

Where the Learning Continues (WTLC)

Admission Standards and Information

WTLC is a collegiate experience program for intellectually and developmentally disabled students through West Texas A&M University's Extended Studies. The program has a selective admissions process. In order to be eligible for WTLC, an applicant must:

- Be between the ages of 18-23
- Have completed a 4-year high school program
- Diagnosis, Date
- Medical Provider
- Have no behavioral issues
- Have minimal medical issues
- Have a level of independence that includes
 - Mobility
 - Self-care skills
 - Ability to communicate

Qualified applicants will receive an interview with the admissions committee. Selection into the program will be based on the student's previous academic records, the parent and student interview, direct observations and an educational evaluation by WTLC Instructor. If admission is granted, the student may begin WTLC at the start of the following semester.

Applications for the fall semester are due May 1; applications for the spring are due November 1. To apply, please complete the following application and include:

- Copy of the high school transcript
- IEP review or FIE

Submit the application and supplements to:
Extended Studies
West Texas A&M University
WT Box 60185
Canyon, TX 79016-0001

For questions, please contact Michelle Vinyard at (806) 651-2038 or lvinyard@wtamu.edu



Where the Learning Continues (WTLC) Application

PERSONAL INFORMATION

Name of Applicant: _____

Address: _____ City _____ State _____ Zip: _____

Telephone: _____ Age: _____ Sex: _____ Date of Birth: _____

Mother's/Guardian's Name: _____

Place of Employment: _____

Address: _____ City _____ State _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

E-mail: _____

Father's Name: _____

Place of Employment: _____

Address: _____ City _____ State _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

E-mail: _____

Emergency Contacts

Name _____

Telephone: Home _____ Work _____ Cell _____

Name _____

Telephone: Home _____ Work _____ Cell _____

EDUCATIONAL AND SOCIAL INFORMATION

Please list all of the applicant's schools, training, program and/or institutional enrollments and the dates attended.

Please state the applicant's reading level:_____ math level:_____

State in your own words the nature of the applicant's current behavior problems and previous difficulties.

Describe applicant's hobbies, special aptitudes, interest and extracurricular activities.

Please list the applicant's employment history.

MEDICAL INFORMATION

Diagnosis:

Date:

Medical Provider:

Description of specific physical impairments, physical limitations or orthopedic impairments:

List current medications and reason for the medication:

Has applicant ever had seizures? Yes _____ No _____

Is applicant currently subject to seizures? Yes _____ No _____

If applicant is currently subject to seizures, what type and how often do they occur?

Does the applicant have problems with vision? Yes _____ No _____

Does the applicant wear glasses or contacts? Yes _____ No _____

Does the applicant have a hearing impairment? Yes _____ No _____

Does the applicant wear a hearing aid? Yes _____ No _____

INSURANCE INFORMATION

Doctor Name/Phone Number: _____

Insurance Carrier/Phone Number: _____

Policy Number _____ Group Number _____

REFERENCES

Teacher
Name: _____

Teacher
Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Counselor
Name: _____

Email: _____

Phone: _____

Please provide any other information that would be helpful to know about your child:

I certify that the information I have provided is complete and correct to the best of my knowledge. I authorize the University to verify the information I have provided.

I also understand if the student is admitted and does not meet the academic or behavioral requirements, the student may be dismissed from the program.

Applicant's Signature: _____

Parent/Legal Guardian's Signature: _____

Date: _____

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

Applicant's name: _____

I hereby grant West Texas A&M University's Education on Demand department access to records for the determination of admission into the Where the Learning Continues program at West Texas A&M University.

Applicant's Signature: _____

Parent/Legal Guardian's
Signature: _____

Date: _____