



Houston Community College



Vocational Advancement and Social Skills Training

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.
3. Apply for Financial Aid (FAFSA) through <https://studentaid.gov/h/apply-for-aid/fafsa>. All students applying for Financial Aid must also fill out the Applytexas.org application to have funds disbursed.
4. **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 acceptable documentation of your disability: psychological evaluation, official ARD/IEP and Final Evaluation (FIE).
 - e. Official Submit High School Transcript
 - f. Meningitis Shot record
5. Please contact your campus program manager/director to schedule your TABE placement and intake interview.

Please send application and supporting documentation to campus you are planning to attend

Central

Barbara Fields, 1301 Alabama Ste 101-C Houston, TX 77004 barbara.fields@hccs.edu, 713-718-5194

Spring Branch

Dina Webster, 1010 W. Sam Houston Pkwy N, Houston TX 77043, dina.webster@hccs.edu, 713-718-5034

Stafford

Dr. Debra Lewis, 10041 CASH RD, Stafford, TX 77477, debra.lewis@hccs.edu, 713-718-6002



VAST Academy Application

TO BE COMPLETED BY PARENT/GUARDIAN

Vocational Advancement and Social Skills Training

| | | |
|---|--|---|
| TERM: Fall _____ Spring _____ Summer _____ Summer Camp _____ | | |
| Applicant Name: (Last, First) | | ID#: |
| Address: | | City: |
| | | Zip: |
| Home Phone: | Cell Number: | E-Mail (Required): |
| | | |
| Date of Birth: | SS#: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Ethnicity (required) | | Race (required) |
| <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino (Race required) | | <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Other: _____ |
| DISABILITY (IES): (CHECK ALL THAT APPLY) | | |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Autism | <input type="checkbox"/> ADHD | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Speech or Language Impaired | <input type="checkbox"/> Other: _____ |
| TRANSPORTATION TO HCC | | |
| Please identify how you will get to HCC: | | |
| <input type="checkbox"/> Metro | <input type="checkbox"/> Drive (self) | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Other: _____ | | |
| APPLICANT BENEFITS | | |
| What type of benefits is the applicant receiving? (Check all that apply) | | |
| <input type="checkbox"/> NONE | <input type="checkbox"/> SSDI (Social Security Disability Insurance) | <input type="checkbox"/> TANF (Temporary Assistance to Needy Families) |
| <input type="checkbox"/> SSI (Supplemental Security Income) | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> Other Specify: _____ |
| TEXAS WORKFORCE, OR OTHER PROGRAM INFORMATION | | |
| Client Name: | | |
| Counselor: | Phone: | |
| Office Location | Fax: | |

| EDUCATION | | | |
|--|---------------|---|--|
| High School: | | Graduation Year: | |
| Type of Special Education Program: (Please Specify) | | | |
| <input type="checkbox"/> Life Skills | | <input type="checkbox"/> Partially included in Regular Education | <input type="checkbox"/> Mainstreamed to Regular Classes |
| Type of Diploma Obtained: | | Type of State Assessment test taken in HS: | |
| <input type="checkbox"/> Certificate of Completion | | <input type="checkbox"/> TAKS | <input type="checkbox"/> STAAR |
| <input type="checkbox"/> Modified or Special Diploma | | <input type="checkbox"/> Regular | <input type="checkbox"/> Regular |
| <input type="checkbox"/> Standard Diploma | | <input type="checkbox"/> Modified | <input type="checkbox"/> Modified |
| | | <input type="checkbox"/> Alternate | <input type="checkbox"/> Alternate |
| | | <input type="checkbox"/> Waived | <input type="checkbox"/> Waived |
| WORK HISTORY | | | |
| Has the applicant worked before? | | Has the applicant participated in any unpaid volunteer experiences? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please Specify: _____ | | Please Specify: _____ | |
| Is applicant currently employed? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| PARENT/GUARDIAN INFORMATION | | | |
| Full Name: | Phone: | Full Name: | Phone: |
| Employer: | | Employer: | |
| E-mail address: | | E-mail address: | |
| EMERGENCY CONTACT/ MEDICAL INFORMATION | | | |
| Name: | Relationship: | Phone: | |
| Name of Physician: | | Phone: | |
| Preferred Hospital: | | Insurance: | |
| 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? | | | |
| _____ | | | |
| _____ | | | |

Are you the Legal Guardian? _____ Yes _____ No

Signature (guardian): _____

Must provide Documentation if Legal Guardian.

Signature (student): _____

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.

| | | | |
|---|---|--------------|-------------|
| Applicants Name: | | Date: | |
| | | | |
| Your Name: | Address: | City: | Zip: |
| | | | |
| Phone Number: | Email: | | |
| | | | |
| Organization: | How long have you known the applicant, and in what capacity? | | |
| | | | |
| 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.) | | | |
| | | | |
| <i>"All that I can, I will"</i> | | | |

Please send recommendation forms to the campus the student is applying to:

Central

Barbara Fields, 1301 Alabama Ste 101-C Houston, TX 77004
 Barbara.Fields@hccs.edu, 713-718-5194

Spring Branch

Dina Webster, 1010 W. Sam Houston Pkwy N, Houston TX 77043,
 dina.webster@hccs.edu, 713-718-5034

Stafford

Dr. Debra Lewis, 10041 CASH RD, Stafford, TX 77477,
 debra.lewis@hccs.edu, 713-718-6002

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.

| | | Never | | | Always | |
|------------------|--|-------|---|---|--------|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 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**

Please explain areas in which the applicant will have difficulty.

Why should this applicant be accepted in VAST Academy?

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

Signature

Date

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.

| | | | |
|---|---|--------------|-------------|
| Applicants Name: | | Date: | |
| | | | |
| Your Name: | Address: | City: | Zip: |
| | | | |
| Phone Number: | Email: | | |
| | | | |
| Organization: | How long have you known the applicant, and in what capacity? | | |
| | | | |
| 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.) | | | |
| | | | |
| Please mail recommendation to: | | | |
| <i>"All that I can, I will"</i> | | | |

Please send recommendation forms to the campus the student is applying to:

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| 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**

Please explain areas in which the applicant will have difficulty.

Why should this applicant be accepted in VAST Academy?

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

Signature

Date

DOCUMENTATION OF MEDICATION

Date/: _____

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.

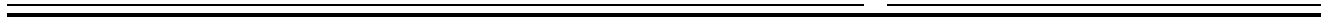
Doctor Name: _____ Phone: _____

| Medication | Dose | Frequency | Purpose |
|-------------------|-------------|------------------|----------------|
| | | | |
| | | | |
| | | | |

Counselor Initials

Student Signature

Date





VAST Academy

Department of Occupational Life Skills

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? _____



EVACUATION ASSISTANCE REGISTRY

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)

| Room No. | Location/Building | Course | Days | Time | Instructor |
|----------|-------------------|--------|-------|-------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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)**



**Authorization to Release Information
FERPA Release Form**

Student Name (Please Print)

Student I.D. Number

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Houston Community College to disclose the information specified below to the following individual(s) or agency (ies): The student authorizing the release of his/her educational records must sign & present this form to the appropriate office with a photo ID to verify authenticity of this release.

Name: _____

Name: _____

Name: _____

Name: _____

Check the box below to indicate which records you wish to make available:

All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule documentation contained in the academic records).

All Student Account Records (records include: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

Instructor/Classroom Records (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or 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).

All College Records

Other (Please Specify) _____
Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Department(s) identified above.

Student Signature

Date

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 if Minor

Phone

Date

Signature (HCC Public Relations Director)