IPP  Most recent CDER  Testing/Assessments  Other \_\_\_\_\_

OR

I have requested that my Regional Center service coordinator email my most recent IPP and CDER to [mgamez@noce.edu](mailto:mgamez@noce.edu)

## COLLEGE TO CAREER

### Work Experience:

I have no prior work experience

Employer: \_\_\_\_  Paid  Volunteer

Position: \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_

Employer Address: \_\_\_\_

Duties performed: \_\_\_\_

Dates of employment \_\_\_\_ to \_\_\_\_ Beginning wage \_\_\_\_ Ending wage \_\_\_\_

Immediate Supervisors Name: \_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_

How many hours did you work a week? \_\_\_\_

How did you find this job? \_\_\_\_

Why did you leave this job? \_\_\_\_

Did you have a job coach?  Y  N Agency Name: \_\_\_\_

What kind of supports did you have? \_\_\_\_

Employer: \_\_\_\_  Paid  Volunteer

Position: \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_

Employer Address: \_\_\_\_

Duties performed: \_\_\_\_

Dates of employment \_\_\_\_ to \_\_\_\_ Beginning wage \_\_\_\_ Ending wage \_\_\_\_

Immediate Supervisors Name: \_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_

How many hours did you work a week? \_\_\_\_

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Employer: \_\_\_\_  Paid  Volunteer

Position: \_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_

Employer Address: \_\_\_\_

Duties performed: \_\_\_\_

Dates of employment \_\_\_\_ to \_\_\_\_ Beginning wage \_\_\_\_ Ending wage \_\_\_\_

Immediate Supervisors Name: \_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_

How many hours did you work a week? \_\_\_\_

How did you find this job? \_\_\_\_

Why did you leave this job? \_\_\_\_

Did you have a job coach?  Y  N Agency Name: \_\_\_\_

What kind of supports did you have? \_\_\_\_

## COLLEGE TO CAREER

### Vocational Interests:

**What kind of job would you like to have?(Please Check your top three choices)**

- |   |  |                                      |                                      |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Department Store   | <input type="checkbox"/> Restaurant    | <input type="checkbox"/> Janitorial  | <input type="checkbox"/> Warehouse   |
| <input type="checkbox"/> Home Health Aide   | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Fast Food   | <input type="checkbox"/> Automotive  |
| <input type="checkbox"/> Clerical           | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Security    | <input type="checkbox"/> Childcare   |
| <input type="checkbox"/> Hair or Nail Salon | <input type="checkbox"/> Landscaping   | <input type="checkbox"/> Car Wash    | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Elderly Care       | <input type="checkbox"/> Horticulture  | <input type="checkbox"/> Other _____ |                                      |

**What skills do you have that would help you to be successful in the above job?**

\_\_\_\_\_

### Workplace Accommodations:

**Workplace Accommodations:**

**What workplace accommodations have you received in the past during your previous employment?**

\_\_\_\_\_

**What workplace accommodations will you need to be successful on the job?**

\_\_\_\_\_

### Support System:

**Networks/Support Systems:**

**Does your family/support system support you in your desire to take inclusive courses?**  Y  N

**Does your family/support system support you in your desire to get a job?**  Y  N

## COLLEGE TO CAREER

### Other Information:

#### Legal issues:

**Have you been arrested?**  Y  N If no legal issues please skip to next section.

**What were you arrested for?** \_\_\_\_ date \_\_\_\_

Adult  Minor  Misdemeanor  Felony  Traffic  Criminal  Civil  
 City  County  State  Federal

**Do you have any Convictions?**  Y  N

**What were the Convictions?** \_\_\_\_ date \_\_\_\_

Adult  Minor  Misdemeanor  Felony  Traffic  Criminal  Civil  
 City  County  State  Federal

**Are you on probation?**  Y  N **Parole?**  Y  N  Formal  Informal

Conditions of probation or parole \_\_\_\_

Legal restriction \_\_\_\_

Have you ever had a Temporary Restraining Order? \_\_\_\_

### Transportation Information:

#### Transportation Information:

**How do you plan on getting to and from work every day?**

Walk  Drive Self  Family Drives  City Bus  Access  Diversified  
 Dial a Ride  Bike  Other \_\_\_\_

**Do you know how to read the bus schedule?**  Y  N

### Safety Information:

#### Safety:

**Do you carry your personal ID?**  Y  N

**Who would you contact in an emergency?** \_\_\_\_

**What would you do if you were lost?** \_\_\_\_

**Would your family be worried if you were home alone for 4-6 hours?**  Y  N

## COLLEGE TO CAREER

### Goals :

In your words, please tell us about your following goals:

**Independent Living:**

\_\_\_\_\_

**Mobility or Transportation:**

\_\_\_\_\_

**Education:**

\_\_\_\_\_

**Vocational:**

\_\_\_\_\_

**Personal Statement:**

**Why you want to be in the College to Career Program? How do you think College to Career will benefit you?**

\_\_\_\_\_

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT  
 NORTH ORANGE CONTINUING EDUCATION  
 DISABILITY SUPPORT SERVICES  
 COLLEGE TO CAREER PROGRAM

PERMISSION TO RELEASE OF INFORMATION

Name _____	Date of Birth _____
Last, First M.I.	M/D/Y
Student I.D. # _____	
Maiden Name or Other Used _____	
Last, First M.I.	

I, the undersigned, give my permission for North Orange Continuing Education Disability Support Services College to Career program with the North Orange County Community College District to release confidential information on file to:

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Contacts | <input type="checkbox"/> Department of Rehabilitation |
| <input type="checkbox"/> Regional Center    | <input type="checkbox"/> Other _____                  |

I authorize the release of information which may include one or more of the following records:

- \_\_\_\_\_ Verification of disability
- \_\_\_\_\_ Psychological testing and evaluation results
- \_\_\_\_\_ Learning disability assessment
- \_\_\_\_\_ Audiology and speech/language pathology reports
- \_\_\_\_\_ Vocational rehabilitation plan
- \_\_\_\_\_ Prescribed medications and dosage
- \_\_\_\_\_ Educational records, including progress made
- \_\_\_\_\_ Physician's Release for Adaptive Physical Education
- \_\_\_\_\_ Transcripts, official/sealed
- \_\_\_\_\_ Other \_\_\_\_\_

I further give permission for DSS C2C program staff to discuss my educational situation with other professionals who have a legitimate educational need to know. This authorization shall remain in effect during my enrollment or until revoked in writing.

_____	_____
Signature of Student	Date
_____	_____
Signature of Parent or Guardian	Date
Required for Student under 18 years of age	

A photocopy of this is as valid as the original.



NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT  
NORTH ORANGE CONTINUING EDUCATION  
DISABILITY SUPPORT SERVICES  
COLLEGE TO CAREER PROGRAM

Consent for Release of Information

Name _____	Date of Birth _____
Last, First M.I.	M/D/Y
Student I.D. # _____	
Maiden Name or Other Used _____	
Last, First M.I.	

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to this program for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records with the College to Career program. Selected information may be released for mandated State and/or Federal reports. I authorize the release of information which may include one or more of the following records:

- \_\_\_\_\_ Verification of disability
- \_\_\_\_\_ Psychological testing and evaluation results
- \_\_\_\_\_ Learning disability assessment
- \_\_\_\_\_ Audiology and speech/language pathology reports
- \_\_\_\_\_ Vocational rehabilitation plan
- \_\_\_\_\_ Prescribed medications and dosages
- \_\_\_\_\_ Educational records, including progress made
- \_\_\_\_\_ Physician's Release for Adaptive Physical Education
- \_\_\_\_\_ Other \_\_\_\_\_

Please send these records to:

North Orange Continuing Education  
Disability Support Services  
Attn: College to Career  
9200 Valley View Street, NOCECYP 101  
Cypress, CA 90630

I further give permission for College to Career program staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

This authorization shall remain in effect during my enrollment or until revoked in writing.

_____ Signature of Student	_____ Date
_____ Signature of Parent or Guardian Required <small>for Student under 18 years of age</small>	_____ Date

A photocopy of this is as valid as the original.