Admissions Checklist

1. Apply for Admissions at www.hccs.edu and get your official Student I.D. number by completing the Semester Credit and Non Credit Applications (Please record the student ID number)

2. Complete the VAST Academy Application and Recommendation forms (available online at www.vast.hccs.edu)

3. Submit all “required” paperwork to Barbara Fields (contact information located below)
   a. Submit completed VAST Application
   b. Submit two (2) Letters of Recommendation (included in packet)
   c. Submit Parent Questionnaire (included in packet)
   d. Submit 1 copy of acceptable documentation of your disability (psychological evaluation and official ARD/IEP review from high school)
   e. Submit Official High School Transcript

4. Call (713) 718-5194 for an intake interview with Director of Admissions/Counseling Services, Barbara Fields in which you will:
   a. Review reasonable accommodations and/or adaptive equipment needs
   b. Receive testing accommodation letter

5. TABE placement test is required (arrive 15 min. early, bring accommodation letter)

6. Turn in test scores to VAST Academy Director of Admissions/Counseling

Barbara Fields, 1301 Alabama Ste 101-C Houston, TX 77004

barbara.fields@hccs.edu
(713)718.5194 phone

“All that I can, I will”
VAST Academy Application

TO BE COMPLETED BY PARENT/GUARDIAN

Vocational Advancement and Social Skills Training

<table>
<thead>
<tr>
<th>TERM:</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Summer Camp</th>
</tr>
</thead>
</table>

Applicant Name: (Last, First)  ID#: 

Address:  City:  Zip:  

Home Phone:  Cell Number:  E-Mail (Required):  

Date of Birth:  SS#:  Sex:  Male  Female  

Ethnicity (required)  Race (required)  

☐ Hispanic or Latino  ☐ Asian  
☐ Not Hispanic or  ☐ Native American or Other Pacific Islander  
Latino  ☐ White  
(Race required)  ☐ African American or Black  
☐ Other: ________________________________  

DISABILITY (IES): (CHECK ALL THAT APPLY)

☐ Intellectual  ☐ Specific Learning Disability  ☐ Visually Impaired  
☐ Autism  ☐ ADHD  ☐ Hearing Impaired  
☐ Other Health Impaired  ☐ Speech or Language Impaired  ☐ Other: ________________________________  

TRANSPORTATION TO HCC

Please identify how you will get to HCC:

☐ Metro  ☐ Drive (Self)  ☐ Family Member  ☐ Other: ________________  

APPLICANT BENEFITS

What type of benefits is the applicant receiving? (Check all that apply)

☐ NONE  ☐ SSDI (Social Security Disability Insurance)  ☐ TANF (Temporary Assistance to Needy Families)  
☐ SSI (Supplemental Security Income)  ☐ Unemployment Insurance  ☐ Other Specify: ________________________________  

DARS, WORKFORCE, OR OTHER PROGRAM INFORMATION

Client Name:  

Counselor:  Phone:  

Office Location  Fax:  

“All that I can, I will”  

Updated September 2013 – HCC Central
**EDUCATION**

<table>
<thead>
<tr>
<th>High School:</th>
<th>Graduation Year:</th>
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</table>

**Type of Special Education Program: (Please Specify)**

- [ ] Life Skills
- [ ] Partially included in Regular Education
- [ ] Mainstreamed to Regular Classes

**Type of Diploma Obtained:**

- [ ] Certificate of Completion
- [ ] Modified or Special Diploma
- [ ] Standard Diploma

**Type of State Assessment test taken in HS:**

- [ ] TAKS
- [ ] STAAR
- [ ] Regular
- [ ] Modified
- [ ] Alternate
- [ ] Waived

**WORK HISTORY**

<table>
<thead>
<tr>
<th>Has the applicant worked before?</th>
<th>Has the applicant participated in any unpaid volunteer experiences?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

Please Specify:

-----------------------------------------------

**PARENT/GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th>Mother’s Name:</th>
<th>Phone:</th>
<th>Father’s Name:</th>
<th>Phone:</th>
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<table>
<thead>
<tr>
<th>Mother’s Employer:</th>
<th>Father’s Employer:</th>
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<tr>
<th>E-mail address:</th>
<th>E-mail address:</th>
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</table>

**EMERGENCY CONTACT/ MEDICAL INFORMATION**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Phone:</th>
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<tr>
<th>Name of Physician:</th>
<th>Phone:</th>
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<table>
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<tr>
<th>Preferred Hospital:</th>
<th>Insurance:</th>
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</tbody>
</table>

**Medical Condition(s): Please list any medications that may affect emergency treatment. Are there symptoms or side effects from medication that staff should be alerted to?**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If full guardianship is in place, parent or guardian must sign below to permit emergency and life-saving medical treatment if we are unable to contact the parent/guardian:

I, ______________________________ (and) ______________________________, parent(s) and/or legal guardian(s) of ______________________________, hereby authorize medical and emergency treatment to be given to him/her in the event I (we) cannot be contacted.

Signature (parent or guardian): ________________________________________________

Signature (student): ____________________________________________________________

“All that I can, I will”

Updated September 2013 – HCC Central
VAST Academy
Admission Recommendation Form

Your answers will help us determine the applicant’s suitability for VAST and will help us better serve the student if accepted for admission.

<table>
<thead>
<tr>
<th>Applicants Name:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Address:</th>
<th>City:</th>
<th>Zip:</th>
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<tr>
<th>Phone Number:</th>
<th>Email:</th>
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</table>

<table>
<thead>
<tr>
<th>Organization:</th>
<th>How long have you known the applicant, and in what capacity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please describe where you interacted with the applicant. Give details about specific tasks, amount of time, and frequency. (If more space is needed, please use back of the page.)

<table>
<thead>
<tr>
<th>Please mail recommendation to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barbara Fields</td>
</tr>
<tr>
<td>1301 Alabama, Ste. 101-C</td>
</tr>
<tr>
<td>Houston, TX 77004</td>
</tr>
<tr>
<td>T 713-718-5194</td>
</tr>
<tr>
<td><a href="mailto:Barbara.fields@hccs.edu">Barbara.fields@hccs.edu</a></td>
</tr>
</tbody>
</table>

“All that I can, I will”
Please rate the applicant on the following characteristics on a scale of one to five. Enter ratings ONLY under the categories to which you feel qualified to respond.

<table>
<thead>
<tr>
<th>Never</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### Work
- Arrives on time and is ready to work
- Work is completed and handed in on time
- Takes turn listening and participating
- Is motivated to complete work and participates in class activities
- Begins work when directed
- Prioritizes and completes tasks within a time period
- Participates in a large group discussion
- Able to complete a task using written directions
- Requires assistance to stay on task

### Emotional
- Respectful of authority
- Has difficulty handling tough situations
- Applies expected behavior to certain situations
- Accepts criticism responsibly
- Makes everyday decisions using good judgment
- Can cope with stress
- Respectfully asks for assistance

### Social
- Works well with peers
- Works well independently
- Adequately follows verbal directions
- Works well with teachers
- Open minded and respectful to authority figures
- Open minded and respectful of peers
- Works well in a group using give and take
- Requires assistance to stay on task during a group activity
- Works hard as a group member to meet requirements

---

**HCC Central**

**VAST Academy**

**Recommendation Form**

“All that I can, I will”

Page 5 of 17

Updated September 2013 – HCC Central
Please explain areas in which the applicant will have difficulty.

_______________________________________________________________________________________
_______________________________________________________________________________________
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Why should this applicant be accepted in VAST Academy?

_______________________________________________________________________________________
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Please share any other information that will assist us in making a decision for admission.

_______________________________________________________________________________________
_______________________________________________________________________________________
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_______________________________________   _____________________________
Signature       Date

HCC Central
VAST Academy
Recommendation Form

For information and/or questions contact HCC-Central VAST at:
(713)718-5194 or barbara.fields@hccs.edu

“All that I can, I will”

Page 6 of 17
VAST Academy
Admission Recommendation Form

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<td>Able to complete a task using written directions</td>
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<td>Requires assistance to stay on task</td>
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<td><strong>Emotional</strong></td>
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<td>Respectful of authority</td>
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<td>Respectfully asks for assistance</td>
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<td><strong>Social</strong></td>
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<td>Works well with peers</td>
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<tr>
<td>Requires assistance to stay on task during a group activity</td>
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<tr>
<td>Works hard as a group member to meet requirements</td>
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</tbody>
</table>

HCC Central
VAST Academy
Recommendation Form

“All that I can, I will”
Please explain areas in which the applicant will have difficulty.

_______________________________________________________________________________________
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Why should this applicant be accepted in VAST Academy?

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Please share any other information that will assist us in making a decision for admission.

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Signature       Date

HCC Central
VAST Academy
Recommendation Form

For information and/or questions contact HCC-Central VAST at:
(713)718-5194 or Barbara.fields@hccs.edu

“All that I can, I will”
INFORMATION RELEASE FORM

I, the undersigned, give my permission to the Ability Service Office of the Houston Community College System to receive full medical, educational, or other pertinent information from appropriate professional agencies or sources.

I also give my permission to the Ability Services to provide information to other professional agencies or sources.

I withhold consent from information to be released concerning items relating to:

________________________________________________________________________

I absolve Houston Community College System, its employees, and its Board of Trustees from any legal liability, which may arise the release of this information.

________________________________________  _____________________________
Date                                             Student Signature

I give the DSSO permission to provide appropriate educational information to their staff and the Houston Community College System instructors to assist in providing services.

________________________________________  _____________________________
Date                                             Student Signature

Please do not leave any documentation with this office that you do not want released to other professionals.
I understand that providing this information is voluntary and will only be used to assist Houston Community College in providing appropriate services.

I **do / do not** give permission to keep this information in my student file for use in emergencies.

Doctor Name: ____________________  Phone: ____________________

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Counselor Initials: ____________________  Student Signature: ____________________  Date: ____________

"All that I can, I will"
DOCUMENTATION OF MEDICATION

I understand that providing this information is voluntary and will only be used to assist Houston Community College in providing appropriate services. I do / do not give permission to keep this information in my student file for use in emergencies.

Doctor Name: __________________________                  Phone: __________________

<table>
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<tr>
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<th>Dose</th>
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</tbody>
</table>

Counselor Initials __________________________      Student Signature __________________

Date __________________________

“All that I can, I will”

Page 12 of 17

Updated September 2013 – HCC Central
Parent Questionnaire

Student: ___________________________ Date: ___________________________

Why are you interested in VAST Academy for your child? ___________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What are your expectations from the VAST Academy for your child? ______________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe your child’s previous school experiences. ________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe your child’s social outlets/hobbies/interest (clubs, sports, church, etc). __

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How did you hear about the Houston Community College VAST Academy? _____

__________________________________________________________________________
For Fire and Emergency Evacuation Planning:

BUILDING: ____________________________ COLLEGE: _________________________________

Employee  Student

[STUDENT MUST COMPLETE A NEW FORM FOR EACH ENROLLMENT TERM]

Name: ________________________________  Employee/Student ID No. ___________________

Class Schedule in Building (students)

<table>
<thead>
<tr>
<th>Room No.</th>
<th>Location/Building</th>
<th>Course</th>
<th>Days</th>
<th>Time</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Briefly describe assistance required.
_______________________________________________________________________________________

What planning (if any) have you undertaken for an emergency event occurring at this location?
_______________________________________________________________________________________

Describe any special procedure or equipment necessary during an anticipated emergency event:
_______________________________________________________________________________________

Primary Emergency Assistance Contact Person NOT at Location:

Name ____________________________________________  Phone _______________________

Relationship ________________________________________

____________________________________________________

SIGNATURE    DATE

This information will be maintained by the HCCS Police Communication Center and incorporated into the Fire Safety Plans at the named building. Routing as outlined in Fire Plan, Section Two “Assisting the Mobility Impaired.”

One information sheet for each building you anticipate occupying during scheduled periods. This information is voluntarily for public safety use at the above location. Information may be distributed as necessary to fire safety team members and emergency responders.

Submit: EMPLOYEE form to HCC Safety Dept., MC-1113(responsible for distribution) STUDENT form to respective College Disability Support Services Counselors (responsible for distribution)

“All that I can, I will”

Page 14 of 17
FERPA CONSENT RELEASE FORM

I ______________________________ (printed name of student), consent to the release of non-directory Instructor/Classroom Records (records include: attendance, GPA, personally identifiable information, test and homework scores if available) pertaining to my academic history, by the VAST Academy of Houston Community College – Central to:

______________________________  ______________________________
Printed name of individual to whom information is to be released  Print relationship to the student

to expire:

☐ at the end of the ________________ term, ☐ on ________________ (date), or ☐ never.

Unless otherwise indicated, this release will expire in one year from the date of the release.

My signature indicates that I have read and understand my rights under 34 CFR Part 99, Subpart D, section 99.30-99.31 and waive those rights to the individual indicated above. I understand that I may rescind this release at any time by supplying a written notification to the VAST Academy.

________________________________________  ______________________________  ______________________________
Student’s Signature*:  Social Security Number:  Date:

________________________________________  ______________________________  ______________________________
HCC Witness’ Signature:  HCC Witness’ Printed Name:  HCC Witness’ Extension:

________________________________________  ______________________________
Notary’s Signature*:  Date:

* Must be notarized if signed off campus or outside of the witness of an HCC Employee.

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Updated September 2013 – HCC Central
Family Education Rights and Privacy Act of 1974 (FERPA) Acknowledgement

The Family Education Rights and Privacy Act of 1974 (FERPA) is to afford certain rights to students concerning their educational records. The primary rights afforded are the right to inspect and review the educational records, the right to seek to have the records amended, and the right to have some control over the disclosure of information from the records.

HCC considers name, address, telephone, date of birth, degree earned and dates, major field of study, dates of attendance, number of hours completed and in progress, enrollment status, student classification, and name of most recent institution attended as directory information. This is the information that can be given out to anyone making a request, provided that the student has not requested confidentiality holds.

When a student reaches the age of 18 or begins attending a postsecondary institution regardless of age, FERPA rights transfer to the student. Parents may obtain only directory information as defined by the college. Parents may obtain non-directory information (grades, gpa, etc.) only at the discretion of the institution AND after it has been determined that their child is legally their dependent. Parents may also obtain non-directory information by obtaining a signed consent from their child or having a subpoena issued upon the institution.

Please note: Instructors are not required to provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student.

Faculty and staff as employees of Houston Community College have a responsibility to protect all educational records in their possession. These include any computer printouts in their office, class lists on paper or on a computer desktop, computer display screen and notes taken during any kind of advising session with a student.

For any questions regarding release of student information, please call the District Registrar's Office at 713-718-8505.

Acknowledgments:

Student: ___________________________ Date: ___________________________

Parent / Guardian: ___________________________ Date: ___________________________
VIDEOTAPE, PHOTOGRAPHIC, PRINT AND AUDIO RELEASE FORM

I, the model, hereby grant Houston Community College permission to make still photographs, video tapes, audio recordings and/or use of verbal quotes from me. I also give Houston Community College permission to use these completed audiovisual and print products for Houston Community College promotional purposes without compensation or remuneration to me in any manner; in like and related regard, HCC will not charge or assess me any fees or service charges for my voluntary participation in this audiovisual product production.

Further, I relinquish and give to the Houston Community College all rights, title and interest, if any, I may have in the completed video tapes, still photographs or audio recordings, negative, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print. Witness our hands and concurrence to the above terms:

Signature (Model) ____________________________

Address ____________________________

Signature of Parent/Guardian of Minor ____________________________

Phone ____________________________ Date __________

Signature (HCC Public Relations Director) ____________________________

“All that I can, I will”

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