



## Houston Community College



Vocational Advancement and Social Skills Training

### Admissions Checklist

1. Apply for Admissions at [www.hccs.edu](http://www.hccs.edu) and get your official Student I.D. number by completing the Semester Credit and Non Credit Applications (**Please record the student ID number**)
2. Complete the VAST Academy Application.
3. **Apply for Financial Aid (FAFSA) through:**  
<https://studentaid.gov/h/apply-for-aid/fafsa>  
  
**HCC Financial Aid Information**  
<https://www.hccs.edu/applying-and-paying/financial-aid/apply-for-financial-aid/>
4. All students applying for Financial Aid must also fill out the ApplyTexas.org application to have funds disbursed.
5. **Submit all “required” paperwork to contact information located below.**
  - a. Submit completed VAST Application
  - b. Submit two (2) Letters of Recommendation (included in packet)
  - c. Submit Parent Questionnaire (included in packet)
  - d. Submit acceptable documentation of your disability: psychological evaluation, official ARD/IEP and Final Evaluation (FIE).
  - e. Official Submit High School Transcript
  - f. Meningitis Shot record
6. Please contact your campus program manager/director to schedule your TABE placement and intake interview.

If you have any questions contact Barbara Fields, Director of Admissions/Counseling.

Central and Online Cohort

Barbara Fields, 1301 Alabama Ste 101-C Houston, TX 77004 [barbara.fields@hccs.edu](mailto:barbara.fields@hccs.edu),  
713-718-5194

Spring Branch

Dina Webster, 1010 W. Sam Houston Pkwy N, Houston TX 77043, [dina.webster@hccs.edu](mailto:dina.webster@hccs.edu),  
713-718-5034

Stafford

Francine Melton-Bryant, 10041 Cash Rd., Stafford, TX 77477, [francine.meltonbryant@hccs.edu](mailto:francine.meltonbryant@hccs.edu),  
713-718-6002



# VAST Academy Application

TO BE COMPLETED BY PARENT/GUARDIAN

## Vocational Advancement and Social Skills Training

<b>TERM:</b> Fall _____ Spring _____ Summer _____ Summer Camp _____		
<b>Applicant Name: (Last, First)</b>		<b>ID#:</b>
<b>Address:</b>		<b>City:</b>
		<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Number:</b>	<b>E-Mail (Required):</b>
<b>Date of Birth:</b>	<b>SS#:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity (required)</b>		<b>Race (required)</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino (Race required)		<input type="checkbox"/> Asian <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Other: _____
<b>DISABILITY (IES): (CHECK ALL THAT APPLY)</b>		
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Autism	<input type="checkbox"/> ADHD	<input type="checkbox"/> Hearing Impaired
<input type="checkbox"/> Other Health Impaired	<input type="checkbox"/> Speech or Language Impaired	<input type="checkbox"/> Other: _____
<b>TRANSPORTATION TO HCC</b>		
<b>Please identify how you will get to HCC:</b>		
<input type="checkbox"/> Metro	<input type="checkbox"/> Drive (self)	<input type="checkbox"/> Family Member
<input type="checkbox"/> Other: _____		
<b>APPLICANT BENEFITS</b>		
<b>What type of benefits is the applicant receiving? (Check all that apply)</b>		
<input type="checkbox"/> NONE	<input type="checkbox"/> SSDI (Social Security Disability Insurance)	<input type="checkbox"/> TANF (Temporary Assistance to Needy Families)
<input type="checkbox"/> SSI (Supplemental Security Income )	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Other Specify: _____
<b>TEXAS WORKFORCE, OR OTHER PROGRAM INFORMATION</b>		
<b>Client Name:</b>		
<b>Counselor:</b>	<b>Phone:</b>	
<b>Office Location</b>	<b>Fax:</b>	

EDUCATION			
High School:		Graduation Year:	
Type of Special Education Program: (Please Specify)			
<input type="checkbox"/> Life Skills		<input type="checkbox"/> Partially included in Regular Education	<input type="checkbox"/> Mainstreamed to Regular Classes
Type of Diploma Obtained:		Type of State Assessment test taken in HS:	
<input type="checkbox"/> Certificate of Completion		<input type="checkbox"/> TAKS	<input type="checkbox"/> STAAR
<input type="checkbox"/> Modified or Special Diploma		<input type="checkbox"/> Regular	<input type="checkbox"/> Regular
<input type="checkbox"/> Standard Diploma		<input type="checkbox"/> Modified	<input type="checkbox"/> Modified
		<input type="checkbox"/> Alternate	<input type="checkbox"/> Alternate
		<input type="checkbox"/> Waived	<input type="checkbox"/> Waived
WORK HISTORY			
Has the applicant worked before?		Has the applicant participated in any unpaid volunteer experiences?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please Specify: _____		Please Specify: _____	
Is applicant currently employed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN INFORMATION			
Full Name:	Phone:	Full Name:	Phone:
Employer:	Employer:		
E-mail address:		E-mail address:	
EMERGENCY CONTACT/ MEDICAL INFORMATION			
Name:	Relationship:	Phone:	
Name of Physician:		Phone:	
Preferred Hospital:		Insurance:	
Medical Condition(s): Please list any medications that may affect emergency treatment. Are there symptoms or side effects from medication that staff should be alerted to?			
_____			
_____			

Are you the Legal Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature (guardian): \_\_\_\_\_

Must provide Documentation if Legal Guardian.

Signature (student): \_\_\_\_\_

# VAST Academy

## Admission Recommendation Form



Your answers will help us determine the applicant's suitability for VAST and will help us better serve the student if accepted for admission.

<b>Applicants Name:</b>		<b>Date:</b>	
<b>Your Name:</b>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email:</b>		
<b>Organization:</b>	<b>How long have you known the applicant, and in what capacity?</b>		
<b>Please describe where you interacted with the applicant. Give details about specific tasks, amount of time, and frequency. (If more space is needed, please use back of the page.)</b>			
<i>"All that I can, I will"</i>			

**Please send recommendation forms to the campus the student is applying to:**

Central and Online Cohort  
 Barbara Fields, 1301 Alabama Ste 101-C Houston, TX 77004 [barbara.fields@hccs.edu](mailto:barbara.fields@hccs.edu),  
 713-718-5194

Spring Branch  
 Dina Webster, 1010 W. Sam Houston Pkwy N, Houston TX 77043, [dina.webster@hccs.edu](mailto:dina.webster@hccs.edu),  
 713-718-5034

Stafford  
 Francine Melton-Bryant, 10041 Cash Rd, Stafford, TX 77477, [francine.meltonbryant@hccs.edu](mailto:francine.meltonbryant@hccs.edu),  
 713-718-6002

Please rate the applicant on the following characteristics on a scale of one to five. Enter ratings **ONLY** under the categories to which you feel qualified to respond.

		Never			Always	
		1	2	3	4	5
<b>Work</b>						
	Arrives on time and is ready to work					
	Work is completed and handed in on time					
	Takes turn listening and participating					
	Is motivated to complete work and participates in class activities					
	Begins work when directed					
	Prioritizes and completes tasks within a time period					
	Participates in a large group discussion					
	Able to complete a task using written directions					
	Requires assistance to stay on task					
<b>Emotional</b>						
	Respectful of authority					
	Has difficulty handling tough situations					
	Applies expected behavior to certain situations					
	Accepts criticism responsibly					
	Makes everyday decisions using good judgment					
	Can cope with stress					
	Respectfully asks for assistance					
<b>Social</b>						
	Works well with peers					
	Works well independently					
	Adequately follows verbal directions					
	Works well with teachers					
	Open minded and respectful to authority figures					
	Open minded and respectful of peers					
	Works well in a group using give and take					
	Requires assistance to stay on task during a group activity					
	Works hard as a group member to meet requirements					

**VAST Academy  
Recommendation Form**

**Please explain areas in which the applicant will have difficulty.**

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**Why should this applicant be accepted in VAST Academy?**

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**Please share any other information that will assist us in making a decision for admission.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# VAST Academy

## Admission Recommendation Form



Your answers will help us determine the applicant's suitability for VAST and will help us better serve the student if accepted for admission.

<b>Applicants Name:</b>		<b>Date:</b>	
<b>Your Name:</b>	<b>Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>Email:</b>		
<b>Organization:</b>	<b>How long have you known the applicant, and in what capacity?</b>		
<b>Please describe where you interacted with the applicant. Give details about specific tasks, amount of time, and frequency. (If more space is needed, please use back of the page.)</b>			
<b>Please mail recommendation to:</b>			
<i>"All that I can, I will"</i>			

**Please send recommendation forms to the campus the student is applying to:**

Central and Online Cohort

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**VAST Academy  
Recommendation Form**



**Please explain areas in which the applicant will have difficulty.**

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**Why should this applicant be accepted in VAST Academy?**

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**Please share any other information that will assist us in making a decision for admission.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DOCUMENTATION OF MEDICATION**

**Date/:** \_\_\_\_\_

I understand that providing this information is voluntary and will only be used to assist Houston Community College in providing appropriate services.

I **do / do not** give permission to keep this information in my student file for use in emergencies.

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Medication</b>	<b>Dose</b>	<b>Frequency</b>	<b>Purpose</b>

\_\_\_\_\_  
**Counselor Initials**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
**Date**



VAST Academy

Department of Occupational Life Skills

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## ***Parent Questionnaire***

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Why are you interested in VAST Academy for your child?** \_\_\_\_\_

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**What are your expectations from the VAST Academy for your child?** \_\_\_\_\_

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**Describe your child's previous school experiences.** \_\_\_\_\_

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**Describe your child's social outlets/hobbies/interest (clubs, sports, church, etc).** \_\_\_\_\_

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**How did you hear about the Houston Community College VAST Academy?** \_\_\_\_\_

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# EVACUATION ASSISTANCE REGISTRY

For Fire and Emergency Evacuation Planning:

**BUILDING:** \_\_\_\_\_ **COLLEGE:** \_\_\_\_\_

**Employee**

**Student**

[STUDENT MUST COMPLETE A NEW FORM FOR EACH ENROLLMENT TERM]

Name: \_\_\_\_\_ Employee/Student ID No. \_\_\_\_\_

**Class Schedule in Building (students)**

Room No.	Location/Building	Course	Days	Time	Instructor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Briefly describe assistance required.

\_\_\_\_\_

What planning (if any) have you undertaken for an emergency event occurring at this location?

\_\_\_\_\_

Describe any special procedure or equipment necessary during an anticipated emergency event:

\_\_\_\_\_

Primary Emergency Assistance Contact Person NOT at Location:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

This information will be maintained by the HCCS Police Communication Center and incorporated into the Fire Safety Plans at the named building. Routing as outlined in Fire Plan, Section Two "Assisting the Mobility Impaired."

One information sheet for each building you anticipate occupying during scheduled periods. This information is voluntarily for public safety use at the above location. Information may be distributed as necessary to fire safety team members and emergency responders.

Submit: EMPLOYEE form to HCC Safety Dept., MC-1113(responsible for distribution) **STUDENT form to respective College Disability Support Services Counselors (responsible for distribution)**



**Authorization to Release Information  
FERPA Release Form**

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student I.D. Number

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Houston Community College to disclose the information specified below to the following individual(s) or agency (ies): The student authorizing the release of his/her educational records must sign & present this form to the appropriate office with a photo ID to verify authenticity of this release.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Check the box below to indicate which records you wish to make available:**

**All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

**All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule documentation contained in the academic records).

**All Student Account Records** (records include: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

**Instructor/Classroom Records** (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

**All College Records**

**Other** (Please Specify) \_\_\_\_\_  
**Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.**

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Department(s) identified above.

\_\_\_\_\_  
Student Signature  
Updated 7/23

\_\_\_\_\_  
Date

## Family Education Rights and Privacy Act of 1974 (FERPA) Acknowledgement

The Family Education Rights and Privacy Act of 1974 (FERPA) is to afford certain rights to students concerning their educational records. The primary rights afforded are the right to inspect and review the educational records, the right to seek to have the records amended, and the right to have some control over the disclosure of information from the records.

HCC considers name, address, telephone, date of birth, degree earned and dates, major field of study, dates of attendance, number of hours completed and in progress, enrollment status, student classification, and name of most recent institution attended as directory information. This is the information that can be given out to anyone making a request, provided that the student has not requested confidentiality holds.

When a student reaches the age of 18 **or begins attending a postsecondary institution regardless of age**, FERPA rights transfer to the student. Parents may obtain only directory information as defined by the college. Parents may obtain non-directory information (grades, gpa, etc.) only at the discretion of the institution AND after it has been determined that their child is legally their dependent. **Parents may also obtain non-directory information by obtaining a signed consent from their child or having a subpoena issued upon the institution.**

**Please note: Instructors are not required to provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student.**

Faculty and staff as employees of Houston Community College have a responsibility to protect all educational records in their possession. These include any computer printouts in their office, class lists on paper or on a computer desktop, computer display screen and notes taken during any kind of advising session with a student.

For any questions regarding release of student information, please call the District Registrar's Office at 713-718-8505.

Acknowledgments:

\_\_\_\_\_  
Student:

\_\_\_\_\_  
Date:

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

\_\_\_\_\_  
Date:



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## VIDEOTAPE, PHOTOGRAPHIC, PRINT AND AUDIO RELEASE FORM

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I, the model, hereby grant Houston Community College permission to make still photographs, video tapes, audio recordings and/or use of verbal quotes from me. I also give Houston Community College permission to use these completed audiovisual and print products for Houston Community College promotional purposes without compensation or remuneration to me in any manner; in like and related regard, HCC will not charge or assess me any fees or service charges for my voluntary participation in this audiovisual product production.

Further, I relinquish and give to the Houston Community College all rights, title and interest, if any, I may have in the completed video tapes, still photographs or audio recordings, negative, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print. Witness our hands and concurrence to the above terms:

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*Signature (Model)*

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*Address*

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*Signature of Parent/Guardian if Minor*

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*Phone*

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*Date*

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*Signature (HCC Public Relations Director)*