



UMass Boston
MA Inclusive Concurrent Enrollment
Initiative (MAICEI)

New Student Application
Fall 2022-Spring 2023

Application Due: February 25, 2022

BACKGROUND

The UMass Boston MA Inclusive Concurrent Enrollment Initiative (MAICEI) is an inclusive college-based transition services partnership where students, ages 18-21, with intellectual disabilities and autism are included in all aspects of a college experience. Students participate in fully integrated academic and extracurricular activities alongside their peers without disabilities. The student's day consists of course participation, social events, networking, and career development activities. The UMass Boston MAICEI staff, educational coaches, peer mentors, and UMass's Ross Disability Center staff are available to support students in these activities.

WHAT DO STUDENTS RECEIVE?

- Person-centered planning to establish academic and post-school goals
- Participation in college courses related to post-school goals
- Career development, internships, and paid integrated employment on and off campus
- Campus-wide access to student services and events
- Opportunities to increase independence, self-determination, and other foundational skills among college-aged peers.
- Students work with their peer mentors and educational coaches to set and achieve personal goals.

ELIGIBLE STUDENTS

The MAICEI Program is open to students who:

- Are 18-21, have not passed the Massachusetts Comprehensive Assessment System (MCAS) exam or are not likely to achieve the competency determination necessary for graduation by passing the MCAS exam due to the significant nature of their disability, and are eligible for special education services as documented through an Individualized Education Program (IEP); or
- Are 20-21, have passed the MCAS exam, but are eligible for special education with an IEP because of significant functional disabilities or transition needs.
- Want to go to college.

PARTICIPATION GUIDELINES

The UMass Boston MAICEI program is not a specialized program (i.e., social and/or academic activities conducted for students with intellectual disabilities only.) Admission into the MAICEI program is based on a full academic year (a minimum of two consecutive semesters) given that the student meets age eligibility criteria. Participation ends when a student has reached the age of 22, per guidelines of the Massachusetts Inclusive Concurrent Enrollment Initiative.

CONTACT INFORMATION

Please scan/ email completed application to:

Ashley Luce, MAICEI Program Coordinator

Email: Ashley.Luce@umb.edu

Phone: (617) 297-6797

APPLICANT INFORMATION

Applicants Name: _____ **DOB:** _____
Last First MI

Permanent Address: _____
Street Address

_____ *City State Zip Code*

Applicants Home Phone #: _____ **Cell #:** _____

Applicants Email Address: _____

SENDING SCHOOL/ ORGANIZATION CONTACT INFORMATION

Sending School/ Organization Name: _____

School/ Organization Address: _____
Street Address

_____ *City State Zip Code*

Contact Person: _____ **Role:** _____

Phone #: _____ **Email:** _____

LEGAL GUARDIAN INFORMATION

Name: _____ **Relationship to Applicant:** _____

Preferred Phone #: _____ **Email:** _____

PROGRAM ELIGIBILITY CHECKLIST

BEGINNING OF SECTIONS TO BE COMPLETED BY SENDING SCHOOL/ ORGANIZATION STAFF.

Please check all that apply to the applicant:

- Is 18+ years old but will not turn 22 before the end of the semester.
- Has completed 4 years of high school and is in a 5th year/postgrad program.
- Is eligible for special education services as documented through the IEP
- Is not likely to pass MCAS
- May pass MCAS but the IEP team has determined the student will still be eligible for transition services
- Wants to go to college
- Applicant and family are willing to participate in a person-centered planning (PCP) process or have already participated in a recent PCP.
- Applicant and parent(s) have met with the high school liaison or IEP team to discuss college
- Family members understand the expectations of the MAICEI college-based transition services

TRANSITION SERVICES TO DATE

Please check all that apply to the applicant:

Has a 688 referral has been made?

Has the applicant been determined to be eligible for services from one of these agencies?

- DDS
- MRC
- MCB
- DMH
- Other
- Not applicable

Does the applicant have a relationship with a community rehab provider? (E.G., BCIL, JVS, Price Center, Work Inc, etc.) If applicable list the provider below:

DISABILITY INFORMATION

SECTION TO BE COMPLETED BY SENDING SCHOOL/ ORGANIZATION STAFF.

Eligible disability:

Please list or describe any accommodations the student currently receives. Include documentation of the applicant's psychoeducational testing from the past two years with this application.

Please list any other information we should be aware of (medical or otherwise).

SKILLS SUMMARY

SECTION TO BE COMPLETED BY SENDING SCHOOL/ ORGANIZATION STAFF.

The skills summary will be used to give us an idea of the academic and study skill supports the applicant may need. The vocational, self-advocacy, and life skills summaries will be helpful in developing the applicant's person-centered plan.

