Howdy!
Thank you for your commitment to attending the PATHS Program. In order to help us prepare for your incoming registration we require that you complete, sign, and email or mail the following forms/items by May 24th:

☐ Guardianship Paperwork (if applicable)
☐ DARS Paperwork
  ○ Diagnostic Review
  ○ Relevant Case Notes
  ○ Eligibility
☐ Last IEP Paperwork
  ○ Summary of Performance
  ○ Present Level of Performance (PLOP)
☐ Copy of High School Diploma
☐ Copies of Drivers License/State ID and Social Security Card
☐ PATHS Forms
  ○ Student Expectations
  ○ Compliance Form
  ○ Media Release Form
  ○ Student Academic/Personal Information Release Form
  ○ PAIL Goals Form
  ○ Emergency Contact Form
  ○ Sexual Safety and Boundaries Acknowledgement Form
  ○ Liability Form

Thank you!

Mary Whirley, M.Ed.
Bridge to Career | PATHS Coordinator
mwhirley3@tamu.edu
979.458.0169

Email forms to mwhirley3@tamu.edu
or mail to:
Mary Whirley
4225 TAMU
College Station, TX
77843-4225
PATHS Student Expectations

1. Attend all classes, community presentations and field observations on time.

2. Contact the PATHS Coordinator or other designated staff person if you are sick or unable to attend classes (see attendance policy.)

3. Complete assignments within given deadlines.

4. Coordinate make-up work for all missed assignments.

5. Actively participate in class activities.

6. Attend at least one Texas A&M University campus recreational/cultural activity on a weekly basis.

7. Work closely with other PATHS students and make every effort to resolve any conflicts in a professional manner.

8. Attend all scheduled meetings with Mentor and Advisor.

9. Provide clear information to PATHS instructors, Mentor and advisor regarding learning needs.

10. Follow practicum schedule and adhere to all employer policy and procedure requirements.

11. Ensure payment for tuition and other PATHS required materials and made within agreed upon time period.

PATHS students are expected to reflect the highest level of professional behavior at all times including: classroom instruction, attending campus recreational/cultural activities and during their Practicum. PATHS students have a responsibility to excellence and to serve as a role model as Direct Support Professionals.

____________________      ____________________      ____________________
Printed Student Name      Student Signature      Date
### Compliance

<table>
<thead>
<tr>
<th>Minor Compliance Issues</th>
<th>Re-occurring Minor Compliance Issues &amp;/or Concerning Issues</th>
<th>Non-negotiable Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples-</strong></td>
<td></td>
<td><strong>Examples-</strong></td>
</tr>
<tr>
<td>• Tardiness</td>
<td>• Absence or tardiness with prior warning or no acceptable excuse</td>
<td>• Violence &amp; Abuse (of any kind)</td>
</tr>
<tr>
<td>• Late work</td>
<td>• Disrespectful to Staff or Peers</td>
<td>• Falsified documentation</td>
</tr>
<tr>
<td>• Speaking out in class</td>
<td></td>
<td>• Drug &amp;/or alcohol use in class or Site visits</td>
</tr>
<tr>
<td>• Not prepared for class</td>
<td></td>
<td>• Theft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any criminal activity</td>
</tr>
</tbody>
</table>

**Stage I. Informal Conference**
- Compliance expected within one week

**Stage I. Conference Documentation Form (CDF)**
- Meet with Mentor and advisor
- Compliance timeline determined by student’s advisor
*student to meet with advisor as specified in CDF until compliance is reached.

**Stage II. Growth Plan**
- Initiated when compliance is not met through CDF
- Meet with mentor, advisor, and Program Coordinator
- Compliance Timeline determined by Program Coordinator

**Stage III. Probation Action Plan**
- Initiated when compliance is not met through Growth Plan
- Meet with mentor, advisor, Program Coordinator and Project Director
- Compliance Timeline determined by Project Director

---

**Student Signature:** ___________________________________________  **Date:** __________________________
Media Consent Form

I understand that all videos and photos I release to the Center on Disability and Development and the Texas Council for Developmental Disabilities may be used for promotional purposes in a variety of formats, including websites and printed material. I agree that the center may use, edit or reproduce such materials or share them with others for any purpose related to the promotion of the center and its related programs and activities. I release all claims against the Center on Disability and Development and others with respect to the copyright, publication or use of such videos, including any claim for compensation related to their use.

_______________________________________________
Printed Name

_______________________________________________
Signature

_______________________________________________
Date
In signing this form, I, _________________________________________, authorize the Bridge to Career program to release academic records and related personal information with DARS, Brazos Valley Center for Independent Living (BVCIL), other affiliated agencies, and authorized program staff. The following items will be shared:

- Student progress
- Student grades/performance reviews
- Student accommodations
- Student participation/attendance
- Student financial information concerning tuition and fees
- Student schedule
- Student medical information

I understand that this request is permanent and will remain effective until I submit a written request to revoke the permission.

_______________________________________________
Printed Name

_______________________________________________
Signature

_______________________________________________
Date
Bridge to Career/PATHS P.A.I.L. Goals

Please identify goals to improve your Professional, Academic, and Independent Living goals (PAIL Goals). What would skills would you like to leave this program with?

What are your expectations of the Bridge to Career/PATHS Program? What skills would you like to add to your PAIL?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
What assistive technologies, if any, do you currently utilize?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Place a check mark next to the Professional Areas you would like to focus on:

☐ Communication Skills
☐ Time Management
☐ Organization Strategies
☐ Transition to College
☐ Resume Writing
☐ Networking
☐ Interview Skills
☐ Disability Disclosure
☐ Email (etiquette, communication, etc.)
☐ Apps/software specific to disability
☐ Schedule or cancel appointments
Place a check mark next to the **Academic Areas** you would like to focus on:

- [ ] Goal Setting
- [ ] HW Assignments
- [ ] Memory and Concentration
- [ ] General study methods/strategies
- [ ] Class Participation
- [ ] Presentation Skills
- [ ] Notetaking Strategies
- [ ] Reading Strategies
- [ ] Learning Style
- [ ] Writing Strategies
- [ ] Interacting with Faculty
- [ ] Test-taking Strategies
- [ ] Discuss assignments or academic concerns with instructors

Place a check mark next to the **Independent Living Areas** you would like to focus on:

- [ ] Self Determination/Self Advocacy
- [ ] Self-monitoring strategies
- [ ] Stress Management
- [ ] Extracurricular Involvement
- [ ] Self Awareness
- [ ] Health and Wellness
- [ ] Social Interaction
- [ ] Disability Awareness
- [ ] Residence Hall Living
- [ ] Use public transportation alone or with a group
- [ ] Able to drive
- [ ] Budgeting skills

---

**PARTICIPANT SIGNATURE**  **DATE**
Liability Disclosure

Students in the PATHS program have graduated high school and, therefore, are no longer safeguarded by the educational law of Individuals with Disabilities Education Act (IDEA) and are now protected by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The ADA and Section 504 safeguard access to employment, college programs etc., whereby, IDEA entitled students to certain assurances. For more information on the differences of high school and college please investigate online and /or for a good summary visit: http://www.snhu.edu/1363.asp.

In adherence with ADA and Section 504, PATHS/B2C students are responsible for their own behaviors and the consequences of their behaviors. The PATHS/B2C Program does not provide ANY supervision outside of the classroom and the program is not liable for student behaviors or the consequences of the students’ behaviors (as is with any other college student.)

__________________________  
Printed Student Name

__________________________  
Student Signature

__________________________  
Date
Sexual Safety and Boundaries Acknowledgment

Preparing for safety before attending any program is very important. Many young adults with and without disabilities have not encountered pressure and/or situations that involve adult decisions such as those dealing with sexual intercourse. The freedom that comes with living as an adult can lead many young people to want to now experiment with sex. Therefore, the staff at B2C requires parents/guardians to read and thoroughly cover with their child the topics in Talk About Sex (Kemper, M. & Rodriguez, M.; 2005).

When working through Talk About Sex (Kemper, M. & Rodriguez, M.; 2005) with your child please make certain to not only cover all information thoroughly but also make certain that your child understands the terms and concepts you are discussing. For example, some young adults believe they know what sexual activity includes but their concepts are not accurate and/or are incomplete.

By signing below you are confirming that together you, the participant, and a parent/guardian, thoroughly read and covered the topics in Talk About Sex (Kemper, M. & Rodriguez, M.; 2005); and that you made certain that the participant understood the terms and concepts discussed.

___________________________________________  __________________________
PARTICIPANT SIGNATURE                     DATE

___________________________________________  __________________________
PARENT/GUARDIAN SIGNATURE                  DATE

To attend the B2C summer program you must return a signed copy of this form to Mary Whirley via fax 979-862-1256, email mwhirley3@tamu.edu, or by mail prior to or on May 24, 2016.