



**Luttrill & Pearl Payne
School of Education**

Integrative Community Studies Program Application Checklist

The following must be completed to ensure your application is complete and will be considered for admission.

_____ Complete ICS Application & Document Upload at
https://lsu.formstack.com/forms/integrative_community_studies_student_application

_____ Upload the following documents.

- Documents uploaded in online application.
 - High School Transcripts
 - High School Certificate
 - Current Educational Evaluation
 - Current IEP
 - Personal Statement
 - Reference Letter Wavier Form (see page 2)
 - Authorization to Release Student Information Form (see page 3)
 - Letters of Conservatorship (if applicable)
 - Immunization Record

_____ Email a recent 5" X 7" photograph of applicant to icscertificate@lsu.edu.

_____ Send a copy of the reference letter requirements to your references. (see page 4)

_____ Send a copy of the Case Management State Agency Referral Form to State Agency. (see page 5-7)



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Print, sign, and upload with your application.

Reference Letter Waiver Form

Applicant's Name: _____

Applicant Statement: *I understand these letters of evaluation are to be received and maintained in confidence by Integrative Community Studies Program at Louisiana State University, Baton Rouge, 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

ICS requires three reference letters. Two 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 return the reference letter to ICScertificate@lsu.edu.



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Authorization to Release Information

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

Integrative Community Studies Program at Louisiana State University requests the following information regarding the aforementioned person to aid in providing quality services:

Medical information: <ul style="list-style-type: none"> • Diagnostic Information • Current Medications • Treatment History • Assessments/Evaluations 	Psychological Information: <ul style="list-style-type: none"> • Diagnostic information • Current Medications • Treatment history • Assessment/Evaluations
<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 Integrative Community Studies Program at Louisiana 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 Integrative Community Studies Program 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 Integrative Community Studies Program 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: _____
 ICS Staff Signature: _____ Date: _____



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Send this form to three references. After completion, all three references should email completed letters to ICScertificate@lsu.edu.

Reference Letter Instructions

Name of Applicant: _____ is applying for admission to the Integrative Community Studies Program at Louisiana State University, in Baton Rouge, Louisiana. ICS is an inclusive, comprehensive educational and 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 Louisiana State University Campus and in the community. Students live, study, and work on campus. 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 ICS 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 program.

Return your letter of recommendation by emailing ICScertificate@lsu.edu. Should you have any questions regarding this reference or our program, please email ICScertificate@lsu.edu.



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Send this form to the State Agency. After completion, all documents should be emailed to ICScertificate@lsu.edu.

Case Management State Agency Referral Form

Please review admissions criteria before referring your client to the Integrative Community Studies Program at Louisiana State University. 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 ICS? Please be very specific.
4. State reasons why you feel the client is or is not appropriate/ready for ICS?
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 ICS? 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.



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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):



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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.

Return all 3 documents to ICS by emailing them to ICScertificate@lsu.edu