

University of Wisconsin – Whitewater
LIFE Program Application
2026-2027

Learning is for Everyone

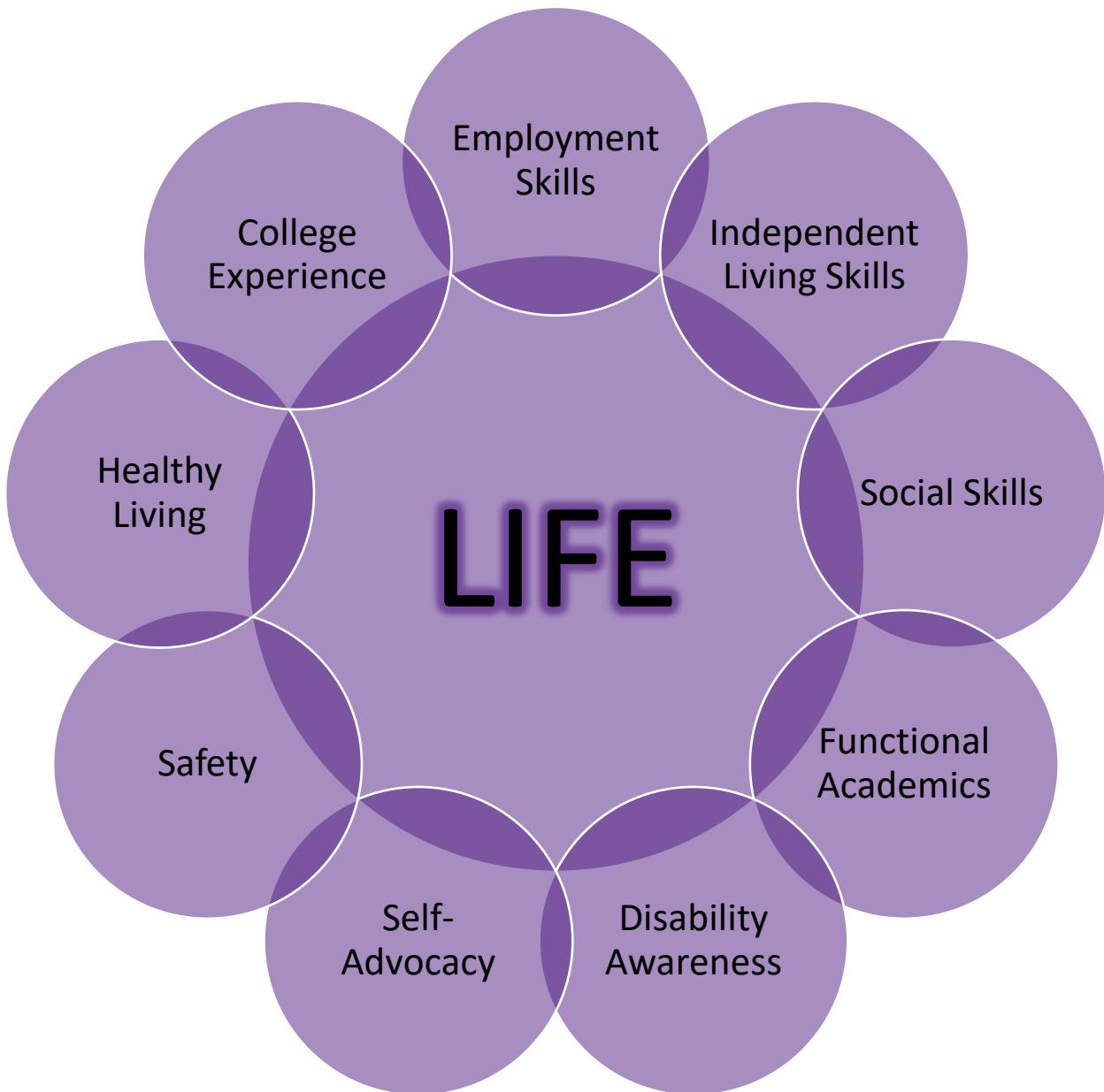
The LIFE program at the University of Wisconsin – Whitewater has been designed to provide a complete college experience for young adults between the ages of 18-25 who have an intellectual disability. With ample supports, specialized instruction, on-campus residential living, and community integration, the program serves a critical need in our region and community. The program consists of two components, which includes a Basic Program (first 2 years) and an Advanced Program (second 2 years) that are designed to facilitate independent living and employment success for persons with significant cognitive limitations.

Program Highlights and Goals

- Provide an underserved segment of the population with comprehensive supports that are designed to prepare them for competitive employment and independent living to the greatest extent possible.
- Provide specialized instruction, with an emphasis on skills that students need in order to be successful in personal and professional endeavors following completion of the program.
- Provide extensive residential supports that have been designed to help students develop essential skills in non-academic domains.
- Expose students to an authentic college experience, which spans far beyond traditional academics.
- Integrate LIFE students with multiple facets of campus life, thereby providing many inclusive opportunities and meaningful networks of support.
- Dismantle barriers and create substantive opportunities for students with an intellectual disability.
- Prepare students to live a healthy and balanced lifestyle, including regular exercise and participation in enjoyable leisure activities.

Students who complete this program will receive a certificate of completion, rather than a degree from the University.

Program Snapshot



Student Qualifications

The LIFE program will only accept students who are a good fit for the services that we provide, so the information below should help prospective students and their parents understand who would be a good fit.

Characteristics of Successful Applicants

A prospective student should:

- Be 18-25 years of age upon acceptance.
 - Have documentation of an intellectual disability.
 - Have the ability to function independently for a couple of hours or more.
 - Not have significant behavioral problems.
 - Be able to take medication independently or with prompting provided by common technology (e.g., smartphone, iPad, automated/electronic dispensers, etc.).
 - Be able to independently take care of important day-to-day needs, such as following a specialized diet.
 - Be able to perform a basic hygiene routine independently or with minimal support.
 - Be able to adapt to change.
 - Respect self and others.
 - Be willing to accept responsibility for actions and to receive feedback.
 - Have an interest in being around other people and forming friendships and professional relationships.
 - Want to live independently and be willing to live on-campus in a traditional residence hall. We have lots of resident assistant supports to help!
 - Have some employment/volunteer experience.
 - Have parents who are willing to let go and support you during this college journey.
- ✓ Students should also be highly-motivated to become a college student; it's a lot of work!

Application Process

Prospective students, with support from their parent/guardian as needed, should submit this completed application packet. All applicants will be initially screened by information and documentation contained within. Following this screening, a prospective student will be contacted by program staff with (a) an invitation to participate in a face-to-face interview or (b) notice that the student is not being considered for admission. Please be patient with this process because each application will be carefully and thoughtfully reviewed, which takes time.

Once finished, submit this completed application with all supporting documents via email to lifeprogram@uww.edu.

Only complete application packets will be given consideration.

Student Information

Last name	First name	MI
Home phone	Cell phone	DOB
Home address		
City	State	Zip
Student's email address		
Who do you currently live with?		
Do you have a driver's license?	Requested year and semester of program entry	

Family Information

Parent/Guardian		
Last name	First name	MI
Home phone		Cell phone
Home address		
City	State	Zip
Email address		
Occupation		Work phone
Parent/Guardian		
Last name	First name	MI
Home phone		Cell phone
Home address		
City	State	Zip
Email address		
Occupation		Work phone

Student Background Information

Education History		
Name of high school	City, State	Dates of attendance
Name of middle school	City, State	Dates of attendance
Name of elementary school	City, State	Dates of attendance
Have you received special education services while at school?	In school, was your primary disability category intellectual disability? Yes No (please list your primary disability and briefly explain your needs in the Notes section below)	Beginning and ending grades that special education services were provided
What was the setting in which the majority of special education services in high school were provided (self-contained classroom, resource room, general education classroom, etc.)?	Do you require accommodations or modifications while at school? Yes (please list these in the Notes section below) No	Have you had any disciplinary events in the last three years that resulted in suspension, expulsion, or removal to an alternative placement? Yes (please explain in the Notes section below) No
Notes		

Student Background Information (continued)**Medical History**

Please list and describe all of your medical diagnoses, including those related to physical and mental health, that are currently applicable.

Are there any medical or physical reasons why you may not be able to participate in activities on or off campus? If yes, please explain.

Please list all medications that you take and why these are prescribed.

In the previous year, have you received any form of therapy, such as behavior therapy, occupational or physical therapy, counseling, or services from a psychologist? If yes, please describe.

Student Background Information (continued)

Medical History
*Are you able to take medication independently or with the support of prompting provided by common technology? If no, please explain.
*Do you require specialized supports that are medical in nature? If yes, please describe.
*Do you have any food allergies or other specialized needs that require care on a day-to-day basis? If yes, please explain.
Notes
<i>*The LIFE program does not have staff available to provide medical supports or to meet highly-specialized care needs of students. If a student requires these supports, then they will need to locate and arrange personal assistant services prior to entry.</i>

Student Background Information (continued)

Paid Employment Experience		
Employer	Job title	Dates of employment
Responsibilities		Reason for leaving
Employer	Job title	Dates of employment
Responsibilities		Reason for leaving
Volunteer Employment Experience		
Employer	Job title	Dates of employment
Responsibilities		Reason for leaving
Employer	Job title	Dates of employment
Responsibilities		Reason for leaving
Notes		

Personal Information

To help program staff get to know you, please answer the following questions:

What are a few of your favorite things to do?
Do you enjoy socializing and hanging out with friends? If yes, what do you like to do with them?
What are some of your strengths?
What are some of your weaknesses?

Personal Information (continued)

Do you have any hobbies? If yes, tell us all about them!
Do you have a favorite sport or team? <i>Go Warhawks!</i>
What's your favorite television show, type of music, or band?
What's your favorite type of food?

Personal Information (continued)

Please describe some things that you'd like to learn about in the following areas:	
Employment	
Independent living	
Social	
Academics	
Other	

Personal Information (continued)

Why do you want to go to college?

What type of job do you hope to get after finishing college?

Tell us one thing that you think would surprise us about you.

Please provide any other information that you'd like to share.

Health Insurance

LIFE students are required to have health insurance throughout their time on campus.

Name of policyholder: _____

Name of insurance company: _____

Policy number: _____

Note: If this policy changes during your time on campus, please provide updated information so our records will remain accurate.

Other Required Information

In addition to responding to the questions in this application packet, students will need to provide the following:

High School Transcript

Please attach a copy of your high school transcript.

Results from a Physical Examination

Prospective students must submit current documentation (no older than one year from the date of application) that they are healthy and capable of participating in traditional college activities, including mild to moderate exercise on a regular basis. Please attach documentation of a recent physical, the form provided, or a signed and dated document on your physician's letterhead that indicates that you are cleared for this or any specific restrictions or limitations that program staff need to be aware of.

Documentation of Intellectual Disability

Please attach documentation that confirms the presence of an intellectual disability, which is characterized by significant limitations in intellectual functioning, adaptive behavior, and academic proficiency. These criteria need to be formally documented via one of the following methods:

- Records indicating a clinical or medical diagnosis of intellectual disability.
- An individualized education program, or other IDEA disability documentation, that identifies the student as having an intellectual disability.
- Standardized norm-referenced test results that were obtained from a clinical, medical, or school professional who administered the assessments. Results in all three of the following areas are needed: intellectual functioning, adaptive behavior, and academic achievement. Generally, we look for standard scores equal to or lower than 70 (approximately 2nd percentile). Exceptions may be considered on a per-student basis if our program will provide a meaningful education for the applicant.
 - Some common assessments of intellectual functioning include the Wechsler Intelligence Scale for Children (WISC), the Wechsler Adult Intelligence Scale (WAIS), or the Woodcock-Johnson Tests of Cognitive Abilities (WJ COG).
 - Some common assessments of adaptive behavior include the Adaptive Behavior Assessment System (ABAS) or the Vineland Adaptive Behavior Scales (VABS).
 - Some common assessments of academic achievement include the Woodcock-Johnson Tests of Achievement (WJ ACH) or the Kaufman Test of Educational Achievement (KTEA).

Letters of Recommendation

Please attach three recommendation forms AND letters of recommendation from unrelated individuals who know you. At least one should be from a current or former teacher. If your

references would prefer to submit these directly, please have them email the form and letter to lifeprogram@uww.edu and include your full name in the body of the email.

Recent Photo

Please attach one recent solo photo to help our admissions committee connect names and faces throughout the process.

*** These items can be attached as separate documents to the email or combined into one large PDF and submitted as a complete packet.***

PHYSICAL EXAMINATION

Please have a licensed physician complete the following form or provide another form of documentation from a recent physical examination. Include this with the rest of the application. Please do not have your physician submit it directly.

To be Completed by the Student

Patient's Name: _____

Phone Number: _____

Address: _____

To be Completed by the Physician

I have examined this patient on _____
DATE OF LAST EXAMINATION

I have found the following:

- They may participate fully in physical activity consisting of cardiovascular, strength, and flexibility training without restrictions or limitations.
- They may participate in physical activity with the following limitations or restrictions:

Physician's Signature: _____ Date: _____

PLEASE NOTE: This record must be signed by the physician granting the clearance.

Recommendation Form – to be submitted with each Letter of Recommendation

Applicant's Name:	Recommender's Name:
Relationship to Applicant:	Length of Time Known:

Skill	Is unable to	Needs significant to moderate prompting	Needs minimal prompting	Independent
Is on-time				
Creates and follows schedules				
Asks for help when needed				
Communicates needs and opinions clearly				
Sets goals and works towards them				
Adapts to changes in routine				
Actively participates in small groups with peers				
Navigates the local community				
Cares for their personal hygiene				
Uses a familiar website for an academic task				
Uses a debit card to purchase items for self				
Uses their cell phone to call or text friends and family				
Uses coping strategies to manage emotions like frustration				

Signature Page

Please complete and sign the statement below:

I _____ certify that the information contained in this application packet is accurate and that I have provided all relevant details regarding my suitability for the LIFE Program.

Signature

Date