Please check a number on the scale from 1-5 that best describes the applicant.

Academic competency	<i>None of the time</i>		<i>Some of the time</i>		<i>All the time</i>
	1	2	3	4	5
Completes classwork					
Can pick out important ideas through listening, reading, or other means					
Can summarize information					
Vocational competency	<i>None of the time</i>		<i>Some of the time</i>		<i>All the time</i>
	1	2	3	4	5
Is motivated to work					
Can adapt to new work environments					
Can communicate (including using alternative means) with staff and co-workers					
Works to the best of their ability					
Can identify ways to solve a problem					
Self-advocacy competency	<i>None of the time</i>		<i>Some of the time</i>		<i>All the time</i>
	1	2	3	4	5
Ask for assistance when needed					
Is willing to schedule their own meetings and appointments					
Can define and describe their diagnosis					
Can identify personal interests and strengths					
Can set personal goals (with support or independently)					

Life skills competency	<i>None of the time</i>		<i>Some of the time</i>		<i>All the time</i>
	1	2	3	4	5
Uses community resources (with support or independently)					
Uses recreational facilities (with support or independently)					
Will travel to and from college independently					
Will receive training to travel to and from college independently					
Will receive training to travel to and from college but will need ongoing support					

END OF SECTIONS TO BE COMPLETED BY SENDING SCHOOL/ORGANIZATION STAFF.

BEGINNING OF SECTIONS TO BE COMPLETED BY APPLICANT.

WORK EXPERIENCE

Please list any previous work experience you may have:

Job title	Location	Approx. Dates of Employment
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INTEREST/ EXTRACURRICULAR INFORMATION

What top 3 subjects or areas of study are you most interested in?

- 1.
- 2.
- 3.

Please list any extracurricular activities (hobbies, volunteer, faith-based, etc.) you are currently involved in:

Why do you want to participate in the UMass Boston MAICEI program?

Is there any other information you would like us to know about you?

END OF SECTION TO BE COMPLETED BY APPLICANT



University of Massachusetts Inclusive Concurrent Enrollment Initiative Eligibility Checklist

Dear Prospective UMB Student:

We are happy that you are interested in the University of Massachusetts Boston. Our program is bound by certain funding and university requirements. We will ask you to review these requirements for eligibility below. Please complete this checklist so we might proceed with your college and career plans. Please note that completion of this Eligibility Checklist does not confirm acceptance but will indicate if the student is eligible for the MAICEI program.

Should you have any questions, please do not hesitate to contact Ashley Luce at ashley.luce@umb.edu. Alternative formats are available to you upon request. Thank you!

Key Criteria for Participation in UMB MAICEI Partnership Activities	Meets Requirement	Does Not Meet Requirement	NA
1. The student is 18 years old (or will be at the time of the start of the semester) or older but will not turn 22 years old during the current semester			
2. The student is not likely to pass MCAS.			
3. Student has passed MCAS, but still eligible for special education with an Individualized Education Program (IEP) because of significant functional disabilities, transition needs, etc.			
4. Student is eligible for special education services as documented through an Individualized Education Program (IEP);			
5. The student and family are willing to participate in a Person-Centered Planning prior to the start of the college semester or has already had a PCP			
6. The student and parent/s have met with their HS liaison and college liaison to discuss college.			
7. Family members (if appropriate) are supportive and understand the expectations of MAICEI and of college.			
9. Options have been explored and the student/family understands that public transportation will be used to get to and from the college.			
10. The student/family agrees to the principle of student gaining independence skills at college.			

11. The student/family agrees to following the UMB academic calendar and attending classes accordingly. The UMB calendar can be found on www.umb.edu/registrar/academic_calendar			
12. The student/family understands that paid employment is a goal of this program and the student is seeking paid employment as a his/her/their goal.			
13. The student's teachers agree to support the student to participate successfully in the UMB ICEI program, as resources and availability allows.			

***Participation in the ICEI Initiative is dependent on state grant funding**

Adapted with permission of author, Sherry Elander, Special education teacher, Westfield Public Schools and member of the Holyoke Community College ICE partnership

Electronic Signature Accepted Below

Student's Date of Birth:	
Please Print Student Name:	
Signed (Student Signature):	Date:
Please Print Family Member Name:	
Signature (Family Member, if member serves as guardian or student agrees)	Date:
Please Print High School Liaison Name:	
Signature (Teacher or High School Liaison/Representative)	Date:
UMass Boston MAICEI Program Representative:	
Signature (UMass Boston MAICEI Program Representative):	Date:

So we may be in touch soon, contact phone number and email of person completing this Checklist:

Name:
Phone:
Email: