



COLLEGE OF EDUCATION
HOSPITALITY CERTIFICATE PROGRAM

Student Application Packet
2023-2024

ClemsonLIFE - HCP

Postsecondary Transition Program

Suite G-01 Tillman Hall

101 Gantt Circle

Clemson University

Clemson, SC, 29634

864.656.0501

clemsonlifehcp@g.clemson.edu

Completed Application Deadline is December 1, 2022

ABOUT ClemsonLIFE HOSPITALITY CERTIFICATE PROGRAM:

OBJECTIVE: The goal for ClemsonLIFE Hospitality Certificate Program (HCP) is for graduates to gain new understanding, skills, and competencies that will lead to a successful and fulfilling adult life. Students will be provided with the experience and knowledge necessary to become thriving, employable professionals in the Hospitality Industry in a wide variety of hotel management and food services.

TIMELINE: Four (15 week) semesters starting in the Fall semester for enrolled students. Semesters follow the Clemson University academic calendar.

CREDENTIAL: Completion of this program will result in a non-degree ***ClemsonLIFE Hospitality Certificate*** from the Clemson University ClemsonLIFE program. Students will have the opportunity to receive certifications/training (e.g. CPR/AED, Hazmat, Fire Extinguisher, Customer Service).

PROGRAM COMPONENTS:

- **Academic Courses** - In partnership with the College of Behavioral, Social, and Health Science, students will be taught by instructors from the Department of Parks, Recreation, and Tourism Management (PRTM).
 - PRTM 1980 - *Employment and Hotel Operation Skills 1* - Students will demonstrate understanding of employment skills, common terminology, responsibilities, and common hotel tasks within the hotel/hospitality work setting.
 - PRTM 2980 - *Employment and Food Service Skills* - Students will demonstrate understanding of employment skills, common terminology, responsibilities, and common tasks within the food/hospitality work setting.
 - PRTM 3980 - *Employment and Hotel Operation Skills 2* - Students will demonstrate understanding of employment skills, common terminology, responsibilities, and common hotel tasks within the hotel/hospitality work setting.
 - PRTM 4980 - *Professional Development in Tourism and Hospitality* - Students will be exposed to professional development in the tourism and hospitality industry to include appropriate certifications (i.e. CPR, First Aid, Hazmat, Fire Extinguisher, and Customer Service) and have the opportunity for exploring specialty areas or gaining advanced level experience in their preferred area of employment.
- **Academic Support Classes** - In partnership with the College of Education, students will be taught by instructors from the ClemsonLIFE Hospitality Certificate Program. Students will be provided with support and reteaching, when necessary, in conjunction with the PRTM academic courses and coursework.
- **Work-based Learning Opportunities**
 - **Paid Internship** - Students will gain skills and knowledge through work based learning with ClemsonLIFE business partners in both the hotel and restaurant industries.
 - **Skills Lab** - Students will practice the concepts and skills taught during the academic courses in a lab setting in order to provide hands-on experiences before entering the workplace.

Program Costs

Tuition and fees for the 2023-2024 Academic Year

ClemsonLIFE Hospitality Certificate Program Fees*

<u>Program Fees</u> Covers the costs associated with the daily program operations	\$7,500 per semester
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Clemson University Fees*

<u>Academic Fee</u> Covers tuition fee for a 3 credit hour class	\$1,899 for SC residents per semester \$4,899 for non-SC residents per semester
<u>Meal Plan</u> Students and families may select a meal plan of their choice for dining hall access. (optional)	\$2,408 Unlimited + 300 paw points \$2,293 Unlimited + 200 paw points \$2,184 Unlimited + 100 paw points \$1,891 Block 175 + 125 paw points \$1,185 Block 75 + 300 paw points \$701 Block 30 + 300 paw points
<u>Health Fee</u> Covers professional services of physicians, nurse practitioners, nurses and health promotion professionals; counseling psychological services, reduced costs of pharmaceuticals, immunizations, laboratory and x-ray services; after hours nurse line and emergency planning and response	\$182 per semester
<u>Miscellaneous Fees</u> Covers additional fees including required gym membership- campus rec (\$90), activity fee (\$12), matriculation fee (\$5), technology fee (\$30), and software fee (\$21)	\$158 per semester

*Prices are subject to change.

*Clemson University program fees, academic tuition, and meal plans fees are subject to change annually.

*Rates are based on the 2021-2022 school year.

Please see our website for financial aid information:

<http://www.clemson.edu/education/research/programs/culife/index.html>

Application for Admission

This is a comprehensive program of study for motivated, unique learners who have been identified with mild intellectual and/or developmental disabilities as defined by the American Association of Intellectual Disabilities.

In order to be sure that the ClemsonLIFE Program at Clemson University is the best match for our applicants, we require an application packet be completed for each student. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Basic functional understanding of literacy (writing/composition) and reading skills
- Basic mathematics understanding
- Ability to work independently for a sustained period of time (4-5 hours)
- Ability to work/manipulate technology and a smartphone
- No severe behavior, emotional, or independent living concerns
- Can handle and adapt to change; is not overly stressed when things change
- Desire and motivation to complete a postsecondary program and obtain competitive employment
- Be between the ages of 18-30 at the start of the program

Letters of recommendation from teachers and employers are extremely important, too, as these describe current levels of performance across many areas.

Applicants will have typically received special education services in their secondary schools, graduating with an Occupational Diploma, High School Credential, or Certificate of Attendance, and would have considerable difficulty succeeding in a traditional college degree program.

Note: Because of space limitations, not all applicants who complete the application and meet the “criteria for admission” will be granted an interview and/or be accepted in ClemsonLIFE HCP; however, these students are welcome to reapply. All materials submitted to ClemsonLIFE HCP will become property of ClemsonLIFE HCP and will not be returned or duplicated for other purposes.

Please email clemsonlifehcp@g.clemson.edu or call (864) 656-0501 if you have any questions.

Application Selection Process

An Application Screening Committee will review applications and select students for admission. You will be notified regarding the receipt and completion of application documents and will later be notified if you are granted an interview.

Note: A limited number of applicants will be admitted each year; therefore, a submitted application of interview does not guarantee acceptance to the ClemsonLIFE Hospitality Certificate Program.

Admission will be based on the following criteria:

- Applicants must be between the ages of 18-30 upon acceptance.
- The applicant must have a mild cognitive and/or developmental disability that interferes with their academic performance according to the American Association on Intellectual and Developmental Disabilities (AAIDD).
- The applicant must have sufficient emotional and independent stability to participate in all aspects of ClemsonLIFE HCP.
- The applicant should be able to safely function independently for at least 4-5 hour blocks of time including Academic Coursework, Extracurricular Activities, Employability/Work Internships, etc.
- The applicant must demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/her and others and have no history of disruptive or aggressive behaviors. **Note: ClemsonLIFE HCP does not have the personnel necessary to manage behavioral issues or independent living concerns.**
- The applicant must be able to get to and from campus and worksites on his/her own while providing his/her own means of transportation (i.e. bike, bus, scooter, Uber, etc).
- The applicant must be independent in handling his/her own medication, specialized dietary and/or medical needs, as well as maintaining personal hygiene. **Note: There is no personnel available to manage/administer medication. The ClemsonLIFE HCP staff takes no responsibility for specialized diets or medical needs.**
- The applicant must demonstrate the desire to attend ClemsonLIFE Hospitality Certificate Program and adhere to the ClemsonLIFE policies regarding attendance and participation in the ClemsonLIFE Hospitality Certificate Program coursework and traditional Clemson University classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the ClemsonLIFE Hospitality Certificate program's content and setting.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed in completing the application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application. Information will not be returned or duplicated for any purposes.

Application Checklist

Applicant Name: _____

Once your completed application has been submitted, you will be notified of receipt of completed application by letter. **NOTE: Applications will not be considered until ALL requested information is received.**

The application can be typed and/or printed neatly. Include all information below. Letters of Recommendation must be included in a sealed envelope with signature across the seal.

Please **mail** application materials to: **ClemsonLIFE**
 cc: Hospitality Certificate Program
 101 Gantt Circle
 Clemson University
 Clemson, SC 29634

Application Checklist:

- ☐ 1. Student Application Fee paid through payment portal on ClemsonLIFE website (\$50)
- ☐ 2. Release and Exchange of Information Form
- ☐ 3. Student and Family Information/Emergency Contact Information
- ☐ 4. Employment History
- ☐ 5. Medical History/Medical Insurance/Physical Examination Form
- ☐ 6. Education History
- ☐ 7. Official High School Academic Transcript and/or Postsecondary Program Transcript/Certificate
- ☐ 8. Behavior Records (if student has no record, send a letter from High School/Postsecondary Program stating there is no record)
- ☐ 9. Current or most recent IEP and/or any Postsecondary Program record(s)
- ☐ 10. A documented comprehensive and individualized evaluation that includes:
 - Psychological evaluation, including IQ testing within the past three years
 - Adaptive Behavior scores within the past three years
 - Social-emotional functioning within the past three years
 - This is not required if you have completed a Postsecondary Program within the last three years.
- ☐ 11. Personal Support Inventory - Family/Guardian Completed
- ☐ 12. Student Questionnaire - Student Completed (indicate if scribe is used)
- ☐ 13. Student's Resume
- ☐ 14. Letters of Recommendation
Letters of Recommendation should be submitted by two persons who have known the applicant for one year or longer. The recommendations should represent each of the following areas:
 - 1. Education
 - 2. Vocational/Employment***Letters must be submitted using the Recommendation Forms included in this packet and must be returned with the application packet in the sealed envelopes as directed on the form.***

RELEASE AND EXCHANGE OF INFORMATION

ClemsonLIFE Hospitality Certificate Postsecondary Program

Clemson University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Clemson University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

I (name), _____ give permission to exchange information about me with the offices/individuals indicated below:

- ☐ School District(s)
- ☐ School Personnel
- ☐ Department of Vocational Rehabilitation Office
- ☐ Department of Disability and Special Needs Office
- ☐ Admissions Office
- ☐ Course Instructors
- ☐ Financial Aid Office
- ☐ Parents/Guardians
- ☐ Registrar's Office
- ☐ Tutor/Mentor
- ☐ Internship/Job Opportunities
- ☐ Other

- ☐ I agree, as part of the application process, to waive my right to access the student recommendation form.
- ☐ I agree, as part of the application process, to waive my right to access, duplicate or withdraw sections of the application to use for any other purposes.

Signature of Student or Guardian: _____

Date: _____



COLLEGE OF EDUCATION

HOSPITALITY CERTIFICATE PROGRAM

STUDENT INFORMATION/BACKGROUND

To be filled out by: Parent/Family/Guardian/Support Person

HOSPITALITY CERTIFICATE PROGRAM

STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE NAME:
HOME PHONE:	STUDENT CELL PHONE:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
BIRTH DATE:	EMAIL ADDRESS:	
DISABILITY:		FULL SCALE IQ SCORE:

*Your IQ/Disability is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcripts, or accountability research.

Student receives support or services from: (please check those that apply)

- ☐ Supplemental Security Income
- ☐ Division of Developmental Disabilities
- ☐ Medical Assistance
- ☐ Social Security Disability Insurance
- ☐ Division of Vocational Rehabilitation
- ☐ Special Education Services (IDEA Funding)
- ☐ Other

FAMILY INFORMATION

Student lives with:

☐ Both Parents

☐ Mother

☐ Father

☐ Guardian(s)

☐ Other

Is the student his/her own guardian?

☐ yes

☐ no

If no, please list student's guardian(s): _____

Mother/Guardian

Last Name:	First Name:	Middle Initial:
Home Phone:	Cell Phone:	
Address:		
City:	State:	Zip Code:
Occupation/Employer:		Work Phone:
Email Address:		

Father/Guardian

Last Name:	First Name:	Middle Initial:
Home Phone:	Cell Phone:	
Address:		
City:	State:	Zip Code:
Occupation/Employer:		Work Phone:
Email Address:		

HOSPITALITY CERTIFICATE PROGRAM

Siblings

Name:	Age:

How did you hear about ClemsonLIFE HCP?

Social Media:

Specify (TV, News, Online News Story): _____

ThinkCollege.net _____

From Clemson University Alumni:

Specify: _____

Conference Attendance:

Specify: _____

Transition Fair:

Specify: _____

Other: _____

Have you attended a ClemsonLIFE Open House?

☐

yes

☐

no

If yes, when? _____

EMPLOYMENT HISTORY

WORK/INTERNSHIP EXPERIENCE				
Employer Contact Info:	Job Responsibilities	Paid work or internship?	Dates at this job:	Reason for Leaving:

VOLUNTEER WORK EXPERIENCE			
Employer Contact Info:	Job Responsibilities	Dates at this job:	Reason for Leaving:

MEDICAL HISTORY

Please attach results of a current (within 1 year) physical exam (see included form).

Please give a brief description of your medical history including any disability diagnoses that you may have:

Please list any significant medical or physical conditions and history, including severe allergies, seizures, and surgeries:

If applicable, how may the above affect your participation in classroom, social, or recreational activities on campus?:

Please list any current medications and indicate for what purpose the medications are taken:

Note: If the applicant must take medications during the ClemsonLIFE Hospitality Certificate Program, he/she must be independent in administering his/her medications. Clemson University and ClemsonLIFE HCP do not have the personnel or facilities to administer medications. This capability is not included in any of the LIFE program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy?

If so, please indicate which services.

☐ yes

☐ no

Are you independent in self-care such as toileting and bathing?

☐ yes

☐ no

List any limitations:

Females Only:

Are you independent in basic hygiene including handling all aspects of your monthly cycle?

☐ yes

☐ no

HOSPITALITY CERTIFICATE PROGRAM

PHYSICAL EXAMINATION FORM

ClemsonLIFE Hospitality Certificate Postsecondary Transition Program

Name: _____ Date of Birth: _____
 Height: _____ Weight: _____ Pulse: _____ BP: _____
 Vision: R20/ _____ L20/ _____ Corrected: Y ☐ N ☐ Pupils: Equal ☐ Unequal ☐

MEDICAL	Normal (Check)	Abnormal Findings (Please Specify)	Initials/Date
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart Murmur			
Pulse			
Lungs			
Abdomen			
Genitourinary (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Cleared without restriction: _____ Date: _____
 Not Cleared: _____ Cleared with specific restrictions (list) _____
 Cleared with recommendations for further evaluation or treatment for:

SIGNATURE OF PHYSICIAN: _____ Date: _____
Print Name and Address of Physician completing this form:

HOSPITALITY CERTIFICATE PROGRAM

EDUCATION HISTORY

School/Institution Name	City, State	Years Attended	Reason for Leaving

Did/will you receive a High School Diploma? ☐ Yes ☐ No Date Received: _____

Did/will you receive a High School Certificate? ☐ Yes ☐ No Date Received: _____

Did/will you receive a High School Credential? ☐ Yes ☐ No Date Received: _____

Did/will you receive a Post Secondary Education Certificate? ☐ Yes ☐ No Date Received: _____

EDUCATION HISTORY

Describe what skills you have learned in the following areas:

Independent Living:

Employment:

Social:

Have you participated in general education classes at your school?

☐ yes

☐ no

If yes, list inclusive subjects:

Were any accommodations used?

☐ yes

☐ no

If yes, please explain:

Was additional adult support present in the classroom?

☐ yes

☐ no

If yes, please explain:

Have you participated in Transition/Employment classes at your district career center?

