



## SEED Application

Application Packet must include and cannot be processed without:

1. Completed application along with essay questions
2. High school evaluation report and/or IEP; other documents verifying disability
3. Two written recommendations for the program from [High school personnel, mentor, OVR counselor, community provider, etc.]. Please no recommendations from parents/guardians.

### Please Print

Name: \_\_\_\_\_ L# (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (alternate) \_\_\_\_\_

Email Address: \_\_\_\_\_ Career Path: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: (cell) \_\_\_\_\_ (alternate) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### Structure of Your Classes in High School (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 10 or less students in class | <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> 1:1 Aid/Support |
| <input type="checkbox"/> 11-20 students in class      | <input type="checkbox"/> Resource Room          | ○ Behavioral                             |
| <input type="checkbox"/> Over 20 students in class    | <input type="checkbox"/> 1:1 Aid/Support        | ○ Academic                               |
| <input type="checkbox"/> Social skills/Strategies     | ○ All day                                       | ○ Both                                   |
| <input type="checkbox"/> Learning Support             | ○ Half day                                      | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> General Education            | ○ As needed                                     |  |



**Lehigh Carbon**  
**COMMUNITY COLLEGE**  
**Disability Support Services**  
 610-799-1190  
 mmitchell@lccc.edu

Workshop Experience

Have you ever been employed/worked a paying job?  Yes  No

Have you ever done volunteer work?  Yes  No

Have you ever participated in a vocational program?  Yes  No

I am applying for the following semester:

Fall  Spring  Summer Bridge Year: \_\_\_\_\_

Will you complete your required programming in K-12 or earn a GED?  Yes  No By: \_\_\_\_\_

If NO, will you receive a certificate of attendance?  Yes  No By: \_\_\_\_\_

Stress What situations makes you feel stressed? (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Talk with others        | <input type="checkbox"/> Organizing schoolwork         | <input type="checkbox"/> Not enough sleep   |
| <input type="checkbox"/> Advocating needs        | <input type="checkbox"/> Change in routine             | <input type="checkbox"/> Meeting new people |
| <input type="checkbox"/> Social events           | <input type="checkbox"/> Getting work done on time     | <input type="checkbox"/> Lighting           |
| <input type="checkbox"/> Being late              | <input type="checkbox"/> Things not in order/quarterly | <input type="checkbox"/> Unclear directions |
| <input type="checkbox"/> Loud noises/sounds      | <input type="checkbox"/> Working in groups             | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Planning transportation | <input type="checkbox"/> Taking criticism              |   |
| <input type="checkbox"/> Crowds                  | <input type="checkbox"/> Parental involvement          |   |

Social Interaction (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Can start a conversation          | <input type="checkbox"/> Like to try new things                                | <input type="checkbox"/> Can maintain a conversation       |
| <input type="checkbox"/> Avoid talking with others         | <input type="checkbox"/> Have no friends outside of school                     | <input type="checkbox"/> Talk to teachers only when needed |
| <input type="checkbox"/> Make friends easily               | <input type="checkbox"/> Get along well with family                            | <input type="checkbox"/> I would like to have more friends |
| <input type="checkbox"/> Prefer to be by myself            | <input type="checkbox"/> Maintain friendships easily                           | <input type="checkbox"/> Prefer to do things with family   |
| <input type="checkbox"/> Have five or more friends         | <input type="checkbox"/> Enjoy talking with teachers before and/or after class | <input type="checkbox"/> Have 1-2 friends                  |
| <input type="checkbox"/> Would like to be more social      | <input type="checkbox"/> Can end the conversation appropriately                | <input type="checkbox"/> Enjoy meeting new people          |
| <input type="checkbox"/> Enjoy going to events with others |  | <input type="checkbox"/> Enjoy going to others' homes      |
| <input type="checkbox"/> Prefer to stay home               |  |  |

How did you learn about SEED?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Conference/Event | <input type="checkbox"/> School _____<br>name |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Advisor          | <input type="checkbox"/> Other _____          |



I do the following to have fun: (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Play on the computer | <input type="checkbox"/> Surf the Internet | <input type="checkbox"/> Ride bicycles/skateboard |
| <input type="checkbox"/> Paint/draw           | <input type="checkbox"/> Watch movies      | <input type="checkbox"/> Go out to eat            |
| <input type="checkbox"/> Exercise/workout     | <input type="checkbox"/> Do crafts         | <input type="checkbox"/> Hang out with friends    |
| <input type="checkbox"/> Outdoor activities   | <input type="checkbox"/> Read              | <input type="checkbox"/> Go to concerts           |
| <input type="checkbox"/> Watch sports         | <input type="checkbox"/> Watch TV          | <input type="checkbox"/> Listen to music          |
| <input type="checkbox"/> Go for a walk        | <input type="checkbox"/> Dance             | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Play sports          | <input type="checkbox"/> Cook              |   |

I, the below signed, understand that if I am selected for the SEED Program, I am expected to participate fully in the bridge program scheduled July at the Lehigh Carbon Community College campuses located in Schnecksville. I further understand that I will be responsible for my own transportation to and from all SEED-related activities and programming.

---

Signature

---

Date (mm/dd/yyyy)





### **Directions for Response Section of SEED Application**

Application responses can be typed into the boxes in this PDF form, saved and emailed back to [MMitchell@LCCC.edu](mailto:MMitchell@LCCC.edu).

Otherwise, all Application responses must be legible and submitted on 8 1/2" by 11" paper, and either type written (12 point and double spaced) or hand printed in ink on lined paper. Questions may be answered on the same or multiple pages. Include your name on each page and include the question before each response.

#### Criteria for Evaluation

1. Goals and interests expressed are aligned with the objectives of the SEED Program.
2. Each essay responds to the related question, is focused and demonstrates the writer's desire and qualifications to move forward in the SEED selection process.
3. The writer supports his or her responses with examples or well-developed reasoning.
4. The writer organizes ideas.
5. Conventions of grammar, spelling and punctuation are demonstrated.

**Completed application should be:** hand deliver or mail to Michelle Mitchell, Educational Support Services, SH 150, 4525 Education Park Drive, Schnecksville PA 18078; or e-mail to [MMitchell@LCCC.edu](mailto:MMitchell@LCCC.edu)