



UMass Boston MA Inclusive Concurrent Enrollment Initiative (MAICEI)

New Student Application

About UMass Boston MAICEI

UMass Boston MAICEI is an inclusive, comprehensive, college-based transition partnership where Autistic students and students with intellectual disabilities are fully included on campus in all aspects of a complete college experience, receiving supports as necessary. The student's day consists of course participation, social events, peer mentoring, and career development activities. This state-funded initiative supports partnerships between local school districts and 2-and 4-year public colleges and universities in Massachusetts.

[For more information about MAICEI at UMass Boston>>](#)

[For more information about MAICEI across state colleges>>](#)

Eligibility Requirements

UMass Boston MAICEI is open to students who want to go to college who are:

- > 18-22, have not passed the 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 still eligible for special education with an IEP because of significant functional disabilities or transition needs.

Participation Requirements

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 MAICEI guidelines. Students are required to be accompanied by an educational coach, provided by the partnering school district.

Educational Coaches

An educational coach (ed coach) much like an employment coach, is a person who works to "even the playing field" for students with disabilities in postsecondary education.

Enrollment Process

After submission of the completed application students will be asked to interview with the MAICEI Program Coordinator.

[For UMass Boston MAICEI Enrollment Timeline>>](#)

Application Deadlines:

Students may apply for fall or spring enrollment.

- Due February 20th for fall start
- Due October 20th for spring start

Application Checklist

Completed applications include:

- New Student Application (pages 1-5)
- UMass Boston MAICEI Eligibility Checklist (pages 6-7)
- Submission of IEP documentation (from the last two years)

Contact Information

Please scan/email completed applications to:

Ashley Luce, MAICEI Program Coordinator

Ashley.Luce@umb.edu

617-297-6797

APPLICANT INFORMATION

Applicants First and Last Name:

Date of Birth:

Permanent Address (City, State, Zip):

Applicants Cell Phone #:

Applicants Email Address (High School or Personal):

SENDING SCHOOL/ ORGANIZATION CONTACT INFORMATION

Sending School/ Organization Name:

Sending School/ Organization Address:

Contact Person:

Role of Contact Person:

Phone #:

Email Address:

FAMILY MEMBER/ LEGAL GUARDIAN INFORMATION

First and Last Name:

Relationship to Applicant:

Phone #:

Email Address:

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

DISABILITY INFORMATION

Documentation of the applicant’s psychoeducational testing from the past two years must be submitted with this application.

Eligible Disability:

SKILLS SUMMARY

The self-advocacy and life skills summary will be used to give us an idea of the supports the applicant may need and will be used when developing the applicants person-centered plan.

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

Self- advocacy competency	None of the time		Some of the time		All the time	
	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	None of the time		Some of the time		All the time	
	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						

TRANSITION SERVICES TO DATE

Please check all that apply to the applicant:

Has a 688 referral has been made?

- Yes
 No

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:

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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INTERESTS/ 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 SECTIONS TO BE COMPLETED BY APPLICANT
END OF UMASS BOSTON MAICEI NEW STUDENT APPLICATION

UMass Boston MA Inclusive Concurrent Enrollment Initiative (MAICEI) 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.

Key Criteria for Participation in UMass Boston MAICEI	Meets Requirement	Does Not Meet Requirement	N/A
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. The student has passed MCAS, but is still eligible for special education with an individualized Education Program (IEP) because of significant functional disabilities, transition needs, etc.			
4. The student is eligible for special education services as documented through an IEP.			
5. The student has completed 4 years of high school and is in a 5 th year/postgrad program or will be in a 5 th year/postgrad program upon entry to UMass Boston MAICEI.			
6. The student and family are willing to participate in Person-Centered Planning (PCP) prior to the start of the college semester or already has a PCP.			
7. The student and parent/s have met with their HS liaison and college liaison to discuss college.			
8. 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 UMass Boston academic calendar and attending classes accordingly. To view the UMass Boston Academic Calendar>>			
12. The student/family understands that paid employment is a goal of this program, and the student is seeking paid employment as his/her/their goal.			
13. The student's school district/program agrees to support the student to participate successfully in UMass Boston MAICEI as resources and availability allows.			

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

Electronic Signature Accepted Below

Students Date of Birth:	
Print Student Name:	
Signature (Student):	Date:
Print Family Member or Guardian Name:	
Signature (Family Member or Guardian):	Date:
Print High School Liaison/Representative Name:	
Signature (High School Liaison/Representative):	Date: