



HEARTLAND  
COMMUNITY COLLEGE

## **HALO: Heartland Academy for Learning Opportunities**

**Heartland Community College**

**1500 West Raab Road**

**Normal, IL 61761**

**309-268-8255**

**Fax 309-268-7877**

### **APPLICATION PROCEDURES**

The HALO application process consists of two parts. In the first part, applicants are screened to determine if the program is a good match based on the applicant's current skill and ability levels. After this screening, the applicant may proceed to the next stage, which is an interview with the applicant and parent(s).

Requirements for a complete admission file are as follows.

1. A completed application submitted to:  
HALO Program  
Heartland Community College  
1500 West Raab Road  
Normal, IL 61761  
Attn: Jennie Kearney
2. An official high school transcript
3. Psychological report including written results and interpretations of the following testing:
  - a. Intellectual Assessment within the last 5 years (WAIS-R)
  - b. Achievement Testing within the last year (PIAT, K-TEA, or Woodcock-Johnson)
4. Three letters of recommendations using the program recommendation form. At least one reference should be from an individual who can attest to the applicant's educational performance (teacher, principal, guidance counselor, etc). One, if applicable, can be from an employer/work supervisor.

Once all application materials have been received and the screening process is complete, the HALO Admissions Team will arrange a personal interview with each qualified applicant and his/her parents.



**APPLICANT EDUCATIONAL HISTORY**  
**(Please include any high schools and college experiences)**

Name of School	Location	Date of Graduation or Program Completion

Will this be the first program the applicant has attended since high school?  Yes  No  
 If no, what other programs has the applicant attended?

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT EMPLOYMENT HISTORY**

Name of Employer	Position and Job Responsibilities	Hours/Week	Dates of Employment	Reason for Leaving	Paid or Volunteer

Was a job coach on site for any of the employment experiences listed?  Yes  No

If so, please list which positions had a job coach on site. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What accommodations were provided at work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student applied for vocational rehabilitation services?  Yes  No

If yes, is the student eligible to receive services from Vocational Rehabilitation?  Yes  No

If yes, please list the counselor's name and phone number. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL/DISABILITY HISTORY

Name of Student's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of last medical exam: \_\_\_\_\_

Has the student had problems with incontinence?     No     Yes

Does the student continue to have problems with incontinence?     No     Yes, please explain. \_\_\_\_\_

Does the student require any assistance in mobility?     No     Yes

If so, does the student use any of the following mobility aids?

Prosthesis (specify: \_\_\_\_\_)     Braces     Crutches     Cane

Manual Wheelchair     Motorized wheelchair/cart

Does the student require any canine assistance?     No     Yes, please explain. \_\_\_\_\_

Has the student ever had a seizure?     No     Yes, please explain and provide dates and medical treatment. \_\_\_\_\_

Please provide information on all medical conditions or diagnosis, other than common childhood illnesses.

Medical Condition	Date of Diagnosis	Description of the medical condition:	Does this impact the daily living of the student? Y or N

Please list any medications the student is prescribed: \_\_\_\_\_

Please indicate the student's ability on each task below.

Medication Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Not Applicable
Organizing medications daily or weekly					
Understands what medications to take at correct times daily					
Understands what medication to take in response to symptoms					

Does the student understand why he/she is taking the medication?  No  Yes

Please explain. \_\_\_\_\_

Please provide information about any hospitalizations the student has had.

Dates of Hospitalization	Reason for Hospitalization

Has the student had any incidents of aggressive physical or verbal behavior?  No  Yes,  
Please list the date and nature of the situation(s). \_\_\_\_\_

Does the student have a history of legal violation, arrest, or probation?  No  Yes, Please  
list the date and nature of the situation(s). \_\_\_\_\_

### PARENT QUESTIONNAIRE

Why are you interested in the HALO Program for this student? \_\_\_\_\_

Describe the student's motivation for the HALO Program. \_\_\_\_\_

Describe the family's attitudes and concerns about the student attending college.

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Describe any concerns you may have that would impact the applicant's ability to be successful in this program.

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Describe your preparations in assisting this student in making the transition to college life.

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Describe the applicant's long term goals.

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Is the applicant currently involved in any clubs or organizations?  No  Yes (if yes, please list)

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Has the student used public transportation on their own to get to school or work?  No  Yes

Does the student use a cell phone independently?  No  Yes

Do you plan to provide the student with a cell phone to use during the HALO Program?

No  Yes

Does the student have a driver's license?  No  Yes

Does the student have his/her own vehicle?  No  Yes

How did you learn about the HALO Program at Heartland Community College?

School teacher/Counselor/Principal  Flyer  Service Provider  College website

Agency

Please rate the applicant on the following characteristics on a scale of 1 to 5 (with 1 low and 5 high).

Enter your ratings under the categories to which you feel qualified to respond.

<b>EXAMPLES</b>	<b>School</b>	<b>Job</b>	<b>Home/Leisure</b>
Initiative	<u>4</u>	<u>n/a</u>	<u>3</u>
Motivation	<u>4</u>	<u>n/a</u>	<u>3</u>
<b>GENERAL</b>	<b>School</b>	<b>Job</b>	<b>Home/Leisure</b>
Initiative	_____	_____	_____
Motivation	_____	_____	_____
Reliability	_____	_____	_____
Perseverance	_____	_____	_____
General Attitude	_____	_____	_____

Comments: \_\_\_\_\_

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**INTERPERSONAL**                      School                                      Job                                      Home/Leisure

Ability to relate to:

peers with disabilities                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

peers without disabilities                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

teachers                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

work supervisors                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

young children                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

elderly people                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

Comment on style of interaction and specific strengths and weaknesses in social interactions: \_\_\_\_\_

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**JUDGMENT/DECISION MAKING**                      School                                      Job                                      Home/Leisure

Ability to:

Make everyday decisions using good judgment                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

act in an emergency using good judgment                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

use people as a resource (asking for help when necessary, asking for questions/clarification)                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

Comments: (Use examples if possible.) \_\_\_\_\_

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**EMOTIONAL ADAPTABILITY**                      School                                      Job                                      Home/Leisure

Ability to:

cope with stress                                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

adjust well to new situations                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

separate own problems from problems of others (avoid taking everything personally)                      \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_

Comments: (Be specific about the nature of any difficulties and the kind of supervision required to cope) \_\_\_\_\_

## ACADEMIC SKILLS

Please rate the applicant's skills and abilities in the following areas:

### Mathematics

Can the student:	Not at all	Emerging	Inconsistently	Consistently	Don't know
• Read number words and writes numbers up to 1,000					
• Find the sum of two whole numbers between 0 and 1,000 (using a calculator)					
• Find the difference of two whole numbers between 0 and 1,000 (using a calculator)					
• Solve simple problems involving multiplication of two or three digit numbers by one-digit numbers (using a calculator)					
• Write fractions represented by drawings or concrete materials					
• Add and subtract simple fractions					
• Solve simple problems involving addition, subtraction, multiplication, and division of money (using a calculator)					
• Tells time to the nearest minute					
• Measures in inches with a ruler					
• Carry out simple unit conversions within a system of measurement (e.g., hours and minutes).					

### Reading and Writing

Can the student:	Not at all	Emerging	Inconsistently	Consistently	Don't know
• Can read material at a third grade level or higher*					
• Retell, paraphrase, and explain what was read					
• Create a single paragraph that (1) develops a topic sentence; (2) includes simple supporting facts and details					
• Spell correctly one-syllable words					
• Punctuate dates, city and state, and titles of books correctly					
• Asks relevant questions and phrase them appropriately ("I'm unsure about...", "I don't understand...")					
• Comprehend basic plots of classic fairy tales and short stories					

\*If you are unsure of the applicants reading level, please have him/her read and answer the comprehension questions in the passages that at the following link: <http://ritter.tea.state.tx.us/student.assessment/resources/online/2003/grade3/read.htm>. This will hopefully give you some idea of how to respond to the question above.

Recommendation forms to be sent from:

Three recommendations from people who have known the applicant for *six months or longer* are required. At least one reference should be an educator and another, if possible, from an employer or work supervisor. Other possible reference writers might include psychotherapist, social worker or physician.

Please print or type legibly.

1. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address (city, state, zip, county)

2. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address (city, state, zip, county)

3. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address (city, state, zip, county)

**STATEMENT OF AUTHENTICITY**

Name of person completing application: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

If not applicant, relationship to applicant: \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of applicant Date Signature of preparer Date