

## **Bridge to Independence- Certificate Program Admission Procedure**

The Bridge to Independence **Certificate** Program at Nicholls State University is an inclusive, comprehensive educational and independent living program with a vocational component for young adults, ages 18 to 28 with intellectual disabilities (ID). The program length is currently two years with optional additional years for remediation or special employment opportunities. Bridge is not a place, but a service to develop leadership and independent living and employment skills. Full participation in all components of Bridge, (i.e.: instruction time, out of class academic supports, participation in campus activities and vocational training) are required. Living in the Residence Hall is optional but recommended in most cases in order for the student to fully experience and learn independent living skills.

### **Criteria**

**Applications must be submitted only for individuals who are able to:**

- Function without attendant care for personal needs.
- Independently and accurately manage and administer their medications.

**Further, the program will consider only individuals that meet the following criteria:**

- The applicant must have an identified intellectual/developmental disability.
- The age range of students to be accepted is 18 - 28 years of age.
- The applicant must have received a certificate of completion or equivalent from a high school program.
- The applicant must be able to read prescriptions, store medications as well as self-medicate.
- The applicant must possess enough self-help skills and responsibility to be able to safely and independently function in his/her residence room if utilizing Nicholls housing, with minimal to no supervision after program hours.
- The applicant must have acceptable social behavior, verified by previous schools, family, and/or agency personnel as well as the ability to get along with peers and follow rules.
- The applicant must be willing to participate in all hours of instruction and job internships during the week, as well as participate in occasional supported learning afterhours and on some weekends.
- The applicant must have a strong desire to complete the program.
- The applicant must be free of any communicable diseases that are transmissible by casual contact and all immunizations must be up to date. He or she must have health insurance (i.e. private or Medicaid).
- The applicant must be able to participate in a personal interview.
- The applicant is required to provide a current (within 3 years) evaluation (1508 Special Education Evaluation with current testing) from their exiting school board Pupil Appraisal Center or private provider.
- The applicant must have the necessary income requirements:

o Academic Tuition, University Fees, Room and Board (if applicable), and Bridge Fee

These can be paid by: Private Pay, Pell Grants, scholarships and funding from Louisiana Rehab Services

o Course Materials and Textbooks, as required by Instructor

Financial assistance may be available. Parents should complete the FAFSA to determine if their student qualifies. Students under 24 years of age are considered dependents of their parent. Once a student is 24, the student is no longer considered a dependent and should qualify for a Pell Grant on their own. Applicants who receive Social Security Benefits can also use their monthly income towards the cost of on campus housing.

**Good reasons for referring a student:**

- The applicant is interested in pursuing academic interests on a college campus.
- The applicant expresses a desire to live independently and is ready to make a commitment to learning independent living skills.
- The applicant expresses a desire to become employed and is willing to learn vocational skills.
- The family is supportive of the applicant's decision and is willing to partner with the Bridge Program.

**Wrong reasons for referring a student:**

- The family wants the applicant out of their home.
- It seems like a good idea to separate the applicant from their family.
- The applicant has lost the motivation for learning in their present environment.
- The applicant feels ready to live independently, but the family, teacher and case manager does not feel they are ready.

If the applicant **does not** meet the criteria for the Bridge Program, they may reapply or are encouraged to search other options through their case management agency, online exploration, and through their local school districts.

## **STEP #1**

### **Initial Criteria**

If the **initial criteria** are met, the applicant may apply directly. The application instructions and forms can be accessed online at [www.Nicholls.edu/BridgetoIndependence](http://www.Nicholls.edu/BridgetoIndependence) or by emailing: [bridge.inquiry@nicholls.edu](mailto:bridge.inquiry@nicholls.edu).

### **The Application Packet includes:**

- Program Information (pages 1-5)
- Applicant and Family Background Information (pages 6-11)
- Personal Statement (page 12)
- Reference Letter and Waiver form (pages 13-14)
- Case Management (pages 15-18, to be completed by case manager, if applicable)
- Authorization to Release Academic and Medical Information Form (page 19)
- Applicant's Skill Inventory (pages 20-26)
- Graff Parent Readiness Scale (pages 27-28)
- Scope of Services (page 29)
- Medical Information Form (pages 30-33)
- Information/Photo Release (page 34)
- Behavior Contract (page 35)
- Bridge Code of Conduct (page 36)

## **STEP #2**

### **Program Tour:**

The applicant and family must attend a Bridge Program Tour. During the tour, all aspects and goals of the program will be reviewed and discussed. A tour of the campus and residence halls will take place with an opportunity for questions and answers by the staff. The Program Tours are scheduled throughout the year and attending a Program Tour is mandatory before being considered for the Bridge Program. Call the Nicholls Admissions Office at 985-448-4507 to schedule a tour.

### **Admission Packet:**

All required documents must be submitted together to complete the process for admission consideration to Bridge. It is important that the **most current information** is submitted in order to ascertain that the Bridge Program is an appropriate placement and that the student has the combination of desire, motivation, skill, and experience to be successful in the program.

### **Documents and completed forms required at time of submission:**

1. Bridge to Independence Application
2. Recent 5" X 7" photograph
3. Authorization to Release Student Information form - signed & dated
4. Bridge to Independence Skill Inventory
5. Personal Statement. This is the applicant's opportunity to state reasons for wanting to attend Bridge

and provide additional personal information. Be creative! This can be handwritten or typed by the applicant, a portfolio, video recorded onto a flash drive (no DVD/CD's as they will crack in the mailing process), etc. The maximum allowed time for video recorded personal statements is 5 minutes

6. High School Transcripts

7. High school diploma or certificate - copy

8. Current 1508 special education evaluation with full assessment data and exit IEP from High School if coming from public school

9. Two Reference letters

a. Professional references, cannot be completed by family members

b. Must be submitted in a sealed envelope with appropriate signature on back securing seal.

10. Reference Letter Waiver form - completed by applicant

11. Immunization Records - copy

12. LETTERS OF CONSERVATORSHIP - copy (if applicable)

**Submission requirements:**

- Submit all required materials in one packet
- All of the materials must be thoroughly completed
- Incomplete applications will not be processed

**STEP #3**

Once the completed admission packet has been submitted and reviewed by the Bridge staff, notification letters will be mailed to all applicants.

The letter will state either:

- The applicant and parent(s) or guardian(s) will be contacted to set up the next step in the process, which are the interviews,
- or
- The applicant was not selected and may be encouraged to reapply,
- or
- The applicant is on a waiting list in the event a selected student does not accept an offer of admission.

**STEP #4 – Applicants who are selected to be interviewed**

The applicant will be interviewed separately from their parent(s)/guardian(s). The interview process will ascertain:

- that the student has the desire, ability and motivation to complete the program in the expected period.
- That the student's individual needs can be appropriately served by the program staff and/or community resources.
- The program provides the least restrictive environment for the student
- The student is prepared to enter the program.
- The student meets the entrance requirements.



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## **Results Notification**

Upon completion of the interviews, notification will be sent to each applicant in a timely manner. Please be patient. This is a daunting process. We are weighing our decisions carefully.

Please mail completed packets to:

**Bridge to Independence**

**P.O. Box 2091**

**Thibodaux, LA 70310**

## Bridge to Independence Application

To ensure that the application is processed, applicant and/or parent/guardian must complete all information (Race & ethnicity tracking is optional).

Date attended a Nicholls tour and program overview: \_\_\_\_\_

<b>IDENTIFYING INFORMATION</b>									
Applicant Name:						Birthdate:			
Street Address:							Age:		
City:				State:					
Phone: (    )				Applicants Cell Phone: (    )				Male/Female	
Applicant's Email Address:				Driver's License:				Yes/No	
U. S. Citizen:	Yes/No	Country of Citizenship:			SSN#				
Languages Spoken in the Home:							Are you Conserved:		Yes/No
Areas Conserved:									
Conservator's Name:							Relationship to Applicant:		
<b>PARENT INFORMATION</b>									
Parent #1 or Guardian Name:									
Address:									
Email Address:									
Primary Phone #		(    )				Email Address:			
<b>PARENT #2</b>									
Parent #2 :									
Address:									
Email Address:									
Primary Phone #		(    )				Cell Phone#: (    )			
<b>SIBLING INFORMATION</b>									
Name of Sibling(s)				Age		Lives at Home			
						Yes/No			
						Yes/No			
						Yes/No			
						Yes/No			
						Yes/No			
						Yes/No			



EDUCATION & SERVICES		
	Name of Institution	Diploma
High School:		
College or Program:		
High School Completion or Projected Date:		
<b>The High School Transcripts must be included (even if in progress)</b>		
Indicate the approximate grade level:		
Math: _____	Reading: _____	Writing: _____

Does the applicant have a <b>Louisiana Medicaid waiver?</b>		Yes/No	
Case Management Agency Name:		Phone #:	(    )
Address:		Case Manager's Name:	
Email Address:		Fax #:	
Direct Services Provider:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Direct Service Provider Agency Name:	
Address:		Phone#:	(    )
Email Address:		Fax#:	(    )
<b>Is the student a Louisiana Rehab Services Client?</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/>			
Address:			
LRS Counselor Name:		Phone #:	(    )
Email:		Fax #:	(    )
<b>Do you receive SSI:</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/> Will apply at 18 <input type="checkbox"/>			
If Yes, Name of Payee:		Amount Per Month:	\$



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<b>VOLUNTEER &amp; COMMUNITY SERVICE</b>			
Organization	Description of Activity and Duties		Hours/ Per Week
<b>WORK EXPERIENCE</b>			
Business/ Organization	Duties	Dates Employed	Hrs/Wk





MEDICATION INFORMATION		
Do You Take Medication(s):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Needs Assistance With Medications: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
PHYSICAL SUPPORTS		
Uses a Manual Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uses Electric Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uses a Walker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uses a Cane	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uses Handrails in Bathroom & Shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Requires Other Supports. If yes, please specify:		



BEHAVIOR		
	YES	NO
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Consistently follows verbal directions		

**If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):**



**RACE & ETHNICITY TRACKING OPTIONAL**

For purpose of data collection for Bridge to Independence funding, please mark the boxes that best describes the applicant's race/ethnicity category or which he/she identifies with:

<b>A</b> <input type="checkbox"/>	Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<b>B</b> <input type="checkbox"/>	African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.
<b>H</b> <input type="checkbox"/>	Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Latin Cultures, regardless of ethnicity.
<b>I</b> <input type="checkbox"/>	Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<b>W</b> <input type="checkbox"/>	Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

I have completed this Bridge to Independence Degree program application truthfully and to the best of my knowledge all information is accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Personal Statement Instructions**

An important part of the admissions process is the personal statement. This is your opportunity to shine by telling why you want to come to the Bridge Program as well as something about you. This includes facts about your background, goals, and any other information that you think will help us learn more about YOU. BE CREATIVE. The personal statement can be handwritten or typed, a portfolio, video recorded, etc. Any electronic submissions must be on a flash drive, as a DVD/CD will easily break during the mailing process. The maximum allowed time for video recorded personal statements is 5 minutes. Materials submitted will not be returned.

**Your personal statement must include numbers 1 – 4 and 11 below. 5 - 10 are optional.**

1. Your name.
2. Why you want to be accepted into the Bridge to Independence Program.
3. Special interests.
4. Include specific areas you want to learn about while in the program.
5. Describe 1-2 opportunities/trips you have taken without your parents/family. Include:
  - # of days
  - Destination
  - Purpose (e.g. vacation, conference, etc.)
  - How you felt about being away
  - Who you traveled with
  - Mode of transportation
6. Things you like to do in your free time.
7. In school, name your favorite subject(s) and your least favorite subject(s).
8. Your strengths.
9. Areas you would like to improve upon.
10. Describe what you learned and enjoyed about any paid and/or volunteer work experience.
11. Describe what you see as your ideal life in the future?
  - Where would you like to work?
  - Where would you like to live? A City, Apartment, condominium, home and would you like to live with a roommates, family or alone.

## Reference Letter

Name of Applicant: \_\_\_\_\_ is applying for admission to the Bridge to independence Program (Bridge) at Nicholls State University, in Thibodaux, Louisiana. Bridge is an inclusive, comprehensive educational and optional residential program with a vocational component for young adults with intellectual and other developmental disabilities. The program combines university level courses with independent living skills, vocational skills, social and recreational opportunities on the Nicholls State University Campus and in the community. The goal is to assist the students in determining their future in all aspects of their lives. The program provides the life and job skills training necessary for Bridge students to lead independent fulfilling lives with lifelong friends.

Within your letter of recommendation, please include the following information:

- Your occupation
- Length of time you have known the applicant
- The context you first become acquainted with the applicant
- The applicant's most exemplary traits
- Areas that could use improvement
- Concerns you have about the applicant (e.g. behavioral issues)
- Reasons why you feel the applicant is a good candidate for the Bridge program.

Return your letter of recommendation in a **sealed envelope** to the student. Should you have any questions regarding this reference or our program, please email [bridge.inquiry@nicholls.edu](mailto:bridge.inquiry@nicholls.edu).

**Reference Letter Waiver Form Applicant Name:**

Applicant's Name: \_\_\_\_\_

***Applicant Statement:*** *I understand these letters of evaluation are to be received and maintained in confidence by The Bridge to Independence Program at Nicholls State University, Thibodaux, Louisiana for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, and/or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.*

\_\_\_\_\_  
Applicant or Guardian's Signature /Date

***Bridge requires two reference letters. One must be from a teacher or job supervisor and another from a person who knows the student well, but not a family member. Individuals writing the letters must place the reference letter in a sealed envelope.***

### Case Management State Agency Referral Form

Please review admissions criteria before referring your client to the Bridge to Independence Program (Bridge) at Nicholls State University.

Pages 15 to 18 are to be completed by the applicant's case manager, if applicable. If the applicant does not have a case manager, please check the “No Case Manager” box and continue to page 19.

No Case Manager at time of application

Attach the most current state report for this client.

Client Name:			
ID/Case#:		AGE:	
Diagnosis:			
Name of Agency:		Fax#:	(    )
Address:			
Name of Case Manager:			
Phone #:		Email:	
Number of months or years the applicant has been your client?:			

1. What are the client’s most exemplary traits?

2. What are some areas for improvement?

3. State any factors/characteristics/behaviors of this client that would be a concern for Bridge?  
Please be very specific.

4. State reasons why you feel the client is or is not appropriate/ready for Bridge at Nicholls State?
  
  
  
  
  
  
  
  
  
  
5. Is your client ready to move out of the house? Explain why or why not.
  
  
  
  
  
  
  
  
  
  
6. Do you feel the client's parents/guardian, are supportive of their son/daughter attending Bridge? Explain.
  
  
  
  
  
  
  
  
  
  
7. Generally, how often would you say this client's parent's contact you?
  
  
  
  
  
  
  
  
  
  
- 7a. When you're contacted by this client's parents, what types of negative or positive situations are you addressing?
  
  
  
  
  
  
  
  
  
  
8. Do you feel the client's rights and choices as an adult are being respected and supported by his/her parents/guardians? Please give examples.
  
  
  
  
  
  
  
  
  
  
9. Does the client have a strong support system? State who they are and how they support the client.





Check the box for all that apply to the client's history of: \_\_\_\_\_

	YES	NO
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Consistently follows verbal directions		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Resentment towards parent(s)		
If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):		



**Certification:**

I have completed this application truthfully, and to the best of my knowledge all information is accurate.

Case Management Agency Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature Submission of Regional Center Referral Form:**

Your client's current Annual/Quarterly report **MUST** be submitted with this form.

This referral **MUST** accompany the Bridge Admission Packet when it is received by the program's office for review.

Return all 3 documents to your client in an envelope sealed as directed below.

**Envelope Sealing Instructions:**

Once completed, please place this referral in an envelope, seal the envelope completely, write your name across the overlap of the flap/envelope body. Finally, place a generous amount of clear tape over your signature.

