



Program Application

2025-2026

LSUA SPERO
Office of Academic Affairs
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302

SPERO Application Instructions

Applications must be received, in person, by MARCH 28, 2025; Please do not mail. You will receive notification by phone call or email regarding whether or not you are granted an interview. The admissions team will begin scheduling interviews for those who qualify as we receive applications. If selected, the applicant and their parents/guardians will be required to attend a two-hour interview on campus. Program acceptance letters will be sent by March. Please do not call about the status of an application, as we will not be able to provide this information. A limited number of students are accepted. An interview does not guarantee acceptance into the program.

All information provided by applicants is confidential and will not be shared with any outside agencies unless written agreement is provided by those completing the application. Application information will not be returned or duplicated for any purposes. All data and information gathered during the application and interview process will remain as property of LSUA SPERO and will not be distributed for any purposes.

SPERO Program Admissions Criteria

1. Applicant must be between the ages of **18-28 upon admission** to the program.
2. Applicant **must have an identified intellectual disability- Mild, moderate, severe, or profound; IQ of 69 or below.**
3. Applicant **must have completed high school with a regular diploma, career diploma, or certificate of achievement.**
4. Applicant **must have enough emotional stability and self-motivation to attend classes, get along with their fellow students, participate in campus life, and adhere to program policies.**
5. Applicant **must display appropriate university and classroom behavior.** **Note:** SPERO cannot admit applicants who have had behavior plans addressed through IEPs in High School.
6. Applicant **must have no current disruptive or aggressive behaviors.** Applicants who have a record of past disruptive or aggressive behaviors must submit a clearance letter from a licensed psychologist, psychiatrist, or behavior analyst. The letter must verify that the past behaviors have ceased and will not, as far as can be reasonably ascertained, reoccur during the student's participation in the program. **Note:** LSUA SPERO does not have personnel available to manage behavioral issues.
7. Applicant **must be independent in handling his or her own medication, specialized dietary needs, and/or medical needs.** **Note:** LSUA SPERO takes no responsibility for specialized diets or medical needs.
8. Applicant **must possess basic math/counting skills, including the ability to use a calculator; basic reading and writing skills; and basic computer skills.**
9. Applicant **must possess basic self-care skills;** such as toileting, eating, dressing, and personal hygiene.
10. Applicant **must demonstrate a commitment to work and a desire for personal independence.**
11. Applicant must be able to **participate in a personal interview without prompting** from parent or guardian.
12. Applicant **must provide the following documents: Completed Program Application; Copy of State Issued Identification; Copy of High School Exit Document; Copy of Official Medical Diagnosis showing intellectual disability; Copy of Individualized Education Plan (IEP) and/or Educational Evaluation that includes most recent cognitive, adaptive, and achievement scores or Psychological Evaluation that includes cognitive, achievement, and adaptive living scores; and, if applicable, clearance letter from licensed psychologist, psychiatrist, or behavior analyst regarding past disruptive or aggressive behaviors.**
13. Applicant **must have the potential to achieve his/her goals within the context of the LSUA SPERO setting.**

Required Application Documents

Please submit application in order of the list below:

1. **Copy of State Issued Identification** (must include photograph)
2. **Copy of Official Medical Diagnosis showing *intellectual disability***; and if applicable, Psychological Evaluation that includes cognitive, achievement, and adaptive living scores; and, if applicable, clearance letter from licensed psychologist, psychiatrist, or behavior analyst regarding past disruptive or aggressive behaviors.
3. **Copy of High School Exit Document** for high school graduates; **or a letter from school official** providing applicant's expected graduation date.
4. **All Completed Application Forms**
5. **Copy of Individualized Education Plan (IEP) or Educational Evaluation** that includes most recent cognitive, adaptive, and achievement scores or Psychological Evaluation that includes cognitive, achievement, and adaptive living scores
6. **Three Completed Recommendation Forms (envelope sealed and signed)**

Note: Applications will not be considered until **ALL** requested information is received.

Please submit completed application **by hand to the following address by **December 13, 2024**:**

LSUA SPERO
Office of Academic Affairs
Louisiana State University at Alexandria
Mulder Hall, Room 130
8100 Highway 71 South
Alexandria, LA 71302

Applicant Information

First Name:	Middle:	Last:
DOB:	SSN#:	Applicant's Phone Number:
Address:		
City:	State:	ZIP Code:
Applicant's Email Address:		

***Your SSN is confidential and will not be disclosed to unauthorized parties.**

Applicant receives support from the following: (please check all that apply)

- ☐ Vocational Rehabilitation Services/ Louisiana Rehabilitation Services
- ☐ Occupational or Physical Therapy
- ☐ Speech Therapy
- ☐ Supplemental Security Income
- ☐ Division of Developmental Disabilities
- ☐ Counseling Services
- ☐ Speech/Hearing Services
- ☐ Medical Assistance
- ☐ Other:

Applicant Legal Information (check that which applies):

- ☐ Minor
- ☐ Competent Major
- ☐ Interdicted
- ☐ Representation and Mandate (formerly known as Power of Attorney)
- ☐ Continuing Tutorship
- ☐ Other:

Applicant lives with: _____

Release and Exchange of Information

LSUA SPERO staff may need to obtain additional information about you from school districts and personnel. In addition, staff may also exchange personal information about you with LSUA faculty and staff in order to provide and enhance educational opportunities for you. This exchange will occur only with your written permission, as given below, and with the understanding information will only be shared for the purpose of accommodation and academic progress.

I (name), _____, give permission to exchange information about me with the offices/individuals indicated below:

1. School Districts
2. School Personnel
3. Department of Vocational Rehabilitation Office
4. Department of Disability and Special Needs Office
5. Admissions Office
6. Student Affairs
7. Course Instructors
8. Financial Aid Office
9. University Police
10. Health Center
11. Counseling Services
12. Parents/Guardians
13. Registrar's Office
14. Mentor
15. Other

Applicant's Signature: _____

Date: _____

Parent/ Guardian Information

Primary Parent/Guardian		
First Name:	Last Name:	
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	
Secondary Parent/Guardian Information		
First Name:	Last Name:	
Address:		
City:	State:	ZIP Code:
Email Address:		
Occupation/Employer:		
Cell Phone:	Home Phone:	
Non- Guardian Emergency Contact #1		
First Name:	Last Name:	
Relationship:	Phone Number:	
Non- Guardian Emergency Contact #2		
First Name:	Last Name:	
Relationship:	Phone Number:	

Medical History

Completed by (parent/guardian)

Name: _____

Please provide a full description of applicant's medical history, including official disability diagnosis(es):

Please list any significant medical or physical conditions which may affect the applicant's participation in academic and recreational University activities:

Please list *all* medications taken and their purpose:

Please detail any other medical information that you consider would be important regarding the applicant's participation in LSUA SPERO:

Educational History

High School(s)	City, State	Years Attended	Reason for Leaving

The applicant received a certificate or diploma from high school? YES or N/A

- Name of certificate received:
- Date Received:
- Received from:

OR

Has no yet graduated ☐

- Name of certificate to be received:
- Date to be received:
- School received from:

Applicant's Academic Strengths

Applicant's Academic Weaknesses

Employment History

Paid Work Experience OR N/A <input type="radio"/>				
Place of Employment	Responsibilities	Reason for Leaving	Employment Dates	Supervisor Contact
				Name: Phone:
				Name: Phone
				Name: Phone:
Volunteer Experience OR N/A <input type="radio"/>				
Place of Volunteering	Responsibilities	Reason for Leaving	Volunteer Dates	Supervisor Contact
				Name: Phone:
				Name: Phone
				Name: Phone

Applicant Personal Support Inventory

COMPLETED BY (PARENT/GUARDIAN); Name: _____

Academic Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent		
Understanding the value of money						
Handles money to make purchases						
Counting bills, change						
Staying within a budget						
Using a computer for word processing						
Navigating the Internet						
Following verbal directions						
Following written directions						
Keeping up with due dates and assignments						
Studying given information						
Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent		
Finding way around a new environment						
Following a schedule						
Managing personal belongings						
Ordering and purchasing from a restaurant						
Finding items in a store						
Taking public transportation (Uber, bus, etc)						
Use of good judgment skills in an emergency						
Adjusting to new situations or environments						
Caring for personal hygiene and grooming needs						
Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent		
Communicating needs appropriately						
Asking for help or clarification						
Dealing with conflict						
Distinguishing between friends and strangers						
Interacting appropriately with peers						
Respecting authority figures						
Using cell phones						
Verbalizing and/or writing personal information						
Writing Skills (Check all that apply)						
<input type="checkbox"/> No functional reading	<input type="checkbox"/> Writes name	<input type="checkbox"/> Writes/copies all letters				
<input type="checkbox"/> Writes complete words	<input type="checkbox"/> Writes short sentences	<input type="checkbox"/> Correctly uses punctuation				
<input type="checkbox"/> Drafts, Edits, revises						
Reading and Comprehension Skills (Check all that apply)						
<input type="checkbox"/> No functional reading	<input type="checkbox"/> Identifies letters	<input type="checkbox"/> Recognizes familiar words				
<input type="checkbox"/> Reads short stories	<input type="checkbox"/> Reads chapter books	<input type="checkbox"/> Reads books silently				
<input type="checkbox"/> Recall/comprehend any of the above:						
<input type="checkbox"/> Approximate Reading Grade Level:						

Math Skills (Check all that apply)	
<input type="checkbox"/> No functional mathematics skills	<input type="checkbox"/> Solves simple programs with calculator
<input type="checkbox"/> Solves simple addition programs without calculator	
<input type="checkbox"/> Solves simple subtraction problems without calculator	
<input type="checkbox"/> Solves simple multiplication problems without calculator	
<input type="checkbox"/> Solves simple division problems without calculator	

Has the applicant used assistive technology (voice recorder, cell phones, talk to text, etc.)? ☐ Yes ☐ No

If yes, what technology has the application used? _____

What words would you use to describe the applicant? How would you describe the applicant's personality?

What do you consider are the applicant's strengths and challenges socially?

What do you consider are the applicant's strengths and challenges academically?

What do you consider are the applicant's strengths and challenges during daily living?

Graff Parent Readiness Scale (GPRS)

This scale helps determine the families' readiness for the student with an intellectual and/or developmental disability to attend a post-secondary program. **Please circle the family/guardian's response.**

1. **I expect to know everything my students does at the university.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
2. **I expect one-on-one support all day.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
3. **I worry about my student talking to other students unsupervised.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
4. **I worry about my student crossing the street.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
5. **I need to know the homework assignment for each class.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
6. **I need to know the calendar of activities offered to my student.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
7. **I would like to speak with my student's support staff.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
8. **I would like to attend classes to see my student interact with others.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
9. **I trust my student's judgment.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
10. **I trust my student's ability to handle small sums of money.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
11. **I know my student, with support, will develop friendships.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
12. **I know my student, with support, will try new opportunities.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
13. **My student has the ability to handle frustration.**
Strongly Agree 1 2 3 4 5 Strongly Disagree

14. **My student has the ability to seek assistance.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. **Often, I am in contact with my students more than 3 times a day.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. **Often, I am telling my student what to do and say.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. **I check up on my student.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. **I check to see if my student has the correct facts.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. **I believe that I know what is best for my student.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. **I believe a postsecondary education is important for my student.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. **I feel that my student knows what is best for him or herself.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. **I feel that my student wants to attend the university.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. **My student will live independent of our family after graduation.**
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. **My student will have meaningful employment after graduation.**
Strongly Agree 1 2 3 4 5 Strongly Disagree

Applicant Questionnaire

Note: This section is to be **HAND-WRITTEN BY APPLICANT** and may include additional pages.

Why do you want to be considered for LSUA SPERO?

What kind of jobs are you interested in after you leave high school or college?

What do you like to do in your free time?

Do you use social media? (Examples: Facebook, Snapchat, Instagram, Tik Tok)

What are your favorite types of music and/or singer(s)?

Do you spend time with friends outside of school? ☐ Yes ☐ No

If yes, what do you like to do with your friends?

DESCRIBE WHAT SKILLS THAT YOU WOULD LIKE TO LEARN IN EACH OF THE FOLLOWING AREAS:

Daily Living Skills:

Social Skills:

Employment Skills:

Academics:

SPERO CODE OF CONDUCT

All SPERO students will be expected to abide by the student code of conduct as outlined, https://www.lsua.edu/docs/default-source/default-document-library/student-handbook-2023-2024.pdf?sfvrsn=54a58b01_2. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

As a student in the SPERO Program, I understand that I must follow the rules state below:

- Student phones are to remain turned off and in their backpack during class and work hours.
- Students must be on time for class and work.
- Students must inform a SPERO staff member any time that they will be leaving campus.
- Students are expected to stay on campus at all times, unless a SPERO staff member is with them.
- Students are not allowed to smoke, drink alcohol, or vape while participating as a SPERO student.
- Students are expected to be honest and respect all SPERO staff and other students.
- No food or drink is permitted during class or work hours, unless approved by a SPERO staff member.
- Students must use positive language when speaking on campus.
- SPERO reserves the right to change or add rules as deemed necessary by SPERO staff.

SPERO BEHAVIOR CONTRACT

I, _____, agree to adhere to the following rules and policies in order to remain a student in the SPERO program.

Please put your initials next to the policies.

The policies are as follows:

_____ I understand that I am expected to follow all SPERO program rules indicated in the SPERO Code of Conduct and Handbook.

_____ I understand that I need to maintain appropriate boundaries with SPERO staff and students. This includes, but not limited to, keeping my hands to myself at all times, maintaining appropriate communication with staff and students, and being respectful in my actions and in my words.

_____ I understand that inappropriate or offensive language, either written, spoken, or through technology, will not be tolerated.

_____ I understand that I must follow the appropriate hierarchy of the chain of command, for any concerns or questions.

_____ Upon any infraction of the rules, and this contract, SPERO may exercise its right to immediately and permanently dismiss me, the student, from the program.

Applicant's Signature

Date

SPERO Applicant Recommendation Form

Recommendation for (applicant's name): _____

The individual named is applying for admission to LSUA SPERO, an inclusive postsecondary education program for students with identified intellectual disabilities. The program is open to young people between the ages of 18 and 28 and have completed high school with a high-school diploma, career diploma, or equivalent. They audit some college-level classes; take classes designed to improve daily living, interpersonal and employment skills; participate in on-campus events and activities; and receive vocational training. Students who complete the program will receive help in finding gainful employment.

Applicants considered for admission to the program should have a desire to continue their educational journey and become more independent and possess the emotional maturity needed to successfully attend classes, work, and social events on a college campus.

Please keep the above information in mind as you complete the Recommendation Form. Attach any additional pages as needed. Once completed, return the recommendation form to the applicant in a sealed envelope with your signature across the flap. The applicant has agreed to waive their access to your recommendation as part of the application process. If you have any questions, please contact LSUA SPERO at bsoden@lsua.edu.

First Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Relationship:			
Email:		Phone Number:	
Signature:			

How long have you known the applicant and in what capacity?

Please describe whether you think the applicant would benefit from enrollment in the LSUA SPERO program and why.

Please describe the strengths and challenges of the applicant and how you think they might impact his or her participation in the LSUA SPERO program?

Please estimate whether the parent/guardian/family of this applicant will support the philosophy and goals of the LSUA SPERO program? ☐ Unlikely ☐ Likely ☐ Quite Likely ☐ Very Likely

SPERO Applicant Recommendation Inventory Form

Please complete the following inventory to the best of your knowledge. For areas unrelated to your knowledge of the applicant, please mark the N/A column.

Academic Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	N/A
Understanding the value of money					
Handles money to make purchases					
Counting bills, change					
Staying within a budget					
Using a computer for word processing					
Navigating the Internet					
Following verbal directions					
Following written directions					
Keeping up with due dates and assignments					
Studying given information					
Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	N/A
Finding way around a new environment					
Following a schedule					
Managing personal belongings					
Ordering and purchasing from a restaurant					
Finding items in a store					
Taking public transportation					
Use of good judgment skills in an emergency					
Adjusting to new situations or environments					
Caring for personal hygiene and grooming needs					
Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent	N/A
Communicating needs appropriately					
Asking for help or clarification					
Dealing with conflict					
Distinguishing between friends and strangers					
Interacting appropriately with peers					
Respecting authority figures					
Using cell phones					
Verbalizing and/or writing personal information					