

College to Career Embracing Possibilities

College to Career (C2C) is a new and innovative program offered through the 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 at 714-808-4576.

Submit your completed applications to:

CollegetoCareer@noce.edu or 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 ASD 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 NOCE

Do you have a social security card? Yes No

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 _____

Email address: _____

Dept of Rehabilitation:

Counselor: _____ District Office: _____

Phone: (_____) _____ ext _____ 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 SCE

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

COLLEGE TO CAREER

Work Experience:

I have no prior work experience

Employer: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Name _____	
What kind of supports did you have? _____		

Employer: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Agency Name _____	
What kind of supports did you have? _____		

Employer: _____	<input type="checkbox"/> Paid	<input type="checkbox"/> 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? <input type="checkbox"/> Y <input type="checkbox"/> 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

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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

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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 the 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"/> Regional Center | <input type="checkbox"/> Department of Rehabilitation
<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	

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
I.D.#/S.S.# _____			
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 for Student under 18 years of age	_____ Date

A photocopy of this is as valid as the original.