### Authorization to Release Information

<b>Name(s) of Agency, High School, Professional, Medical (all that apply)</b>			
Applicant name:			
DOB:		Today's Date:	

Bridge to Independence at Nicholls State University requests the following information regarding the aforementioned person to aid in providing quality services:

<b>Medical information:</b> <ul style="list-style-type: none"> <li>Diagnostic Information</li> <li>Current Medications</li> <li>Treatment History</li> <li>Assessments/Evaluations</li> </ul>	<b>Psychological Information:</b> <ul style="list-style-type: none"> <li>Diagnostic information</li> <li>Current Medications</li> <li>Treatment history</li> <li>Assessment/Evaluations</li> </ul>
<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Individual Transition Plan for Employment
<input type="checkbox"/> Educational Assessments/1508 Evaluation	<input type="checkbox"/> Social Assessment Information
<input type="checkbox"/> Employment Assessment (Louisiana Rehab. Services)	<input type="checkbox"/> Case Management Agency Reports/Plan
<input type="checkbox"/> Other (describe):	

By signing below, I understand that Bridge to Independence at Nicholls State University shall share information with the referring agency and any other agencies as it pertains to the program services rendered to the aforementioned person and his/her health and welfare. I authorize Bridge to Independence to request information from the referring agency, school and other pertinent health care providers that is deemed pertinent to services provided. I also authorize the release of information from the referring agency to Bridge to Independence to aid in providing such services only until I complete the program or for three years from signature date (whichever comes first).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bridge Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant Skill Inventory

Applicant Name: \_\_\_\_\_

Person assisting or rating applicant: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

#### Use this rubric to rate the applicant with the attached Skill Inventory

<b>With No Assistance</b>	Applicant is able to accomplish the task without assistance
<b>Little Assistance</b>	Applicant requires 25-50% assistance to accomplish the task
<b>Significant Assistance</b>	Applicant requires 50-75% assistance to accomplish the task
<b>With No Reminders</b>	Applicant is able to accomplish the task without reminders
<b>Few Reminders</b>	Applicant is able to accomplish the task with reminders on 25-50% of the steps
<b>Many Reminders</b>	Applicant is able to accomplish the task with reminders on 50-75% of the steps
<b>Is Still learning</b>	Applicant is able to accomplish the task with reminders on 50-75% of the steps
<b>N/A</b>	This particular task is not applicable to this Applicant

Place a mark in the appropriate box indicating the Level of Assistance AND the Level of Reminders needed to accomplish the skill. See example on the next page. Please follow the example provided at the top of the next page.



### Academics Skill Inventory

<b>Academics: Writing</b>	<b>With No Assistance</b>	<b>Little Assistance</b>	<b>Significant Assistance</b>	<b>With No Reminder</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Is Still Learning</b>	<b>N/A</b>
Writes Name								
Write/copies all letters								
Writes complete words								
Writes short sentences								
Correctly uses punctuation								
Drafts, revise, edits								

<b>Academics: Reading</b>	<b>With No Assistance</b>	<b>Little Assistance</b>	<b>Significant Assistance</b>	<b>With No Reminder</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Is Still Learning</b>	<b>N/A</b>
Identifies letters								
Recognizes familiar words/names								
Applies reading strategies (sentence structure, meaning, phonetic cues)								
Reads chapter books								
Reads books silently								

<b>Academics: Listening and Comprehension</b>	<b>With No Assistance</b>	<b>Little Assistance</b>	<b>Significant Assistance</b>	<b>With No Reminder</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Is Still Learning</b>	<b>N/A</b>
Retells a simple story								
Can retell the beginning, middle, and end of stories								
Able to retell settings, characters, problems, major events, and solution of stories								



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<b>Academics: General</b>	<b>With No Assistance</b>	<b>Little Assistance</b>	<b>Significant Assistance</b>	<b>With No Reminder</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Is Still Learning</b>	<b>N/A</b>
Keeps track of assignments and due dates								
Brings proper supplies to class								
Completes multiple choice exams								
Completes written exams								









**Graff Parent Readiness Scale (GPRS)**

This scale helps determine the families' readiness for the student with an intellectual and/or developmental disability to attend a post-secondary program.

***Please circle the family/guardian's response.***

1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university.

Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-on-one support all day.

Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.

Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.

Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.

Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my student's support staff.

Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.

Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student's judgment.

Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student's ability to handle small sums of money.

Strongly Agree 1 2 3 4 5 Strongly Disagree

11. I know my student, with support, will develop friendships.

Strongly Agree 1 2 3 4 5 Strongly Disagree

**Graff Parent Readiness Scale (GPRS) Continued**

12. I know my student, with support, will try new opportunities.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
13. My student has the ability to handle frustration.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
14. My student has the ability to seek assistance.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. Often, I am in contact with my students more than 3 times a day.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. Often, I am telling my student what to do and say.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. I check up on my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. I check to see if my student has the correct facts.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. I believe, I know what is best for my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. I believe a postsecondary education is important for my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. I feel that my student knows what is best for him or herself.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. I feel that my student wants to attend the university.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. My student will live independent of our family after graduation.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. My student will have meaningful employment after graduation.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
25. Person Centered Planning will help my student achieve their goals.  
Strongly Agree 1 2 3 4 5 Strongly Disagree

## Scope of Services

The Bridge Program is designed to address the unique needs of students with intellectual/developmental disabilities.

### **ACADEMICS**

Participants in the Bridge Career program at Nicholls State University are not enrolled through traditional means, as the matriculated, degree seeking students of Nicholls State University are. Bridge students enroll through the Bridge to Independence Program and receive a **Certificate of Achievement** and an “Unofficial Nicholls State Transcript” through the Bridge Career Program.

### **HEALTH SERVICES**

Bridge students have access to campus Student Health Center services. These services are for immediate first aid/onset care only. Bridge students need to make other medical arrangements for long term care issues. Likewise, counseling and psychological services provided by the Student Services are also for immediate emergency interventions only. Students with pre-existing/ongoing concerns should make the necessary arrangements for these known issues. Bridge does not endorse any physician or counselor and therefore does not make referrals. As part of the College of Education, individual and group counseling services may be available to Bridge students. These services are provided by graduate level counseling students supervised by a Ph.D. instructor. Once again Bridge does not endorse these services and participation is optional.

## CODE OF CONDUCT

All Bridge students will be expected to abide by the student code of conduct as outlined, <https://www.nicholls.edu/student-policy/>. Bridge students will follow policies of the judicial system and the recommendations of the Vice President of Student Affairs as well as the Bridge Accountability Policy. Any resulting disciplinary action will follow in accordance with Nicholls State and/or Bridge policies. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

### **PARENTS/GUARDIANS**

Parental involvement is crucial for student success in the Bridge Program. Parents will be incorporated in many important decisions that their student may make through Bridge Individual Planning Meetings. However, there may be times that Bridge is bound by confidentiality or judicial rulings, and may be unable to share information about the student without his/her permission. The Bridge Program goal is to support students in becoming independent adults, capable of self-advocacy and self-determination. Parents may not always agree with the decisions that their students make, but should maintain a positive and open relationship with all parties.

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Applicant’s Name Printed

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Applicant’s Signature

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Date

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Parent/Guardian Signature

**Medical Information Form**

The following Medical Information Form should be completed to ensure that students have necessary information to complete forms required by University Health Services. Please also attach a copy of the applicant's current insurance card which will need to be provided at any appointments scheduled with the University Health Services.