☐ yes

☐ no

If yes, please explain:

ACADEMIC TRANSCRIPT REQUEST

ClemsonLIFE Hospitality Certificate Program

To the applicant:

Use this form to request a copy of your High School transcript or Post Secondary Program transcript/certificate of completion to be sent to the ClemsonLIFE Hospitality Certificate program at Clemson University.

**If your Postsecondary Program does not have a transcript, progress reports would suffice.*

HIGH SCHOOL/POSTSECONDARY PROGRAM:			
STREET ADDRESS:		CITY:	STATE:
			ZIP CODE:

Please send (1) one copy to:

**ClemsonLIFE
cc: Hospitality Certificate Program
101 Gantt Circle
Clemson University
Clemson, SC 29634**

Signature: _____ Date: _____



COLLEGE OF EDUCATION

HOSPITALITY CERTIFICATE PROGRAM

PERSONAL SUPPORT INVENTORY

To be filled out by: Parent/Family/Guardian/Support Person

****Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your son/daughter.**

HOSPITALITY CERTIFICATE PROGRAM

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Completed by: _____
(Parent/Family Member/Guardian/Support Person)

Please rate the applicant in the following areas: If you are unsure about a skill and/or this skill is not applicable to the student, please indicate by selecting the “NA” box.

Social Skills and Communication	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting persons in authoritative positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishes between friends, customers, & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains appropriate social behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a smartphone to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social networking sites: Facebook, Instagram, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does the student manage anger/anxiety?

HOSPITALITY CERTIFICATE PROGRAM

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Independent Living Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Negotiating/finding way around campus and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, cafe, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage his/her time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets appointments for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Academic Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Understanding the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash apps to make purchases (Venmo, Cash App, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using technology (computer and smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the internet and smartphone apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant utilized assistive technology?

☐ yes ☐ no

If yes, what?

☐ voice recognition

☐ alarms on device

☐ iPad/iPhone Apps

☐ laptop

☐ _____

☐ _____

☐ calculator

☐ _____

☐ _____

☐ calendar on device

☐ _____

☐ _____

HOSPITALITY CERTIFICATE PROGRAM

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Vocational/Work Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Making a bed (with traditional sheets/blankets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing dishes by hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering phones with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving food and/or drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the types of support(s) that are most effective for the applicant in vocational settings (written directions, checklists, quiet workplaces, etc.). Please also note any concerns about prior work experiences or vocational training.



COLLEGE OF EDUCATION

HOSPITALITY CERTIFICATE PROGRAM

STUDENT QUESTIONNAIRE

This section is to be hand-written by the applicant and may include additional pages.

Please indicate if a scribe is used.

This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity!

STUDENT QUESTIONNAIRE

Why do you want to be a student in the ClemsonLIFE Hospitality Certificate Program?

Describe what skills you **would like to learn** in the following areas:

Employment -

Social -

Who are you? Please describe yourself in detail. What information would help me know you better?

What are your needs? Describe your strengths and areas of improvement.

STUDENT QUESTIONNAIRE

Transportation - Do you have a:

Learners permit

☐ yes ☐ no

Driver's license

☐ yes ☐ no

Do you have your own means of transportation to and from campus/worksites:

☐ yes ☐ no

If so, what kind: _____

If not, how do you plan to get to and from campus/worksites: _____

Have you ever done the following independently:

Used public transportation ☐ yes ☐ no

Uber ☐ yes ☐ no

Bus ☐ yes ☐ no

Biking ☐ yes ☐ no

Walking ☐ yes ☐ no

What kind of jobs are you interested in after you leave high school or college?

Where would you like to live/where do you live? What type of living arrangements?

What would an ideal day be like for you? Please include all current pertinent recreational activities as well as areas of interest.

STUDENT QUESTIONNAIRE

Do you spend time with friends outside of school?

☐ yes

☐ no

If yes, what do you like to do with your friends?

Describe a special relationship you have with a friend, mentor, or family member.

Discuss two of your goals for the future upon completion of this program.

1.

2.

Describe what you think a day in the life of working in a hotel would look like?

Describe what you think a day in the life of working in a restaurant would look like?



COLLEGE OF EDUCATION

HOSPITALITY CERTIFICATE PROGRAM

**ClemsonLIFE Hospitality Certificate Program Student
Recommendation Form**

LETTERS OF RECOMMENDATION

Please submit 2 Letters of Recommendation from persons who have known the applicant for one year or longer.

The recommendations should represent each of the following:

1. Education
2. Vocational/Employment

Make two copies of the Student Recommendation Form and give one copy to each of the evaluators for them to complete.

Letters must be submitted using the Student Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes.

STUDENT RECOMMENDATION FORM

Hospitality Certificate Program

Recommendation for (applicant's name): _____

The above named individual is applying for admission to the ClemsonLIFE Hospitality Certificate program at Clemson University. ClemsonLIFE HCP will offer a collegiate experience that prepares young men and women with intellectual disabilities for competitive employment through a combination of academic coursework and career exploration. These students are motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an employable and independent adult and must possess the emotional stability and maturity to participate successfully in this program. You can find out more information about the ClemsonLIFE Hospitality Certificate Program online at www.clemson.edu/culife.

With the above information in mind, please answer the following questions to the best of your ability and complete a Student Recommendation Inventory/Form (attached). Attach additional pages as needed. Please return this form to the applicant *in a sealed envelope*. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

(Contact information of individuals completing the recommendation.)

Last Name:	First Name:	MI:
Organization Name:	Phone Number:	
Address:		
City:	State:	Zip Code:
Email Address:		

STUDENT RECOMMENDATION FORM

Hospitality Certificate Program

Completed by (teacher/employer/community member): _____

1. How long have you known the applicant and **in what capacity?**

2. Please describe why you feel the applicant would benefit from a postsecondary employment and education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy of and goals of the ClemsonLIFE Hospitality Certificate program?

☐ Unlikely☐ Likely☐ Highly Likely

4. Does the applicant have any behaviors that would interfere with their ability to participate in the ClemsonLIFE Hospitality Certificate program?

☐ yes ☐ no

 - Has the student been disciplined in the past four years of school? ☐ yes ☐ no
If so, please state the nature of the behavior and the school's recommendation (Detention, Functional Behavioral Assessment, Behavioral Intervention Plan, etc.) _____

 - Has the student been suspended from school in the past four years of school? ☐ yes ☐ no
If so, for how long? _____
 - Has the student been fired from a previous job/internship? ☐ yes ☐ no
If so, why? _____

STUDENT RECOMMENDATION INVENTORY

Hospitality Certificate Program

Completed by (teacher, employer, community member): _____

Please rate the applicant in the following areas: If you are unsure about a skill and/or this skill is not applicable to the student, please indicate by selecting the “NA” box.

Social Skills and Communication	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	N A
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting persons in authoritative positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishes between friends, customers, & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains appropriate social behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a smartphone to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social networking sites appropriately: Facebook, Instagram, TikTok, Snapchat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITALITY CERTIFICATE PROGRAM

STUDENT RECOMMENDATION INVENTORY

Hospitality Certificate Program

Completed by (teacher, employer, community member): _____

Independent Living Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	N A
Negotiating/finding way around campus and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, cafe, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage his/her time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets appointments for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT RECOMMENDATION INVENTORY

Hospitality Certificate Program

Completed by (teacher, employer, community member): _____

Academic Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	N A
Understanding the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Cash Applications to make purchases (Venmo, Cash App, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using technology (computer and smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the internet and smartphone apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT RECOMMENDATION INVENTORY

Hospitality Certificate Program

Completed by (teacher, employer, community member): _____

Vocational/Work Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	N A
Making a bed (with traditional sheets/blankets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing dishes by hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering phones with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving food and/or drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

Given an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):

Give an example of the applicant's math abilities (and approximate grade level equivalent):

Has the applicant utilized assistive technology (voice recognition, dictation, iPad, etc.)?

If yes, what?

