





The L.I.V.E.S. Program

(Learning Independence, Vocation and Educational Skills)

at

SUNY Geneseo

in collaboration with Genesee Valley BOCES

Student Application

Please return application to address listed below:

Genesee Valley BOCES c/o Kathryn Zuroski 80 Munson Street LeRoy, NY 14482

(585) 344-7540







Application Process

While the L.I.V.E.S. Program is a university-based transition program, students will be admitted to the Genesee Valley BOCES (GVB) 18-22 year old L.I.V.E.S. Program at SUNY Geneseo and not SUNY Geneseo. Students in this program will **not** be matriculated students of SUNY Geneseo but instead enrolled through their school district. All applicants must complete an application process and also be recommended through the CSE process at their home district. Potential applicants may be observed by a L.I.V.E.S. Program and GVB staff member to help determine the appropriateness of the program for the student. Potential applicants will likely:

- have intellectual and/or developmental disabilities;
- have attended 4 years of high school and have maintained a satisfactory attendance record;
- be working toward a Skills and Achievement Credential, a Local Diploma and/or a CDOS Credential;
- have demonstrated successful participation in an academic setting, work readiness curriculum, and/or a vocational situation;
- have demonstrated independence and social skills in their school settings including the ability to act in a socially appropriate manner, and as well as a desire for greater independence and further development of social skills;
- have a familial or natural support group that will help the student reach his/her goals;
- travel independently, have a transportation plan, or be familiar with a public transportation system; and
- be willing to make a 2 4 year commitment.

Intake Process

- 1. Program visit with parent/guardian
- 2. Student visit to shadow for ½ day or full day
- 3. Application completed and submitted
- 4. Acceptance and CSE meeting







Applications are due by March 1st for the following academic year. In addition to the application, the following documentation needs to be submitted by the home school district and/or parent:

- most recent Individualized Education Plan (IEP);
- most recent educational and psychological evaluations (within 3 years);
- related service evaluations, if applicable. (Speech, PT, OT, Assistive Technology, etc.); and
- teacher or service provider letter of recommendation.

Admission decisions are based on:

- applicant's learning needs and desire to attend the program;
- ability of program to meet applicant's needs and goals;
- ability of the applicant to demonstrate behaviors for success and independently negotiate transitions between classes, buildings, lunch, and non-academic activities;
- potential of applicant to successfully achieve his/her goals within the context of the program content and setting; and
- commitment from the applicant's family/caregivers to support the goals of the program.

The application process includes a visit to a LIVES Open House, a day visit to the program, and a paper application, all of which is designed to determine the student's needs, preferences, and interests, taking into account his/her specific wants and desires. The process is designed to determine:

- the applicant's learning preferences;
- current life skills;
- vocational interests; and
- level of independence.







Application Checklist

| \square CSE at my home district is aware of my application |
|---|
| \square I attended a LIVES Open House on (date) |
| \square I have visited the program on (date) |
| \square I submitted, or confirmed my home school district submitted, my high school transcript and any records. |
| ☐ I submitted, or confirmed my home school district submitted a current IEP, current educational, psychological, and social evaluations which have been conducted within the last three (3) years. |
| \square I completed the L.I.V.E.S. Program application packet, which includes: |
| L.I.V.E.S. Program Application Questions about Me Parent/Guardian Information (recommended but not required) One letter of recommendation Letter from CSE Chairperson Teacher Employer/Community Member |
| • Employer/Community Member |

When the student is accepted into the L.I.V.E.S. Program, he/she will need to provide a recent photograph, medical information, read and sign the SUNY Geneseo Student Code of Conduct.

Mail completed application to address below:

Genesee Valley BOCES c/o Special Education Intake LIVES 80 Munson Street LeRoy, NY 14482







The L.I.V.E.S. Application Form

This form is to be completed by the student

| Name | | | | | | |
|-----------------------------------|--------------------------------------|---------------------------|---------------------------------|---|---|-----|
| Address | | | | | | |
| City | | | State | Zip Code | | |
| Primary Contact | Number(s | s) | | | | |
| Date of Birth | Month | Day | Year | | | |
| High School Atte | ending or A | Attended _ | | | | _ |
| Date of Graduat | ion or Exp | ected Grad | uation | | | _ |
| Exit Credential | | | | | | |
| educational skills and Genesee Va | s at SUNY lley BOCE: wn though | Geneseo, f S. The info | unded through rmation provid | n a collaborative p ded on this applic | nal/employment, and partnership by SUNY Gation is my own work a irements as described | and |
| Your signature | | | | | | _ |
| Print your name | | | | Date | | _ |
| Updated July 2024 | 1 | | | | | |







Questions about Me

| Na | me | |
|----|--|----|
| | ease answer the following questions to the best of your ability. Your answers should be short you may attach additional sheets of paper if needed. | t, |
| | Il us about any activities, hobbies, and/or groups that you belong to or have belonged to. (Yeay not have an answer for each question). | ou |
| 1. | I play the following sports | |
| | | |
| 2. | I belong to the following clubs or organizations or I have belonged to the following clubs or organizations | ı |
| | | |
| 3. | I work/volunteer at | |
| 4. | My other interests include | |
| | | |
| | | |







| 5. | I would like to take a class or classes about | | | | | |
|----|---|------------------------|--|--|--|--|
| 6. | | pals for my future are | | | | |
| | a. | Goal 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | b. | Goal 2 | | | | |
| | | | | | | |
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| | | | | | | |







Parent/Guardian Form

| Name Address | | | | | | | | | | |
|---|---|--|---|--|--|--|--|-------------------------------------|------------------------|-------------|
| | City | | | State | Zip C | Code | | | | |
| Home Ph | one Numb | er | | Ce | ll Number | | | | | |
| Email Add | dress | | | | | | | | | |
| Student's | Name | | | | | | | | | |
| Please de | etail why y | ou are interes | ted in the | L.I.V.E.S | . Program | for the | applica | nt. | | |
| | | | | | | | | | | |
| | | stance the app | olicant hac | l in compl | eting this | applicat | ion. (Th | nis will ı | not affec | t the |
| L.I.V.E.S. Genesee program. developm | . Program, Valley BO I certify nental disa | a transition/p CES. If s/he is that s/he mee bility; is betwo plays socially a | oostsecond s selected its the follo een the ag | dary progr to partici owing elig ges of 18- | ram, at Sl pate, I wi ibility crit 22; demo | JNY Gen II ensure eria: ha nstrates | eseo in that s/ as an in a desi | collabo /he will tellectue re to co | oration wattend tallor | vith :he |
| • | r name _ | | | | | | | | | |

Updated July 2024



Analicant





Personal Recommendation Letter

| Applican | t's Name | | |
|----------|-----------------------|----------------------------|----------|
| | | | |
| | City | State | Zip Code |
| Person v | vriting the recomme | endation | |
| Name | | | |
| Address | | | |
| | City | State | Zip Code |
| Home Pl | none Number | Cell Nu | ımber |
| Email Ad | ddress | | |
| Relation | ship to the applicant | t | |
| I have k | nown the applicant | for (specify years/months) | |

Please use a separate sheet of paper to discuss the following:

- 1. Describe how you know the applicant, what are their strengths, abilities and challenges?
- 2. Describe why you feel the applicant would benefit from a transition program in preparation for postsecondary goals in a college setting.
- 3. Describe the applicant's desire to learn, using examples from your relationship.

The letter of recommendation should be no more than two (2) pages in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who must enclose it in his/her application packet. Updated July 2024







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Genesee Valley BOCES Student Information Notice and Declination

Genesee Valley BOCES takes great pride in our students. We celebrate their activities and accomplishments. We share those activities and accomplishments with the public in many ways, including through our own flyers and newsletters, as well as though newspapers, on the GVB website, on teacher websites, on video recordings used for professional development and to obtain teacher certification, and on social media such as Facebook, Twitter and podcasts. We love to tell our story.

In the process of telling our story, sometimes we release background information about the students who participate. That information is called, "directory information." More specifically, directory information includes:

- 1. Student honors, awards, degree earned and past projects completed,
- 2. Student names, the GVB activities they participate in, their photograph and video recordings of the students,
- 3. Student academic programs, courses, statements and interviews, and
- 4. Student grade level, dates of attendance and home school.

Directory Information **does not include** more private information such as student test scores, grades, special education classification or student discipline records.

Genesee Valley BOCES does not share information that we feel is of a personal or private nature. However, some eligible students¹, parents or legal guardians may still prefer that even the directory information listed above not be shared or publicized. In that case, the eligible student, parent or legal guardian may prohibit the release of the student's directory information by completing this form and returning it to the Principal at the student's campus.

| Student's Directory Information | | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|--|--|--|
| Dear PrincipalInformation: | : Please do not share or pu | blicize this student's Directory | | | |
| Student name (print) | | Date | | | |
| Parent/Guardian/Eligible Student N | ame (print) | | | | |
| Parent/Guardian/Eligible Student N | Name (signature) | | | | |
| 1 An "eligible student" is a studen | t who is 18 years of age or older | or | | | |

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who is attending a postsecondary institution.