Career and Life Studies Certificate (CLSC)

Application Packet

Thank you for your interest in the Career and Life Studies Certificate (CLSC) program. CLSC is a two-year, certificate program for students with intellectual disabilities that offers academic, career/technical and independent living instruction in preparation for gainful employment. CLSC students attend classes, hold internships and engage in campus activities. CLSC also offers residential options for a limited number of participates. Twelve students are admitted each academic year.

CLSC is offered through UD's Professional and Continuing Studies division by the College of Education and Human Development, Center for Disabilities Studies. CLSC is designed to deliver a high quality, inclusive and comprehensive postsecondary transition program.

As you complete the application, please answer the questions fully, providing details and examples wherever possible. Please use additional sheets of paper if necessary. The information you provide will be treated confidentially.

If you have questions or need help with the application, contact 302-831-2940 or CLSC-info@udel.edu. Application materials are available in alternate format upon request.

Please submit all required application materials, as listed on the next page, as soon as possible. We will begin reviewing applications in December of 2026 and will review additional applications until we meet our enrollment capacity of 12 students. Some applicants will be interviewed as part of the admissions process. Final decisions will be made during the spring, and summer if needed, until we have full enrollment.

Note: The cost for attending CLSC is about $30,314 for in state students, and about $33,000 for out of state students. There are resources available for students and families to offset some of these cost. All students and families should expect to pay some out–of–pocket expenses:

- Some students may be eligible to receive funding through state agencies. This will apply to students who have been declared eligible for services from those agencies and it is incorporated into the student's plan with that agency. The potential funding will not cover the full cost of the program. Students and families will still be responsible for a portion of the costs.
    - Delaware Division of Developmental Disabilities Services (DDDS)- eligible students can receive funding from Pathways to Employment, a fee for service model that pays towards the supports provided by CLSC that are not provided by the University (e.g. Point Coaching, Career Coaching, CLSC Classes). Talk with your Community Navigator about applying for Pathways to Employment.
    - Delaware Division of Vocational Rehabilitation (DVR) - students may be eligible to receive funding towards their tuition and fees from DVR. This support is needs based and is accessed through DVR's Financial Assessment. Not all students are eligible, meet with your DVR Counselor to discuss the process and your eligibility.

- CLSC is a Comprehensive Transition and Postsecondary (CTP) program. CLSC students may be eligible for federal financial aid in the form of Pell grants and work-study. Students and families are strongly encouraged to submit a Free Application for Federal Student Aid (FAFSA) form to determine how much aid they may receive. For more information see https://studentaid.ed.gov/eligibility/intellectual-disabilities
- We will create resources that provide information about scholarships from the state and national organizations to students and families.

We plan to continue to discuss the topic over the course of the next year in order to help students and families prepare and access necessary resources. If would like to speak further about the anticipated fees for 2027-2028 please let us know.

(See accompanying pages for application materials)

Please send application materials to:

CLSC Admissions
University of Delaware
Center for Disabilities Studies
461 Wyoming Road
Newark, DE 19716
or
Email: CLSC-info@udel.edu

Application Checklist

All of the following application documents must be received before an application will be reviewed. These forms may be filled out electronically and submitted as e-mail attachments. Paper copies of the forms should be completed in blue or black ink and delivered by regular mail.

☐ Application Fee ($30)
- Personal or cashier's check payable to University of Delaware
- Fee waived if application is submitted in full by December 1.

☐ Application Form
- You may attach additional pages, if needed
- Be sure to put your name on any extra pages

☐ Three (3) letters of recommendation
- Must use the CLSC recommendation form
- Must be from work supervisors, teachers, guidance counselors, and others who know you well
- May not be from family or friends
- Must be sent by a recommender directly to CLSC Admissions (see recommendation form)

☐ Personal statement form
- Answer the questions on the form in writing, or
- Make a statement in an audio- or video-recording (your original copy will not be returned)

☐ Documentation of disability (both of the following)
- Most recent Individualized Education Program (IEP)
- Psychological-Educational or Neuropsychological Evaluation (by a licensed/certified professional)

☐ Supporting documents (OPTIONAL)
- Resume
- School transcript (e.g. high school, college)

Career and Life Studies Certificate Program
Application Form

I. GENERAL INFORMATION

_____ _____ _____

Last Name First Name Full Middle Name

_____

Residence Address (Street Name and Number)

_____

Residence Address (City, State, Zip Code)

Home Phone #: (_____) _____

Your Cell Phone #: (_____) _____

Email Address: _____

Date of Birth: _____/_____/_____

Gender: ☐ Male ☐ Female

Ethnicity (optional): Please indicate how you identify yourself.
◯ Yes / ◯ No Hispanic/Latino (including Spain)

Race (optional): Please indicate how you identify yourself. Check all that apply.
☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
☐ Asian (including Indian subcontinent and Philippines)
☐ Black or African American (including African and Caribbean)
☐ Native Hawaiian or Other Pacific Islander (Original Peoples)
☐ White (including Middle Eastern)

Are you a U.S. Citizen? ☐ Yes ☐ No

Are you your own legal guardian? (Circle or underline/bold one ☐ Yes ☐ No ☐ Not Sure
If **No**, please provide the name of your guardian: _____
Relationship: _____

Address (if different from above):

II. FAMILY INFORMATION

Parent/Guardian Name _____

_____

Address: _____

_____

Home Phone #: ( ) _____

Cell Phone #: (__) _____

Email: _____

Parent/Guardian Name _____

_____

Address: _____

_____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Email: _____

III. APPLICANT EDUCATION HISTORY

Please list high school(s), colleges or vocational schools attended

Education

School	Location	Dates Attended	Achievement (If any) None,High School,Certificate of Completion GED,High School Diploma, College Degree, Career Certificate:

III.A. Which of the following best describes the curriculum and educational setting you experienced in your most recent year of high school?

Choose one.

- ☐ Fully included in general education curriculum in general education classes
- ☐ Half time in general education and half time in special education
- ☐ Not included in general education curriculum or classes/included only in special education classes (e.g., life skills program)
- ☐ Other: _____

III.B. What, if any, type of statewide test did you take while in high school?

Choose one.

- ☐ Standard assessment with or without accommodations (e.g., DSTP, DCAS)
- ☐ Alternate assessment (e.g., DAPA, Portfolio, ACCESS)
- ☐ Waived
- ☐ None
- ☐ Don't know

III. C. Explain how your disability affects your academic work.

1. Overall level of independence with completing academic assignments:
   ☐ Work independently ☐ Need some support ☐ Need a lot of support

2. Give an example of an academic assignment that you usually complete independently.

3. Give an example of an academic assignment for which you need support.

4. What kinds of academic supports or academic accommodations are most helpful to you because of your disability?

5. Do you use any technologies for academic support that you haven't listed in #4?

IV. ***EMPLOYMENT/ VOLUNTEER/TRAINING EXPERIENCES***

List and describe your job, volunteer and other work training/internship experiences.

Dates	Business or organization	Hours (How many hours each week? How many weeks each year? Hrs/Wk)	Hours (Wks/Yr)	Type (Training/Intern Volunteer Employment)	Unpaid or Paid (Unpaid Paid< Min.Wage Paid=Min.Wage Paid>Min.Wage)	Your position, responsibilities

Explain how your disability affects your performance in employment, training, volunteer, or other work-related activities.

1. Overall level of independence with employment and work-related activities:
   ☐ Work independently ☐ Need some support ☐ Need a lot of support

2. Give an example of a work task that you usually complete independently.

3. Give an example of a work task for which you need support.

4. What kinds of work supports or work accommodations are most helpful to you because of your disability?

5. Do you use any technologies for work-related support that you haven't listed in #4?

V. EXTRACURRICULAR ACTIVITIES

List current community and social activities in which you regularly take part. (Examples include, but are not limited to, team sports or fitness classes, religious groups, and clubs)

Activity	**Length of involvement** (you may give date range)	**Role** (e.g., member, leader)	**How often?** Daily, Weekly, Monthly, Occasionally

Explain how your disability affects your participation in community or social activities.

1. Overall level of independence with participating in community or social activities
   ☐ Participate independently ☐ Need some support ☐ Need a lot of support

2. Give an example of a community or social activity that you usually participate in independently.

3. Give an example of a community or social activity for which you need support.

4. What kinds of supports or accommodations for community or social activities are most helpful to you because of your disability?

5. Do you use any technologies for support in community and social activities that you haven't listed in #4?

VI. ***OTHER SUPPORTS & SERVICES***

We expect that all students entering this program require some level of support in order to be successful. Please tell us about the kind of supports you use, if any, in each of these areas.

VI. A. For each type of transportation listed below, indicate whether you use it *independently, with support*, or *do not use*. If you mark something as "*use with support*", in the same box, write an example of the kind of support that allows you to use that type of transportation successfully.

	Use Independently	Use with support (give example)	Do not use
Pedestrian	☐		☐
Bicycle	☐		☐
Paratransit bus	☐		☐
Public bus	☐		☐
Drive car	☐		☐

How do you usually get around the community? _____

VI.B. For each type of technology listed below, indicate whether you use it *independently, with support*, or *do not use*. If you mark something as "*use with support*", in the same box, write an example of the kind of support that allows you to use that type of technology successfully.

	Use Independently	Use with support (give example)	Do not use
Cellphone	☐		☐
E-mail	☐		☐
Microsoft Word or similar program)	☐		☐
Web browser (such as Internet Explorer or Mozilla Firefox)	☐		☐

VI.C. For each self-management activity listed below, indicate whether you do it *independently, need some support*, or *need a lot of support.*

- If you mark something as "*Need some support" or "Need a lot of support", in the same box, write* an example of the kind of support that allows you to do the activity successfully.

	Independently	Need some support (give example)	Need a lot of support (give example)
Make and follow a daily schedule	☐		
Identify and ask for help when needed	☐		
Cope with stressful situations	☐		
Manage personal health/safety	☐		
Manage personal grooming and hygiene	☐		
Interact with new people	☐		

VI.D. If you have learning goals related to transportation, technology, or self-management, write them below.

VII. DISABILITY DOCUMENTATION

To be accepted into CLSC, you must show proof that you have an intellectual disability and that you were eligible for special education services under IDEA (e.g., had an Individualized Education Program [IEP]).

- First, **circle or highlight** the disability classification used for your most recent IEP.
- Second, write a **checkmark** next to other disabilities that you have.

☐ None of these disabilities
☐ Autism
☐ Deaf-blindness
☐ Deafness
☐ Developmental delay
☐ Emotional disturbance (e.g., ED; EBD)
☐ Hearing impairment
☐ Intellectual disability (e.g., EMD; TMD; MI; ID)
☐ Multiple disabilities
☐ Orthopedic impairment
☐ Other health impairment (e.g., OHI)
☐ Specific learning disability (e.g., LD; SLD)
☐ Speech or language impairment
☐ Traumatic brain injury
☐ Visual impairment, including blindness
☐ Other (please specify) _____

Only answer this question if you NEVER had an IEP. Do you have any other documents (e.g., special education assessment report) that would show you were eligible to receive IDEA services? ☐ No ☐ Yes (please attach)

What documents can you provide to show that you have an ***intellectual disability?***

Documents	**Is it attached to this application? Yes, No, but I can get a copy**
Most recent Individualized Education Program (IEP) IEP Date:	
Most recent Psychological-Educational or Neuropsychological Evaluation by a licensed professional Report Date:	
Other: (Please Describe) Date:	

VIII. STATE/FEDERAL SUPPORT

Have you ever been eligible for or are you currently receiving services from any of the following state agencies? (*Check one response for each agency)*

	Eligible, but not receiving services	Eligible & currently receiving services	Name of counselor/case manager, if known	Not eligible	Don't Know
Vocational Rehabilitation (DVR)	☐	☐		☐	☐
Developmental Disabilities Services (DDDS)	☐	☐		☐	☐
Visually Impaired (DVI)	☐	☐		☐	☐
Aging & Adults with Physical Disabilities (DSAAPD)	☐	☐		☐	☐
Other:	☐	☐		☐	☐

***We recommend that you consider discussing your application with your counselor or case manager to ensure that it is considered for your support plan with that agency.*

What types of benefits do you currently receive? Check all that apply.

- ☐ None
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Unemployment Insurance
- ☐ TANF (Temporary Aid to Needy Families)
- ☐ Other (please specify: _____)
- ☐ Don't Know

What types of health insurance do you have? Check all that apply.

- ☐ None
- ☐ Medicaid
- ☐ Medicare
- ☐ Private health insurance
- ☐ Student health insurance
- ☐ Other (please specify:_____)
- ☐ Don't Know

DISCIPLINARY HISTORY

1. Have you ever had a disciplinary violation at a high school or college that resulted in your probation, suspension, removal, dismissal, or expulsion?

☐ Yes* ☐ No

2. Have you ever been convicted of a crime?

☐ Yes* ☐ No

* If you answered "yes" to either or both questions, on a separate sheet of paper give the approximate date of each incident, explain the circumstances, and reflect on what you learned from the experience.

VERIFICATION AND SIGNATURE

I have completed this application truthfully and to the best of my knowledge, all information is accurate.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if applicable): _____ Date: _____

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_____

Name of person helping me complete this form (if applicable)

Explanation of how they helped (check all that apply):

☐ Wrote what I said
☐ Paraphrased my words
☐ Other _____
☐ Read the application to me (continued on next page)
☐ Added more to what I wrote

_____ Date: _____

Signature of person helping me complete this form

Contact Information:

Phone #: (_____) _____

Email: _____

Relationship to the applicant: _____

Interest in Residential

UD offers limited space for CLSC students to live in a residence hall on-campus. This is a separate cost for attending CLSC – usually about $12,000 per year. Would you be interested in receiving more information about this opportunity?

☐ Yes ☐ No

☐ First Year ☐ Second Year ☐ Both

How did you hear about CLSC>

- CDS - Center for Disabilities Studies
- Transition/College Fair
  - Where:
- Think College
- Mid-Atlantic MIDA
- Word of Mouth
- Other: