Howdy!

Thank you for your commitment to attending the Bridge to Career and PATHS Program. In order to help us make the summer as productive as possible, we require that you complete, sign, and email or mail the following forms/items by May 24th:

- □ Guardianship Paperwork (if applicable)
- □ DARS Paperwork
  - ○ Diagnostic Review
  - ○ Relevant Case Notes
  - ○ Eligibility
- □ Last IEP Paperwork
  - ○ Summary of Performance
  - ○ Present Level of Performance (PLOP)
- □ Copy of High School Diploma
- □ Copies of Drivers License/State ID and Social Security Card
- □ Bridge to Career Forms
  - ○ Bridge to Career Expectations Form
  - ○ Compliance Form
  - ○ Medical Information and Release Form
  - ○ Waiver | Medical Release Addendum Form
  - ○ Media Release Form
  - ○ Student Academic/Personal Information Release Form
  - ○ PAIL Goals Form
  - ○ Emergency Contact Form
  - ○ Transportation Release Form
  - ○ Sexual Safety and Boundaries Acknowledgement Form
  - ○ Scholarship Application – based on financial need (optional – send to me ASAP)
- □ Additional Forms for PATHS Students
  - ○ Student Expectations
  - ○ Liability Disclosure

Thank you!

Mary Whirley, M.Ed.
Bridge to Career | PATHS Coordinator
mwhirley3@tamu.edu 979.458.0169

Mail forms to:
Mary Whirley
4225 TAMU
College Station, TX
77843-4225
Bridge to Career (B2C) Program Expectations

1) Attend and actively participate in a minimum of all scheduled classes and activities on time.
   a) You must attend 90% of all scheduled B2C classes and activities to pass.
   b) Arriving 5 minutes after the listed start time of class is counted tardy.

2) Contact Bridge to Career staff in the event you are sick or unable to attend classes.

3) Complete assignments and tasks by due date.

4) Coordinate make-up work for any missed assignments and tasks.

5) Interact and communicate with each other in a respectful and professional manner.

6) Provide information to B2C staff about learning needs.

7) Do not go to bars/clubs and avoid any other unsafe areas.

8) Always ask for permission from those living in a room before visiting other students’ rooms, respect their rights and properties, and must leave whenever asked.

9) Outside visitors in dorm rooms must be appropriate. You and your visitors must respect your roommate’s rights and privacy.

10) Dorm rooms are not co-ed.*
    a) Females are not allowed in male dorm rooms. Males are not allowed in female dorm rooms.

11) Follow all dorm rules and be responsible for your own actions.

12) Treat the buildings, equipment and furniture with care. You and your parents will be financially responsible for all costs of replacement or repairs for
damages caused by you or your visitors.

13) Do not conduct any misdemeanors or be involved in any other criminal activities (e.g., drug, theft and vandalism).*

14) Bridge to Career reserves the right to dismiss you if there is cause to believe you are at risk for safety to self, others, etc...

*Failure to meet these expectations is grounds for immediate dismissal from the program.

I have read, understand, and agree to the above listed expectations.

______________________________  ____________________
PARTICIPANT SIGNATURE          DATE
## Compliance

<table>
<thead>
<tr>
<th>Minor Compliance Issues</th>
<th>Re-occurring Minor Compliance Issues &amp;/or Concerning Issues</th>
<th>Non-negotiable Issues</th>
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<tbody>
<tr>
<td>Examples-</td>
<td>Examples-</td>
<td>Examples-</td>
</tr>
<tr>
<td>• Tardiness</td>
<td>• Absence or tardiness with prior warning or no acceptable excuse</td>
<td>• Violence &amp; Abuse (of any kind)</td>
</tr>
<tr>
<td>• Late work</td>
<td>• Disrespectful to Staff or Peers</td>
<td>• Falsified documentation</td>
</tr>
<tr>
<td>• Speaking out in class</td>
<td></td>
<td>• Drug &amp;/or alcohol use in class or Site visits</td>
</tr>
<tr>
<td>• Not prepared for class</td>
<td></td>
<td>• Theft</td>
</tr>
<tr>
<td>Stage I. Informal Conference</td>
<td>Stage I. Conference Documentation Form (CDF)</td>
<td>Stage I. PATHS Review Committee</td>
</tr>
<tr>
<td>• Compliance expected within one week</td>
<td>• Meet with Mentor and advisor</td>
<td>• Immediate dismissal pending review</td>
</tr>
<tr>
<td></td>
<td>• Compliance timeline determined by student’s advisor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*student to meet with advisor as specified in CDF until compliance in reached.</td>
<td></td>
</tr>
<tr>
<td>Stage II. Growth Plan</td>
<td>Initiated when compliance is not met through CDF</td>
<td>Stage III. Probation Action Plan</td>
</tr>
<tr>
<td></td>
<td>• Meet with mentor, advisor, and Program Coordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Compliance Timeline determined by Program Coordinator</td>
<td></td>
</tr>
<tr>
<td>Stage III. Probation Action Plan</td>
<td>Initiated when compliance is not met through Growth Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Meet with mentor, advisor, Program Coordinator and Project Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Compliance Timeline determined by Project Director</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________________________  Date: ____________________________
Participant Name: ______________________________________________

IF THERE ARE ANY CHANGES TO YOUR MEDICAL HISTORY, PLEASE ADVISE B2C STAFF.

Condensed Medical History:

____________________________________________________________________________________

Medications currently taking - list name of drug, dosage and name of doctor prescribing medication:

____________________________________________________________________________________

General information - Check present conditions that apply:

___ Tracheotomy  ___ Diabetes  ___ Recurring Constipation
___ Routine dialysis  ___ Heart Problem  ___ Recurring Digestive Problems
___ Routine I-V Therapy  ___ Asthma  ___ Frequent Respiratory Problems
___ Colostomy  ___ Hypoglycemia  ___ Menstrual Problems
___ Respirator Needed  ___ Uses Walker  ___ Bladder/Kidney Problems
___ Catheterization  ___ Uses Wheelchair  ___ Recurring Diarrhea
___ G-Tube Feeding  ___ Glaucoma  ___ Fainting Spells
___ Uses Dental Retainer  ___ Detached Retina  ___ History of Hepatitis B
___ Dental Problems  ___ Uses Glasses  ___ History of CMV
___ Ear Tubes  ___ Uses Contact Lenses
___ Uses Hearing Aid  ___ Uses Eye Prosthesis (R, L, Both)

We will not hand out any medications, i.e., aspirin, Benadryl or other. You must supply your own medications. All medications must be properly labeled in their correct containers with your name on it.

I understand that filling out the MEDICAL INFORMATION AND RELEASE FORM is voluntary, and I do not have to provide this information to the program staff.

_________________________________________________  ____________________________
PARTICIPANT SIGNATURE    DATE
CONDITIONS AND QUESTIONS

Specific Conditions:
A. Do you have a shunt?  ____ Yes  ____ No catheterization
   Right/Left/Both Sides: ______________________________________________________

B. Have you ever had a seizure?  ____ Yes  ____ No
   When was the last one? ______________________________________________________
   Describe what the seizures are like: _____________________________________________
   How often do they occur? _____________________________________________________
   Is medication taken to control the seizures?  ____ Yes  ____ No
   Name of medication(s)? _______________________________________________________

C. Do you have a heart condition?  ____ Yes  ____ No

D. Do you have diabetes?  ____ Yes  ____ No

E. Do you have allergies?  ____ Yes  ____ No
   1. foods: __________________________________ Reaction: _______________________
   2. medicines: __________________________________ Reaction: ____________________
   3. environment: __________________________ Reaction: _________________________

F. Do you have any other life threatening conditions?  ____ Yes  ____ No
   Further explanation: _________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

I understand that filling out the CONDITIONS AND QUESTIONS is voluntary, and I do not have to provide this information to the program staff.

PARTICIPANT SIGNATURE    DATE
Waiver/Medical Release Addendum

I, _______________________________________________________________agree

(PARTICIPANT'S NAME)

to participate in the Bridge to Career (B2C) summer program, scheduled to begin on
Sunday, June 26, 2016 and conclude on Friday, July 22, 2016.

In consideration of participation in this summer program, I agree to fully and forever
release, discharge and covenant not to sue Texas A&M University, the Board of
Regents, Texas A&M University’s Center on Disability and Development, the state of
Texas, their officers, servants, agents and employees (hereinafter referred to as
RELEASES), from any and all liability, claims, demands, damages, actions, of causes
of action, whatsoever arising out of or related to belonging to me, whether caused by
the negligence of the releases, or otherwise, while participating in such activity, or
while in, on, or upon the premises where the activity is being conducted or in
transportation to and from said premises.

To the best of my knowledge, I can fully participate in this activity. I am fully aware of
risks and hazards connected with the activity, including but not limited to the risks as
noted herein, and I hereby elect to voluntarily participate in said activity, and to enter
the above named premises and engage in such activity knowing that the activity may
be hazardous. I voluntarily assume full responsibility for any risks of loss, property
damage or personal injury, including death, that may be sustained by me or any loss or
damage to property owned by me, as a result of being engaged in such an activity,
whether caused by the negligence of releases or otherwise.

It is my express intent that this release and hold harmless agreement shall bind the
members of my family and spouse (if any), if I am alive, and my heirs, assigns, and
personal representative, if I am not alive, shall be deemed as a release, waiver,
discharge and covenant not to sue the above named releases. I hereby further agree
that this waiver of liability and hold harmless agreement shall be construed in
accordance with the laws of the state of Texas.

I understand that the university will not be responsible for any medical costs associated
with an injury I may sustain. I further agree to become familiar with the rules and
regulations of the university concerning student conduct and not to violate said rules of
any directive or instruction made by the person or persons in charge of said activity.
and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

I also understand that I should and am urged by Texas A&M to obtain adequate health and accident insurance to cover any personal injury to myself that may be sustained during the activity or the transportation to and from said activity.

I HEREBY FURTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY ME WHILE IN ATTENDANCE OF THIS PROGRAM. I HEREBY GIVE PERMISSION TO MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR ME. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE B2C SUMMER PROGRAM PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY ME.

I have reviewed the above information and am aware of the risks involved in participating in the B2C summer program activities and the possible injuries that may occur. I freely and voluntarily agree to participate in the activity listed herein. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign voluntarily as my own free act and deed; no oral representation, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age; and I execute this release for full, adequate, and complete consideration fully intending to be bound by same.

____________________________
Date Signed

____________________________
Signature of Participant
Media Consent Form

I understand that all videos and photos I release to the Center on Disability and Development and the Texas Council for Developmental Disabilities may be used for promotional purposes in a variety of formats, including websites and printed material. I agree that the center may use, edit or reproduce such materials or share them with others for any purpose related to the promotion of the center and its related programs and activities. I release all claims against the Center on Disability and Development and others with respect to the copyright, publication or use of such videos, including any claim for compensation related to their use.

_______________________________________________
Printed Name

_______________________________________________
Signature

_______________________________________________
Date
Student Academic/Personal Information Release Form

In signing this form, I, _________________________________________, authorize the Bridge to Career program to release academic records and related personal information with DARS, Brazos Valley Center for Independent Living (BVCIL), other affiliated agencies, and authorized program staff. The following items will be shared:

- Student progress
- Student grades/performance reviews
- Student accommodations
- Student participation/attendance
- Student financial information concerning tuition and fees
- Student schedule
- Student medical information

I understand that this request is permanent and will remain effective until I submit a written request to revoke the permission.

_______________________________________________
Printed Name

_______________________________________________
Signature

_______________________________________________
Date
Bridge to Career/PATHS P.A.I.L. Goals

Please identify goals to improve your Professional, Academic, and Independent Living goals (PAIL Goals). What would skills would you like to leave this program with?

What are your expectations of the Bridge to Career/PATHS Program? What skills would you like to add to your PAIL?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What assistive technologies, if any, do you currently utilize?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Place a check mark next to the **Professional Areas** you would like to focus on:

- [ ] Communication Skills
- [ ] Time Management
- [ ] Organization Strategies
- [ ] Transition to College
- [ ] Resume Writing
- [ ] Networking
- [ ] Interview Skills
- [ ] Disability Disclosure
- [ ] Email (etiquette, communication, etc.)
- [ ] Apps/software specific to disability
- [ ] Schedule or cancel appointments
Place a check mark next to the **Academic Areas** you would like to focus on:

- □ Goal Setting
- □ HW Assignments
- □ Memory and Concentration
- □ General study methods/strategies
- □ Class Participation
- □ Presentation Skills
- □ Notetaking Strategies
- □ Reading Strategies
- □ Learning Style
- □ Writing Strategies
- □ Interacting with Faculty
- □ Test-taking Strategies
- □ Discuss assignments or academic concerns with instructors

Place a check mark next to the **Independent Living Areas** you would like to focus on:

- □ Self Determination/Self Advocacy
- □ Self-monitoring strategies
- □ Stress Management
- □ Extracurricular Involvement
- □ Self Awareness
- □ Health and Wellness
- □ Social Interaction
- □ Disability Awareness
- □ Residence Hall Living
- □ Use public transportation alone or with a group
- □ Able to drive
- □ Budgeting skills

PARTICIPANT SIGNATURE ___________________________ DATE ____________
Emergency Contact Name and Telephone Number:

______________________________________________________________

Medical Insurance:
A. Medicaid ________ Yes ___ No  Recipient Number: __________Case Number: ________

B. Other Insurance: ____Yes ____ No

Name of Insurance Company: ______________________________________________________

Name of Policy Holder: ___________________________________________________________

Policy Number: __________________________  Group Number: __________________________

C. _____ No Health Insurance

Doctor:
Doctor’s Name: __________________________________________________________________

When was your last visit? __________________________________________________________

Phone Number: _________________________________

Address: _______________________________________________________________________

City/Zip Code ____________________________________________________________________
Travel Release for Bridge to Career (B2C)

I fully understand that participation in transportation activities for instructional and/or program activities may pose a risk to my health and safety. I fully understand these risks, and I desire to travel to, from, and for instructional activities and/or program activities and to fully participate in the B2C program. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me while traveling and participation in transportation activities. In consideration of B2C allowing me to participate in the above-referenced activities and other good and valuable consideration, the receipt of which is acknowledged, I hereby release and waive all claims that I may have against B2C, its directors, sponsors, employees, agents, and representatives resulting, in whole or part, from being transported to and for activities and program events, or from participating in activities and/or program events. The release and waiver shall be binding on my heirs, legatees, administer, and assigns.

_______________________________________________
Printed Name

_______________________________________________
Signature

_______________________________________________
Date

THIS INFORMATION TO BE USED WITH PROFESSIONAL STAFF ONLY AND IS TO BE KEPT CONFIDENTIAL
Preparing for safety before attending any program is very important. Many young adults with and without disabilities have not encountered pressure and/or situations that involve adult decisions such as those dealing with sexual intercourse. The freedom that comes with living as an adult can lead many young people to want to now experiment with sex. Therefore, the staff at B2C requires parents/guardians to read and thoroughly cover with their child the topics in Talk About Sex (Kemper, M. & Rodriguez, M.; 2005).

When working through Talk About Sex (Kemper, M. & Rodriguez, M.; 2005) with your child please make certain to not only cover all information thoroughly but also make certain that your child understands the terms and concepts you are discussing. For example, some young adults believe they know what sexual activity includes but their concepts are not accurate and/or are incomplete.

By signing below you are confirming that together you, the participant, and a parent/guardian, thoroughly read and covered the topics in Talk About Sex (Kemper, M. & Rodriguez, M.; 2005); and that you made certain that the participant understood the terms and concepts discussed.

PARTICIPANT SIGNATURE DATE

PARENT/ GUARDIAN SIGNATURE DATE

To attend the B2C summer program you must return a signed copy of this form to Mary Whirley via fax 979-862-1256, email mwhirley3@tamu.edu, or by mail prior to or on May 24, 2016.
Bridge to Career (B2C)
Scholarship Application

Please attach this cover letter along with the following items if you wish to apply for the Bridge to Career (B2C) summer scholarship.

☐ Name: __________________________________________________

☐ One-page essay - Rationale for scholarship

☐ Documentation of financial need

☐ Are you receiving DARS assistance? If yes, what have they agreed to fund?

_______________________________________________________

_______________________________________________________

Scholarships will be awarded based on financial need. Please fax your applications ASAP to 979.862.1256 or scan and email to mwhirley3@tamu.edu

Thank you,

Mary Whirley, M.Ed.
Liability Disclosure

Students in the PATHS program have graduated high school and, therefore, are no longer safeguarded by the educational law of Individuals with Disabilities Education Act (IDEA) and are now protected by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The ADA and Section 504 safeguard access to employment, college programs etc., whereby, IDEA entitled students to certain assurances. For more information on the differences of high school and college please investigate online and/or for a good summary visit: http://www.snhu.edu/1363.asp.

In adherence with ADA and Section 504, PATHS/B2C students are responsible for their own behaviors and the consequences of their behaviors. The PATHS/B2C Program does not provide ANY supervision outside of the classroom and the program is not liable for student behaviors or the consequences of the students’ behaviors (as is with any other college student.)

__________________________
Printed Student Name

__________________________
Student Signature

__________________________
Date
PATHS Student Expectations

1. Attend all classes, community presentations and field observations on time.

2. Contact the PATHS Coordinator or other designated staff person if you are sick or unable to attend classes (see attendance policy.)

3. Complete assignments within given deadlines.

4. Coordinate make-up work for all missed assignments.

5. Actively participate in class activities.

6. Attend at least one Texas A&M University campus recreational/cultural activity on a weekly basis.

7. Work closely with other PATHS students and make every effort to resolve any conflicts in a professional manner.

8. Attend all scheduled meetings with Mentor and Advisor.

9. Provide clear information to PATHS instructors, Mentor and advisor regarding learning needs.

10. Follow practicum schedule and adhere to all employer policy and procedure requirements.

11. Ensure payment for tuition and other PATHS required materials and made within agreed upon time period.

PATHS students are expected to reflect the highest level of professional behavior at all times including: classroom instruction, attending campus recreational/cultural activities and during their Practicum. PATHS students have a responsibility to excellence and to serve as a role model as Direct Support Professionals.

____________________      ____________________      ____________________
Printed Student Name                      Student Signature                            Date
Move In Date: June 26, 2016

Rudder Residence Hall

https://reslife.tamu.edu/reshalls/modular/rudder

Use TAMU Mobile App or http://maps.tamu.edu/

Move In Day Schedule

2:00pm – 4:00pm Check-in and Move into Rudder Hall

4:00pm – 5:00pm Welcome Meeting

5:30pm – 6:30pm Dinner at Sbisa Dining Hall

Meal Card

Each student will have a meal card and provided 3 meals each day at an on-campus dining location 7 days each week.

Summer dining options can be found at: http://www.dineoncampus.com/tamu/show.cfm?cmd=_hours.
What to Bring to Bridge to Career

Below is a list of items students will need during Bridge to Career. Please bring anything else that you need on a daily basis. Don’t forget your Sexual Safety and Boundaries Acknowledgment

Class Supplies
- Backpack
- 1.5” Binder with dividers and paper
- Pens, pencils, highlighters
- Planner (electronic or paper)
- Laptop with Microsoft Office
  - Please email Mr. Hamil at hamiltravis4@gmail.com if you need to reserve a laptop

Dorm and Independent Living Supplies
- Laundry basket, detergent/dryer sheets
- Pillow, blanket and sheets
  - Extra-long twin sheets 36” x 77”
- Towels
- Personal hygiene products
  (toilet paper, soap, shampoo, toothbrush, toothpaste, deodorant, etc…)
- Alarm clock (if you do not use your cell phone as an alarm clock)
- State ID or Driver’s License
- Wallet (include health insurance card)
- Flashlight
- Hangers
- Iron and ironing board

Transportation Supplies
- Cell phone and charger
- Any necessary medications and lock box
- Information about where you will go for medical care, if needed
- Personal budget for wants and needs
- Water bottle

Clothes
- Professional clothing and shoes
- Comfortable clothing and shoes
- Clothing for exercise class
- Swim suit
- Hat
- Sunglasses

Examples of Professional Attire