**Please attach a copy of your health insurance card with this form.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID (N#): \_\_\_\_\_

**Family Medical History**

**Circle one answer for each item:**

Blood Disease      Yes    or    No  
 Cancer              Yes    or    No  
 Diabetes            Yes    or    No  
 Seizure Disorder   Yes    or    No  
 Heart Disease      Yes    or    No

High Blood Pressure      Yes    or    No  
 Kidney Disease            Yes    or    No  
 Respiratory Disease      Yes    or    No  
 Other: \_\_\_\_\_

**Personal History**

**Circle one answer for each item:**

Adopted                              Yes    or    No  
 Acne (on medication)              Yes    or    No  
 ADD/ADHD                            Yes    or    No  
 Anemia                                Yes    or    No  
 Anxiety/Depression                Yes    or    No  
 Asthma                                Yes    or    No  
 Autism                                Yes    or    No

Specify: \_\_\_\_\_

Blood/Clotting Disorder            Yes    or    No  
 Cancer/Tumor                        Yes    or    No  
 Specify: \_\_\_\_\_

Concussion                            Yes    or    No  
 Diabetes                                Yes    or    No  
 Disease/injury of joints            Yes    or    No

Eating Disorder                      Yes    or    No  
 Eye Trouble                            Yes    or    No  
 Hay fever, hives, seasonal allergies    Yes    or    No

Specify: \_\_\_\_\_

Head injury w/ unconsciousness    Yes    or    No  
 Heart disease                        Yes    or    No  
 Hepatitis                                Yes    or    No

Specify: \_\_\_\_\_

High Blood Pressure                Yes    or    No  
 Kidney Disease/Stones              Yes    or    No  
 Lyme Disease                        Yes    or    No

Malaria                                Yes    or    No  
 Marfan's Syndrome                Yes    or    No  
 Migraines                              Yes    or    No



Mononucleosis	Yes or No	Stomach or Intestinal Trouble	
Obsessive Compulsive Disorder	Yes or No	Suicide Attempts	
Reflux/ulcers/colitis/irritable bowel	Yes or No	Thyroid/Endocrine Disorders	Yes or No
Seizures	Yes or No	Tuberculosis	Yes or No
STI	Yes or No	Vision/Hearing Impaired	Yes or No
Sickle Cell Disease/Trait	Yes or No	Other: _____	
Sinusitis	Yes or No		
Sleep Disorders	Yes or No		

Have you been out of the country in the last 6 months? Yes or No  
If yes, please specify:

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Have you ever been hospitalized? Yes or No  
If yes, please specify:

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Have you ever had an operation? Yes or No  
If yes, please specify:

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Do you have a disability (physical or learning)? Yes or No  
If yes, please specify:

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Do you have emotional health problems requiring therapy of medications? Yes or No  
If yes, please specify:

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Do you smoke, if yes how much? Yes or No  
If yes, please specify:

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Do you have a past/present history of substance abuse? Yes or No  
If yes, please specify:

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Do you have a past/present history of alcohol abuse? Yes or No  
If yes, please specify:

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Nicholls State University  
Bridge to Independence

Do you have a past/present history of gambling? Yes or No

If yes, please specify:

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Are you allergic to anything (ie food, medication, etc)? Yes or No

If yes, please specify:

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**Please list current prescribed medications with dosage and frequency:**

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**Preferred Pharmacy**

Any prescriptions from University Health Services WILL be called into the pharmacy you have specified.

Pharmacy Name:

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Pharmacy Address:

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Pharmacy Phone Number: \_\_\_\_\_

**Emergency Contact Information**

When students go to University Health Services, you will be contacted by a Bridge staff member before the student arrives, so that you can be available to speak with University Health Services staff if needed.

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

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Nicholls State University  
Bridge to Independence

**For All Bridge Students**

I understand that the information on this form will remain confidential and only be used to fill out forms required by University Health Services.

Applicant Signature: \_\_\_\_\_

**For Bridge Certificate Students**

I understand that if I am a Bridge Certificate student, a staff member will attend any university health service appointments with me. The staff member will contact the listed Emergency Contact with any concerning information.

Applicant Signature: \_\_\_\_\_



## Information and Photo Release

I, \_\_\_\_\_, a student of Nicholls State University,  
(student name - print)

grant permission for reciprocal communication between Bridge to Independence staff, my parents or guardians, and all Nicholls State University employees for the time in which I am a current student.

I understand and allow reciprocal communication between all Bridge to Independence staff, parents or guardians, and Nicholls State University employees will be done only for Bridge related issues. I understand that the purpose of these communications will be to help ensure my success as a Nicholls State University Bridge student and to address any concerning issues.

I understand and allow Bridge to Independence Staff to communicate with all campus organizations and offices such as, but not limited to, the Student Access Center, University Counseling Center, Campus Police, University Health Services, and the Tutoring Center.,

I understand and allow Bridge to Independence Staff to assist and accompany me as necessary with any University Health Service appointments for the purposes of supporting students' healthcare needs.

I understand and allow the Bridge to Independence staff permission to view my Moodle page, Banner account, and Nicholls student email for the purpose of supporting my academic needs.

I understand that Bridge to Independence staff maintains the right to contact the appropriate authorities if there is evidence judged to be of an emergency nature which affects the safety of me or someone else.

I am aware that Bridge to Independence utilizes photographs of program activities for educational and information purposes. Mark below stating whether we have your permission to photograph you as well as post these images onto our social media accounts.

\_\_\_\_ I agree to being photographed and posted on Bridge Social Media accounts.

\_\_\_\_ I do not agree to being photographed and posted on Bridge Social Media accounts.

By signing below, I acknowledge that I have read and agree to the information above.

Student: \_\_\_\_\_

Date: \_\_\_\_\_



**Bridge to Independence Behavior Contract**

I, \_\_\_\_\_, agree to adhere to the following rules and policies in order to remain a student in the Bridge to Independence program.

The policies are as follows:

\_\_\_\_\_ I understand that I am expected to follow all Nicholls State University rules, policies, and procedures as indicated in the Student Policy and Procedure Manual.

\_\_\_\_\_ I understand that I am expected to follow all Certificate program rules set by Bridge to Independence as indicated in the Bridge Code of Conduct and Bridge Certificate Handbook.

\_\_\_\_\_ I understand that I need to maintain appropriate boundaries with Bridge staff and students. This includes, but not limited to, keeping my hands to myself at all times, maintaining appropriate communication with staff, and being respectful in my actions and in my words.

\_\_\_\_\_ I understand that inappropriate and/or offensive language, either written or spoken, within the Bridge room, at Bridge Internship sites and in Nicholls classes, or to Bridge staff/students will not be tolerated.

\_\_\_\_\_ I understand that violence and/or harmful actions within the Bridge room, dorm rooms, other campus locations, and/or towards Bridge staff/students will not be tolerated.

\_\_\_\_\_ I understand that I must follow the appropriate hierarchy of the chain of command, for any concerns or questions.

\_\_\_\_\_ Upon any infraction of the rules, and this contract, Bridge to Independence may exercise its right to immediately and permanently dismiss me, the student, from the program without reimbursement of Support Fee.

\_\_\_\_\_  
Applicant Signature Date

### **Bridge Code of Conduct**

As a student in the Bridge to Independence Program, I understand that I must follow the rules state below:

- Student phones are to remain turned off and in their specified cubby during Bridge class and work hours.
- Students must be on time for class and work.
- Students must be in their dorms by 9:00 PM unless attending a school event, in which the student must inform a Bridge staff member and go straight to their dorm after the event
- Students will not contact Bridge or Nicholls staff after 9:00 PM, unless there is an emergency.
- Students must inform a Bridge staff member any time that they will be leaving campus.
- Students are expected to stay on campus at all times unless a guarding or Bridge staff member is with them.
- Students must walk in the crosswalks when walking around campus.
- Students are not allowed to smoke, drink alcohol, or vape while participating as a Bridge student.
- Students are expected to be honest and respect all Bridge staff and other students.
- No food or drink is permitted during class or work hours, unless approved by a Bridge staff member.
- Students must use positive language when speaking in the Bridge room.
- Bridge to Independence reserves the right to change or add rules as deemed necessary by Bridge staff.
- Bridge students are not allowed to have anyone of the opposite sex in their dorm room. Students must spend time in common areas such as the cafe, dorm lobby, or dorm hangout space.
- Bridge students are not allowed to have guests outside of the Bridge program in their dorm without permission from Bridge Staff.

By signing my name below, I understand that I must follow these rules to remain a student with Bridge to Independence.

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(Applicant Signature)

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(Date)