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 their current skills 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: Anita Moore
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. Last Full IEP (Senior Exit IEPs will not be accepted).
5. Three completed recommendation forms. 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. Applicants who are accepted into the program will also need to complete a Heartland Community College application and take placement tests prior to choosing their coursework.
FALL 2013 AND SPRING 2014 GENERAL APPLICATION FOR ADMISSION
APPLICATION DEADLINES: Fall Semester June 17th/Spring Semester December 2nd

Please print or type legibly. If more space is required for responses, please attach an additional sheet.

APPLICANT INFORMATION

Full Legal Name: ____________________________________________
First                        Middle                        Last

Current Address: ________________________________
Street                        City                        State                        Zip

Permanent Address: ________________________________
Street                        City                        State                        Zip

Home Number (   )____________-__________  Cell Phone (   )____________-__________

Email Address: ________________________________  Date of Birth: _________/________/________

Gender:  ☐ Male  ☐ Female  Is the applicant his/her own guardian?  ☐ Yes  ☐ No
If no, legal guardian’s name: ________________________________

Non-resident Alien:  ____  Country of Origin: ____________________________  Visa Type:__________
Is English your native language:  ☐ Yes  ☐ No

FAMILY/GUARDIAN INFORMATION

Mother/Guardian:
Name: ____________________________________________
First                        Middle                        Last

Address: ☐ Same as permanent address above
______________________________
Street                        City                        State                        Zip

Email Address: ____________________________________________

Home Phone: ________________________________  Cell Phone: ________________________________

Employer: ________________________________  Work Phone: ________________________________

Best way to reach you: ☐ Phone  ☐ Email  ☐ Mail

Father/Guardian:
Name: ____________________________________________
First                        Middle                        Last

Address: ☐ Same as permanent address above
______________________________
Street                        City                        State                        Zip

Email Address: ____________________________________________

Home Phone: ________________________________  Cell Phone: ________________________________

Employer: ________________________________  Work Phone: ________________________________

Best way to reach you: ________________________________
APPLICANT EDUCATIONAL HISTORY
(Please include any high schools and college experiences)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Date of Graduation or Program Completion</th>
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Will this be the first program the applicant has attended since high school?  
☐ Yes  ☐ No  
If no, describe the other program(s) the applicant attended:

________________________  __________________________________________

Did the applicant participate in general education classes in high school? If so, list the subjects:

________________________  __________________________________________

What accommodations were provided for the applicant in high school?

________________________  __________________________________________

What assistive technology has the applicant used?

________________________  __________________________________________

What are the applicant’s academic strengths as a student?

________________________  __________________________________________

What are the applicant’s academic weaknesses as a student?

________________________  __________________________________________

APPLICANT EMPLOYMENT/VOLUNTEER HISTORY

Is the applicant currently employed or been employed in the past?  
☐ Yes  ☐ No  
If yes, please explain:

________________________  __________________________________________

Which agency is the applicant currently working with?

☐ United Cerebral Palsy (UCP)  ☐ marcFirst  ☐ Bridgeway  ☐ None

What careers are of interest to the applicant?

________________________  __________________________________________
MEDICAL/DISABILITY HISTORY

Is the applicant independent in self-care and basic hygiene?  ☐ Yes  ☐ No

If not, please explain how you would address this area if admitted to the program.

________________________________________________________________________

________________________________________________________________________

Does the applicant have any allergies?
☐ Yes  ☐ No

If yes, please explain ______________________________________________________

Please provide information on all medical, psychological, and physical conditions that may impact participation in the classroom, out of classroom learning experiences, and any activities scheduled on campus. Please attach additional sheets of paper if necessary.

<table>
<thead>
<tr>
<th>Medical, Psychological, Physical Disabilities</th>
<th>Date of Diagnosis</th>
<th>Description of the condition</th>
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Does the applicant currently receive or have a history of receiving private therapeutic services, such as speech, behavioral, counseling services, psychiatry, physical therapy, etc.?  ☐ Yes  ☐ No

If so, please describe ______________________________________________________

Please provide information about any hospitalizations the applicant has had.

<table>
<thead>
<tr>
<th>Dates of Hospitalization</th>
<th>Reason for Hospitalization</th>
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Has the applicant had any incidents of aggressive physical or verbal behavior?  ☐ Yes  ☐ No

If yes, Please list the date and nature of the situation(s). ______________________________________________________
Does the applicant have a history of legal violation, arrest, or probation?  □ Yes  □ No
If yes, list the date and nature of the situation(s).

PARENT QUESTIONNAIRE

Why are you interested in the HALO Program for this applicant?

Describe the applicant’s motivation for the HALO Program.

Describe the family’s attitudes and concerns about the applicant attending college.

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

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

Will you be assisting the applicant with the admissions and enrollment process?
□ Yes  □ No
If not, please tell us who will be assisting the applicant.
RATING SCALES

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.

EXAMPLES

Initiative ________

GENERAL

1. Initiative
2. Motivation
3. Reliability
4. Perseverance
5. General Attitude

Comments: ______________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

INTERPERSONAL

Ability to relate to:

6. Peers with disabilities
7. Peers without disabilities
8. Authority figures (teachers, staff)
9. Overall interpersonal skills

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

JUDGMENT/DECISION MAKING

Ability to relate to:

10. Make everyday decisions using good judgment
11. Act in an emergency using good judgment
12. Use people as a resource (asking for help as needed)
13. Overall judgment and decision making

Comments: (Use examples if possible.)_______________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
EMOTIONAL ADAPTABILITY

Ability to relate to:

14. Cope with stress
15. Adjust to new situations
16. Separate own problems from problems of others
17. Overall emotional adaptability

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

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

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<th>Can the applicant:</th>
<th>Not at all</th>
<th>Emerging</th>
<th>Inconsistently</th>
<th>Consistently</th>
<th>Don’t know</th>
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<tr>
<td>• Independently log on to a computer</td>
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<td>• Locate various programs</td>
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<td>• Create and save a document</td>
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<td>• Use a search engine to find information</td>
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<td>• Send and receive emails</td>
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**Reading and Writing**

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<th>Can the applicant:</th>
<th>Not at all</th>
<th>Emerging</th>
<th>Inconsistently</th>
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<th>Don’t know</th>
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<tr>
<td>• Can read material at a 3rd grade level or above</td>
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<td>• Can identify and select rhyming words (i.e. rat, cat, bat)</td>
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<td>• Can distinguish individual sounds within words</td>
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<td>• Retell, paraphrase, and explain what was read</td>
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<td>• Create a single paragraph that (1) develops a topic sentence; (2) includes simple supporting facts and details</td>
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<td>• Spell correctly one-syllable words</td>
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<td>• Punctuate dates, city and state, and titles of books correctly</td>
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<td>• Asks relevant questions and phrase them appropriately (&quot;I’m unsure about...&quot;, &quot;I don’t understand...&quot;)</td>
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<td>• Comprehend basic plots of classic fairy tales and short stories</td>
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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