

PREP 2020

Please fill out the attached application by going online or by mailing, faxing, or emailing it at least **one week prior to the PREP date you choose**. There is limited space so please consider submitting it at your earliest convenience. Once your application is received, you will receive a confirmation at the email you provide. Two weeks prior to the date of the program, you will receive detailed information about registration times, locations, and other important program details.

For questions or assistance completing the application, please call the MVCC Office of Accessibility Resources at 315-792-5644 (Utica) or 315-334-7744 (Rome)

Submit by:

Mail

Mohawk Valley Community College
Office of Accessibility Resources
1101 Sherman Drive
Utica, NY 13501

Fax

315-731-5868

Email

oar@mvcc.edu

Online

<https://www.mvcc.edu/accessibility-resources/PREP>

MVCC 2020 PREP Program Application

I plan to attend the program on (check ONE you plan to attend)

August 13 August 20

Name _____ Preferred Name _____

First

Last

Address _____ City _____ State _____ Zip _____

County _____

Primary Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

Date of Birth ____/____/____ Primary Email Address _____

How do you identify? He/Him/His She/Her/Hers They/Them/Theirs

Are you planning to attend MVCC Fall 2020 Spring 2020

Do you plan to live on campus? Yes No

Do you have an open ACCES-VR Case? Yes No

Additional Information (optional)

Are you Hispanic or Latino? Yes No

How would you describe your racial background (Select all that apply)

Asian

Native Hawaiian or Other Pacific Islander

Black or African American

White

American Indian or Alaska Native

About Your Education

Name(s) of School	City & State	Date of Attendance (from-to) Month/Year	Date or Expected Date of Graduation
1.			
2.			
3.			

Have you been diagnosed with a learning disability, AD/HD, or ASD? Yes No

If yes, what is the diagnosis? If no, what is your documented disability? _____

Do you/did you have an Individualized Education Plan (IEP) or 504 in high school? Yes No

Have you ever attended college? Yes No If yes, where/when? _____

Did you receive accommodative services? Yes No If yes, what were they

What academic courses do you find most difficult? _____

What aspect of school challenges you the most?

<input type="checkbox"/> Note taking	<input type="checkbox"/> Test taking	<input type="checkbox"/> Staying Organized
<input type="checkbox"/> Studying	<input type="checkbox"/> Focusing	<input type="checkbox"/> Time management
<input type="checkbox"/> Reading	<input type="checkbox"/> Socializing/Communicating	Other _____

What skills and strategies do you hope to develop by participating in MVCC's Transition Day?

Who or what led you to apply to MVCC's PREP program?

It was mailed ACCES-VR Guidance Counselor MVCC Staff/Faculty Other
 Resource room teacher MVCC Website

Please list any special accommodations (*including food allergies*) you may require:

Parents/Guardians/Advocates

The PREP program offers a 1 hour information session from 3-4pm when advocates can learn about ACCES-VR and ask individualized questions. The session also offers a time to meet Accessibility staff and learn about disability-related services and accommodations at the college level.

Are you interested in attending this session on the date your student attends the PREP program?

Yes No

My signature below indicates that the information in my application is correct, inclusive, and honestly presented.

Signature of Applicant _____ Date _____

Emergency Contact Form
Please Print Clearly

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Date of Birth ____/____/____

Allergies _____

Other Medical Conditions _____

Please list any medications you take for your allergies/medical conditions _____

In the Event of an Emergency, Please Contact

1. Name _____ Relationship to you _____

Address _____

Day Time Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

2. Name _____ Relationship to you _____

Address _____

Day Time Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____

The information requested on this page is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized personnel. Please be honest when completing all pertinent information.

In the case of an emergency, I give permission for my information to be released by the MVCC Office of Accessibility to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency as needed.

Signature of Student _____ Date _____