

College to Career (C2C) is an innovative program offered through North Orange Continuing Education. We will be accepting a Cohort of students for the **Fall 2022** school year. College to Career is for adults with Intellectual Disabilities (ID) or developmental disabilities similar to ID 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 or online. Letters will be email and/or mailed to your home to inform you of the panel's decision. Applicants not selected for an interview will also be notified with ideas for redirection and other supports.

College to Career 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 of disability to the email address below. If you have questions or need help and assistance in completing your application, please contact Marta Gamez at mgamez@noce.edu.

Submit your completed applications via email 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
- Verification of an Intellectual Disability or developmental disabilities similar to ID
- 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.)
- Want to enroll in at least one inclusive class through the North Orange County Community College District
- Goal to work independently

## **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
Date of Birth: Month Day Year
Address:
City: State: Zip:
Cell Phone () Home Phone ()
Email address:
Secondary contact: Relationship:
Home Phone () Alternate Phone ()
Are you conserved?  Y
Service Agencies:
Service Coordinator Phone: ( ) ext
AddressCityStateZip
Email address:
Dept of Rehabilitation:
Counselor:         District Office:         Phone: ()         ext
Address: City: State: Zip:
Email address:
Verification of Disability:
I have attached the following documentation to show verification of an Intellectual Disability or Autism Spectrum Disorder:
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**

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
List your program or major:

Work Experience:
Employer:
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
Employer:
Position: Phone: ()
Position: Phone: () Employer Address:
Position: Phone: () Employer Address: Duties performed:
Position:       Phone: (         Employer Address:          Duties performed:          Dates of employment to       Beginning wage       Ending wage
Position:       Phone: (         Employer Address:          Duties performed:          Dates of employment to       Beginning wage       Ending wage         Immediate Supervisors Name:       Phone:()
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?
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?

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)				
Department Store     Home Health Aide	Restaurant     Grocery Store	☐ Janitorial ☐ Fast Food	Warehouse Automotive	
 Clerical	Entertainment	 Security	 Childcare	
Hair or Nail Salon	Landscaping	Car Wash	Hospitality	
Elderly Care	Horticulture	Other		
What skills do you have that would help you to be successful in the above job?				
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:

#### **COLLEGE TO CAREER**

Other Information:
Legal issues:
Have you been arrested?
What were you arrested for? date
Adult Minor Misdemeanor Felony Traffic Criminal Civil
City County State Federal
Do you have any Convictions?
What were the Convictions? date
City County State Federal
Are you on probation? Y
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? $\Box$ Y $\Box$ 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



#### CONSENT FOR EXCHANGE OF INFORMATION

Full Name (Last, First M.I.): Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Student I.D. #: Click or tap here to enter text.

Maiden Name or Other Used: Click or tap here to enter text.

#### Consent for Release of Information TO North Orange Continuing Education DSS:

I, the undersigned, authorize:

- Emergency Contacts
- $\boxtimes$  Regional Center
- $\boxtimes$  K-12 District of Attendance
- $\boxtimes$  Department of Rehabilitation

☐ Medical Professional: Click or tap here to enter text.

Other: Click or tap here to enter text.

to release information consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other laws, regulations, or policies to this college for use in educational/vocational planning. All information will be kept confidential and maintained as a part of my records with the Disability Support Services (DSS) Office at North Orange Continuing Education. I hereby authorize the release of information that may include on or more of the following records:

$\boxtimes$	Psychological testing and evaluation results
$\boxtimes$	Learning disability assessment
	Audiology and speech/language pathology reports
$\boxtimes$	Vocational rehabilitation plan
	Prescribed medications and dosage
$\boxtimes$	Educational records, including progress made
	Physician's Release for Adaptive Physical Education
	Transcripts, official/sealed
	Other:Click or tap here to enter text.
	on to North Orange Continuing Education to release any medical, social, nation pertaining to me. Release information to:
🛛 Regional Center	Emergency Responders (Police/Fire/Paramedics, etc.)
oxtimes NOCE Faculty and Staff	Other: Click or tap here to enter text.
This authorization shall remain in effect	during my enrollment or until revoked in writing by the undersigned.
Student Signature	Date

Date

Signature of Parent or Guardian (if under the age of 18)

A photocopy of this is as valid as the original.