Massachusetts Inclusive Concurrent Enrollment Program (MAICEI)  
Cape Cod Community College

2021-2022  
New Student Application

Important Dates

Applications Due: Friday April 9, 2021  
Please submit to:  
Massachusetts Inclusive Concurrent Enrollment Initiative  
Cape Cod Community College  
c/o Susan Mackoul  
M.M. Wilkens Room 230  
2240 Iyannough Road  
West Barnstable, MA 02668  
Email: smackoul@capecod.edu

Final Notification: May 14, 2021
**What is the MAICEI Program?**

The Massachusetts Inclusive Concurrent Enrollment Initiative (MAICEI) provides a “college experience” to high school students with intellectual/severe disabilities. MAICEI students are 18 – 22 years old and are receiving special education services under IDEA. Each student who participates in the MAICEI Program will enroll in up to six college credits (typically one or two classes) each semester. Additionally, MAICEI students at Cape Cod Community College will be encouraged to participate in campus activities such as clubs, workshops, special events, peer lunches and use of wellness/fitness programs. The ultimate goal of the MAICEI Program is to allow students to have a robust college experience which leads to experiences of self-determination, self-advocacy, increased independence, and improvement of social skills.

**Program Components:**

- Enroll in up to six college credits (1 to 2 college courses) per semester
- Weekly meetings with Program Coordinator and/or Education Coach
- Participation in Student Success Workshops
- Participation in campus events, clubs and other student-centered activities
- Identification of goals that support greater independence

**Qualifications:**

- Enrolled in a Cape Cod Community College MAICEI Program partnering school district
- Applicant’s school district must be able to fund student’s participation in program
- Documentation of an intellectual or developmental disability
- Age 18 to 21, have not passed MCAS, and are eligible for special education services as documented through an Individualized Education Plan (IEP)
- Age 20 to 21, have passed MCAS, but still eligible for special education with an Individualized Education Plan (IEP) because of significant functional disabilities, transition needs, etc.
New Student Application Checklist

Dear Student,

Please complete the application packet as independently as possible. This is your opportunity to shine and to demonstrate the skills you have developed during your high school career. Applying to the MAICEI Program at Cape Cod Community College is an important step towards greater independence and we look forward to getting to know you better through the application process which includes:

**Student Application:**

_____ Personal Data
_____ Application Questions
_____ Emergency Contact Information Form
_____ Medical Information Form
_____ Release of Information Form
_____ Permission to Use Image/Likeness Form
_____ Massachusetts In-State Tuition Eligibility Form

**Please Attach the Following:**

_____ IEP and transition plan
_____ Official neuro-psychological report documenting disability
New Student Application
MAICEI Program Cape Cod Community College

PERSONAL DATA:

Name ____________________________

First Name ____________________ Middle Name ____________ Last Name ____________

Street Address ________________________________

City ___________________ State ___________ Zip ________

Parent/Guardian Contact Numbers: ______________________________

Student’s Contact Number: ______________________________

Email address ______________________________

Birthday (including year): ______________________________

EDUCATIONAL DATA:

Name of School District ________________________________________________

High School Attending ________________________________________________
COMMUNITY SERVICE AND PERSONAL ACTIVITIES:

List your involvement, in order of importance to you, in any of the following areas: personal or school activities, community service, etc.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
<th>Fun Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORK EXPERIENCE:

List any employment that you have had in the last three years. Please note if the job was paid or volunteer.

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Location</th>
<th>Paid of Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPLICATION QUESTIONS:

What life skills do you want to learn at Cape Cod Community College that you have not learned in high school?

What kind of jobs are you interested in after leaving school?

__________________________________________  Date __________________________
Student Signature

__________________________________________  Date __________________________
Parent / Guardian Signature

__________________________________________
*Special Education Director Signature
Cape Cod Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you in order to provide you with 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.

Student Name: ___________________________ Date: ___________________________

I give permission to exchange information about me with the following:

___High School District Personnel
___Disability Services Office (O’Neill Center)
___CCCC Course Instructors
___Academic Support Staff (tutoring center, academic coaches, etc.)
___Community Workforce Agencies
___MA Rehabilitation Commission; Department of Developmental Services
___Parents / Guardians
___Other. Please Specify: ______________________________________________________

Student Signature: ___________________________ Date: ___________________________
**Emergency Contact**

**Student’s Full Name:** ____________________________  **Date:** ______________________

**EMERGENCY CONTACT INFORMATION**

*In case of an emergency, please contact:*

| First Name | ____________________________ |
| Last Name | ____________________________ |
| Relationship | ____________________________ |
| Home Phone | ____________________________ |
| Cell Phone | ____________________________ |
| Work Phone | ____________________________ |

| First Name | ____________________________ |
| Last Name | ____________________________ |
| Relationship | ____________________________ |
| Home Phone | ____________________________ |
| Cell Phone | ____________________________ |
| Work Phone | ____________________________ |

**Name of Parent/Guardian:**

**Please Print:** ____________________________  **Signature:** ____________________________  **Date:** __________
Medical Information
MAICEI Program
Cape Cod Community College

Student’s Full Name: ______________________ Date: ______________________

MEDICAL HISTORY

1) Any history of serious illness or injuries?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2) Any allergies?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Any allergies to medication?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4) List any medical or physical conditions that may impact participation in classroom, social, or recreational activities while on-campus:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Note: Students that must take medications while participating in ICEI, must be independent in administering their medication.*

6) Please list any other information that we should be aware of:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Parent/Guardian:

Please Print: ______________________ Signature: ______________________ Date: ____________
MASSACHUSETTS COMMUNITY COLLEGES – IN-STATE TUITION ELIGIBILITY FORM

Last Name ___________________________ First Name ___________________________ MI ____________

Street Address ___________________________ ___________________________ ___________________________

City ___________________________ St ___________ Zip ___________________________

SSN# or Student ID Number ___________________________ Date of Birth ___________________________

Are you a U.S. Citizen? _____Yes _____No If not, please complete the following:

Are you a Permanent Resident? _____Yes _____No (If yes, list Alien Registration Number: ___________________________)

If you are not a US Citizen or Permanent Resident, please state your Visa or Immigration status in detail:

________________________________________________________________________

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I have been a Massachusetts resident for six (6) continuous months and intend to remain here.

As proof of my intent to remain in Massachusetts, I possess at least two (2) of the following documents, which I shall present to the institution upon request. These documents* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check off those documents you possess as proof of your intent to remain in Massachusetts.

_____ Valid Driver’s license  _____ Utility bills*  _____ Employment pay stub*

_____ Valid car registration  _____ Voter registration*  _____ State/Federal tax returns*

_____ Mass. High School Diploma  _____ Signed lease or rent receipt*  _____ Military home of record*

_____ Record of parents’ residency for unemancipated person*  _____ Other _______________________

_____ I am an eligible participant in the New England Board of Higher Education’s Regional Student Program.

_____ I am a member of the Armed Forces (or spouse or unemancipated child) on active duty in Massachusetts.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: ___________________________ Date ___________________________

Parent/Guardian Signature (Applicant is under 18 years old): ___________________________ Date ___________________________

For Official Use Only – Do not write in this box

I have reviewed the above information to determine this individual’s eligibility to receive the in-state tuition rate. Based on my review, I have determined that this individual

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized College Personnel: ___________________________ ___________________________
CAPE COD COMMUNITY COLLEGE
PERMISSION TO USE IMAGE/LIKENESS/VIDEO/AUDIO MATERIAL

I ____________________________________________________________

please print full name

hereby grant Cape Cod Community College and/or any of its programs and affiliates, permission to use my name, likeness, voice, and/or biographical information in any and all media, now known or hereafter developed, throughout the world, in perpetuity, in connection with any and all editions or versions of any promotional materials. I understand that Cape Cod Community College owns the copyright of any promotional materials supporting, promoting, and/or encouraging awareness of the institution, organization, community colleges, or initiatives of any or all involved, and has the exclusive right(s) to use any promotional material(s) in whatever way it/they may wish.

I understand that I will not receive any compensation as a result of any use of my name, likeness, voice and/or biographical information as described in this release.

I waive any rights of privacy, and/or approval that I might otherwise have with regard to the use of my name, likeness, voice and/or biographical information is/are used and/or participation in the production of such material.

No use of my name, likeness, voice and/or biographical information, or any aspect of my participation, shall be the basis of any future claim of any kind against: Cape Cod Community College and/or any of its parent, programs, affiliates, affiliated companies, and/or their respective officers, directors, agents, employees, successors or assigns; nor shall this release be made the basis of any such claim.

Student Signature: ___________________________ Date: ______________

Parent/Guardian Signature: ______________________ Date: ____________

Address: ____________________________________________ Phone: ____________
**Student Growth Outcomes**

Student will:

- ✓ ... demonstrate an increased ability to use email as a tool to communicate with professors, members of the MAICEI program team and other peers.

- ✓ ... demonstrate an increased ability to compose an email as well as reply to an email in a formal manner using proper email etiquette and appropriate formatting (for example, including greeting, message, and signature).

- ✓ ... learn his/her professor’s name, the names of the MAICEI staff, and the names of at least 1 classmate.

- ✓ ... demonstrate an ability to engage socially with other students.

- ✓ ... have lunch in the school cafeteria with other members of the CCCC community.

- ✓ ... participate in discussions around their learning strengths and challenges.

- ✓ ... learn how to access and use college resource centers that will assist them with their academic work such as the O’Neill Center for Students with Disabilities, the tutoring center, writing center, the math lab and computer labs.

- ✓ ... demonstrate an increased ability to travel to and from CCCC.

- ✓ ... demonstrate an increased ability to independently navigate the CCCC campus.

- ✓ ... demonstrate an ability to communicate with professors (for example, ask questions, provide information as needed).

- ✓ ... demonstrate an ability to effectively employ problem solving skills (for example, resolving issues that might arise relating to task completion, time management, and other conflicts).

- ✓ ... demonstrate an ability to use his/her I.D. card in order to access school resources and also demonstrate self-advocacy skills.

- ✓ ... display an increased understanding of the purposes of various college campus offices (for example, bookstore, public safety, disability services, registration office, etc.), their locations, and how to use them.

- ✓ ... (with support) demonstrate an ability to create and follow a campus schedule.

- ✓ ... demonstrate organizational skills that require attending to tasks beyond time on campus

- ✓ ... demonstrate time management skills (arriving to campus on time, independently recognizing when class will begin).

- ✓ ... demonstrate an ability to provide school with information about expected and unexpected absences.

- ✓ ... use the library as a resource by engaging in tasks that might include checking out and returning books and completing an independent project.

- ✓ ... demonstrate an ability to participate in conversations about goal setting and engage in activities directed at accomplishing these goals.
✓ ... display self-advocacy skills in a variety of settings that might include the MAICEI program office, classrooms, offices, resource centers, etc.

✓ ... complete sample job applications

✓ ... complete interest surveys

✓ ... create and/or add information to resume

✓ ... learn about interviewing skills

✓ ... attend campus job fairs

✓ ... demonstrate an increased understanding of what a syllabus is and how this resource is used.

✓ ... demonstrate an ability to adhere to the campus Code of Conduct.

✓ ... attend at least one on campus event.

✓ ... demonstrate an ability to articulate his/her learning strengths and challenges.

✓ demonstrate an ability to discuss his/her academic goals and self-advocate for his/her academic plan at CCCC.

✓ ... demonstrate an ability to identify networks that provide support.