# Florida Postsecondary Comprehensive Transition Program (FPCTP) Application

# Application for RENEWAL as a FPCTP

# Effective MARCH 1, 2020

### Section 1: Institutional Information and Contacts

1. Name of institution submitting this FPCTP application:
2. Institution type:

\_\_\_\_\_ University within Florida State University System

\_\_\_\_\_ College within Florida College System

\_\_\_\_\_ Career center (technical college)

\_\_\_\_\_ Charter technical career center

\_\_\_\_\_ Independent college

\_\_\_\_\_ Independent university

1. Primary program contact:
2. Name:
3. Email address:
4. Telephone number:
5. Fax number:
6. Mailing address:
7. Institution’s president or executive director (e.g., CEO, superintendent) supporting this application and certifying that the program has been approved by the institution’s governing board:
8. Name:
9. Email address:
10. Telephone number:
11. Fax number:
12. Mailing address:
13. Individual other than the primary program contact authorized by the institution to submit this application (if applicable):
14. Name:
15. Email address:
16. Telephone number:
17. Fax number:
18. Mailing address:

### Section 1A: Program History

1. **Summary of program changes** – Describe any changes you are planning for the FPCTP and provide the rationale for making these changes.
2. **Summary of evaluation data and student outcomes** – Describe the outcomes experienced by your FPCTP students during your initial three-year program. What proportion of your students made SAP, completed their programs, participated in work experiences and internships, achieved employment, etc.? Your summary of evaluation findings and student outcomes should provide support for any program changes, such as enhancements, expansion, and or improvements.

### Section 2: Student Eligibility and Admission

1. Describe how students with intellectual disabilities are/will be **recruited** to enroll in the proposed FPCTP.
2. Describe the process through which student **eligibility will be verified**, including the documentation used to determine eligibility:
3. Process and documentation to determine eligibility:
4. Name and title of individual (or group) who makes eligibility determination:
5. Describe how the final decision to *admit* students with intellectual disabilities to the FPCTP will be made:
6. Criteria used to make admission decision:
7. Name and title of individual (or group) who makes the final admission decision:
8. Maximum number of students the program expects to serve each year:

### Section 3: Assessment and Advising

1. Describe how **assessments** of students’ interests, skills, and needs are:
2. Conducted
3. Used to identify a student’s targeted “program of study”
4. Used to develop his/her “program of study”
5. Describe the program’s **advising structure**.

### Section 4: Program Description

1. Proposed Florida Postsecondary Comprehensive Transition Program (FPCTP) name:
2. Enter the number of students:

\_\_\_\_\_ Enrolled in your existing program in the current year

\_\_\_\_\_ Number of students projected to enroll in your program next year

\_\_\_\_\_ Number of students projected to enroll in your program the year after that

1. The FPCTP Act requires that students attend the FPCTP no less than on a half-time basis.

a. How is *half-time basis* defined at the institution?

b. How do students enrolled in the program meet the requirement “to participate on not less than a half-time basis”?

1. In which college, department, administrative unit, or other institutional component will the FPCTP “live” at the institution? That is, in what area of the institution will the FPCTP be “housed?”

OPTIONS – CHOOSE ONLY 1

For whatever one is checked, open a text box to identify the unit/explain the selection

\_\_\_\_\_ Academic unit (e.g., college, department, etc.)

\_\_\_\_\_ Continuing education

\_\_\_\_\_ Administrative unit other than academic unit or continuing education (e.g., student services)

\_\_\_\_ School district unit

\_\_\_\_\_ Other

1. Provide a general summary – like an abstract – of the proposed FPCTP:
2. Which of the following best describes how the FPCTP will be “organized” at the institution? (CHOOSE ONLY ONE)

**QUESTION 6 OPTION 1**

\_\_\_\_\_ A specific program, that DOES NOT INCLUDE multiple concentrations or tracks, developed to meet the needs of eligible students with intellectual disabilities with a curriculum, services, and supports to facilitate student completion.

*COMPLETE THE FOLLOWING:*

a. What honor/endorsement/degree will the institution award to students upon completion of this FCPCTP? ***Note – this primary credential should be something that conveys to employers that students who complete the FPCTP possess a specific set of competencies associated with successful employment.***

1. Name of the general honor/endorsement/degree:

2. Describe the general honor/endorsement/degree:

b. Indicate the **length of time** needed to complete the FPCTP (expressed as terms/semesters, or years):

c. Indicate the UNIT of time:

OPTIONS

\_\_\_\_\_ Terms/semesters

\_\_\_\_\_ Years

\_\_\_\_\_ Other DESCRIBE

d. Indicate the **number of hours or credits** needed to complete the FPCTP:

e. Indicate whether hours, credits, or other:

OPTIONS

\_\_\_\_\_ Hours

\_\_\_\_\_ Credits

\_\_\_\_\_ Other DESCRIBE:

1. Is there more than one level or benchmark within the FPCTP at which students may exit?

Yes or No

If yes, describe the levels or benchmarks:

1. Do students enrolled in the FPCTP have opportunities to earn an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the industry-recognized certificate or certification(s):

Name another industry-recognized certificate or certification(s):

Name another, etc.

1. Do students enrolled in the FPCTP have opportunities to earn micro-credentials/badges(s) other than an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the micro-credentials/badges(s)

Name another

Name another

**QUESTION 6 OPTION 2**

\_\_\_\_\_ A specific program, that INCLUDES more than one concentration or track, developed to meet the needs of eligible students with intellectual disabilities with a curriculum, services, and supports to facilitate student completion.

*COMPLETE THE FOLLOWING:*

a. What general honor/endorsement/degree will the institution award to FPCTP students upon completion of this program? ***Note – this primary credential should be something that conveys to employers that students who complete the FPCTP possess a specific set of competencies associated with successful employment.***

1. Name of the general honor/endorsement/degree:

2. Describe the general honor/endorsement/degree:

b. Indicate the **length of time** needed to complete the FPCTP (expressed as terms/semesters, or years):

c. Indicate the UNIT of time:

OPTIONS

\_\_\_\_\_ Terms/semesters

\_\_\_\_\_ Years

\_\_\_\_\_ Other DESCRIBE

d. Indicate the **number of hours or credits** needed to complete the FPCTP:

e. Indicate whether hours, credits, or other:

OPTIONS

\_\_\_\_\_ Hours

\_\_\_\_\_ Credits

\_\_\_\_\_ Other DESCRIBE

f. Is there more than one level or benchmark within the FPCTP at which students may exit?

Yes or No

If yes, describe the levels or benchmarks:

g. Do students enrolled in the FPCTP have opportunities to earn an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the industry-recognized certificate or certification(s):

Name another industry-recognized certificate or certification(s):

Name another, etc.

h. Do students enrolled in the FPCTP have opportunities to earn micro- credentials/badges(s) other than an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the micro credentials/badges(s)

Name another

Name another

i. Identify the **concentrations** or **tracks** available for students in this FPCTP:

**ADD A CONCENTRATION/TRACK**

**FOR EACH CONCENTRATION/TRACK**

1. Name of the concentration/track

2. Will the institution award a credential, other than the general FPCTP credential, to students upon completion of this concentration/track?

Yes or no

IF YES

a. Name of credential:

b. Describe the credential:

3. The time to complete this concentration/track is (select one)

\_\_\_\_ Included in or the same as the time specified for the overall FPCTP? **SKIP TO 8**

\_\_\_\_ In addition to the time specified for the overall FPCTP?

4. Indicate the **length of time** needed to complete the concentration/track (expressed as terms/semesters, or years):

5. Indicate the UNIT of time:

OPTIONS

\_\_\_\_\_ Terms/semesters

\_\_\_\_\_ Years

\_\_\_\_\_ Other DESCRIBE

6. Indicate the **number of hours or credits** needed to complete the concentration/track:

7. Indicate whether hours, credits, or other:

OPTIONS

\_\_\_\_\_ Hours

\_\_\_\_\_ Credits

\_\_\_\_\_ Other DESCRIBE

8. Is there more than one level or benchmark within the concentration/track which students may exit?

Yes or No

If yes, describe the levels or benchmarks:

9. Do students enrolled in the concentration/track have opportunities to earn an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the industry-recognized certificate or certification(s)

Name another industry-recognized certificate or certification(s)

Name another industry-recognized certificate or certification(s)

Etc.

10. Do students enrolled in the concentration/track have opportunities to earn micro-credentials/badges(s) other than an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the micro-credentials/badges(s)

Name another micro-credentials/badges(s)

Name another micro-credentials/badges(s)

Etc.

**ADD ANOTHER CONCENTRATION/TRACK**

**QUESTION 6 OPTION 3**

\_\_\_\_\_ A range of specific curriculum options or programs (such as a CTE program) in which any student may enroll, with services and/or supports to facilitate FPCTP student completion of that program.

*COMPLETE THE FOLLOWING:*

a. Will the institution award a general honor/endorsement/degree to FPCTP students upon completion of the program? ***Note – this primary credential should be something that conveys to employers that students who complete the FPCTP possess a specific set of competencies associated with successful employment.***

Yes or no

If yes

1. Name of the general credential (honor/endorsement/degree):

2. Describe the general credential (honor/endorsement/degree):

b. Identify the CTE or specific programs in which FPCTP students may enroll:

**ADD A CTE or specific program**

**FOR EACH CTE or SPECIFIC PROGRAM**

1. Name of the CTE or specific program

2. Will the institution award a credential, other than the general FPCTP credential if applicable, to students upon completion of this CTE or specific program?

Yes or no

IF YES

a. Name of credential:

b. Describe the credential:

3. Indicate the **length of time** needed to complete the CTE or specific program (expressed as terms/semesters, or years):

4. Indicate the UNIT of time:

OPTIONS

\_\_\_\_\_ Terms/semesters

\_\_\_\_\_ Years

\_\_\_\_\_ Other DESCRIBE

5. Indicate the **number of hours or credits** needed to complete the CTE or specific program:

6. Indicate whether hours, credits, or other:

OPTIONS

\_\_\_\_\_ Hours

\_\_\_\_\_ Credits

\_\_\_\_\_ Other DESCRIBE

7. Is there more than one level or benchmark within the CTE or specific program at which students may exit?

Yes or No

If yes, describe the levels or benchmarks:

8. Do students enrolled in the CTE or specific program have opportunities to earn an industry-recognized certificate or certification(s)?

Yes or No

If yes

Name the industry-recognized certificate or certification(s)

Name another industry-recognized certificate or certification(s)

Name another industry-recognized certificate or certification(s)

9. Do students enrolled in the CTE or specific program have opportunities to earn micro- credentials/badges(s) other than an industry-recognized certificate or certification(s)?

Yes or No

IF YES

Name the micro-credentials/badges(s)

Name another micro-credentials/badges(s)

Name another micro-credentials/badges(s)

**ADD ANOTHER CTE OR SPECIFIC PROGRAM**

7. Describe the **scope and sequence** of the proposed curriculum, the length of the program, program organization, types of courses, how instruction is delivered, and how and when students earn industry-recognized certificates or certifications.

Provide enough detail to present a clear picture of how the program will prepare students for employment. **Upload additional documents as needed** to demonstrate course enrollment by academic term or other program details to provide reviewers a complete understanding of how course enrollment and other relevant program components should flow and should result in program completion and subsequent employment. Distinguish between courses unique to FPCTP students and those taken by/with typical students.

**UPLOAD FILES …. OR DROP FILES**

8. The FPCTP Act requires that students with intellectual disabilities are socially and academically integrated, to the maximum extent possible, with nondisabled students. Describe how students enrolled in your program participate in one or more of the following activities **with nondisabled students**:

1. Regular enrollment in credit-bearing courses
2. **Auditin**g or participating in courses for which the student does not receive academic credit
3. Enrollment in **noncredit-**bearing, **nondegree** courses
4. **Internships** or work-based learning

### Section 5: Employment Opportunities

1. Describe the program’s **plan for** **partnerships with businesses** to promote experiential training and employment opportunities for students with intellectual disabilities.
2. Describe the **employment** **opportunities** available through the program to students **while** enrolled in the program.
3. Describe how the program connects students to **employment** **opportunities** upon successful **completion** of the program.

### Section 6: Performance Indicators

The Florida Postsecondary Comprehensive Transition Program Act (FS 1004.6495) requires each approved program to define student’s *satisfactory academic progress (SAP)* and to submit an annual report to the Florida Center for Students with Unique Abilities (FCSUA) **by August 1** each year regarding performance indicators specified in the Act and by the Center. The indicators include both program level (e.g., credential(s) offered), recruitment strategies, etc.) and student level information (e.g., demographics, SAP status, employment outcomes, etc.).

1. Describe the **performance indicators** established to determine a **student’s *satisfactory academic progress (SAP)***. That is, what standard will be applied to evaluate a student’s performance in terms of making SAP? Also describe how and when SAP will be assessed and the strategies to be used if it appears a student is not making SAP.
2. In line with the Florida Postsecondary Comprehensive Transition Program Act (FS 1004.6495), the FCSUA provides detailed information at **www.fcsua.org** regarding **performance indicators** required in the annual report for which **all** approved FPCTPs are responsible. Both programmatic and student level information are included, such as but not limited to the following: # applicants, admissions rate, enrollment, student retention, students meeting SAP, course completion, program completion, student learning, post-program employment status of students who successfully complete the program, wage level of students who successfully complete the program, industry certifications earned, and student demographics. Please describe any **additional** **performance indicators** to be used to measure the FPCTP’s success.
3. Identify the individual(s) responsible for collecting the data regarding the FCSUA-required performance indicators and the institution’s additional performance indicators. Also describe when and how the data are/will be collected and used for program improvement.

### Section 7: Program Sustainability

1. Briefly describe the institution’s 5-year plan for the program regarding:
2. Projected enrollment – Does the institution expect enrollment in the FPCTP to increase over the next 5 years? If so, what are the current projections for enrollment **each year** through the next 5 years?
3. Sustainability – How will the institution operate the FPCTP the next 5 years in terms of funding, staff, and other operational expectations?
4. From what sources of funding will the institution draw upon to sustain the program and support student participation (such as private donations or sponsorships, scholarships, grant funding, etc.).

### Section 8: Federal Approval as a Comprehensive Transition and Postsecondary Program

The Florida Postsecondary Comprehensive Transition Program Act (FS 1004.6495) requires an institution to provide:

1. Evidence that it currently offers a federally approved comprehensive transition and postsecondary (CTP) program via Title IV that is eligible for federal student aid programs,
2. Documented evidence of the submission of an application for such federal approval of a program proposed by the institution, or
3. Documentation demonstrating the commitment of the institution's governing board to submit an application within the subsequent academic year for federal approval of a program pursuant to 20 U.S.C. s. 1140.

If the institution has received approval for the CTP or has submitted an application for approval, **upload** the application materials and documentation (including the letter to the institution’s accrediting body) into the online portal as part of the FPCTP Application process.

1. Indicate the status of the institution’s federally approved CTP program below:

\_\_\_\_\_ The institution has received federal approval of the proposed program.

\_\_\_\_\_ The institution has submitted an application for a federally approved program and is awaiting a decision. The application was submitted on this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ The institution’s application for federal approval has not been submitted. The institution is committed to submitting the application no later than the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Upload relevant Federal CTP Documents as applicable:

* Federal CTP Application Submitted
* Letter to Accrediting Agency
* Notice of Federal Approval of CTP Application

**UPLOAD FILES … OR DROP FILES**

### Section 9: Upload Supplemental Application Materials

* **Renewal** FPCTP applications must provide evidence of continuing support of the institution’s governing board. This documentation may take several forms, as long as it conveys support for the FPCTP. Such forms may include approval documentation from the board’s academic and student affairs committee, the board’s executive committee, the board’s chairperson, or other form of communication indicating continued support of the FPCTP.
* All applications – **new and renewal** – must include the president's, superintendent's or CEO's letter of commitment. This letter must reference the governing board’s approval and the date it was approved. For new applications, the date is the date of the board’s meeting during which the proposed FPCTP was approved. For renewal applications, this is the date that the board acknowledged continuing support for the proposed FPCTP.
* Applications must also include a copy of the institution’s Federal CTP application materials and documentation (including the letter to the institution’s accrediting body), if applicable.
* Additional materials including but not limited to the following may be provided:
* Program recruitment and admissions materials
* Curriculum materials
* Industry certification materials
* Agreement with business partners regarding internships and or work-based learning
* Program evaluation plan
* Other materials as needed

**UPLOAD FILES … OR DROP FILES**

### Section 10: Institutional Approvals

Submission of this application indicates institutional commitment to implement the proposed program (or improve an existing program as described herein) aligned with the requirements of the Florida Postsecondary Comprehensive Transition Program Act (FS 1004.6495), including submission of an annual report regarding program and student information as directed by the Florida Center for Students with Unique Abilities. Program implementation must occur no later than the academic year immediately following the academic year during which the FPCTP approval is granted. To maintain approval status and student eligibility to receive FPCTP scholarships, an institution must submit a renewal application to the Florida Center for Students with Unique Abilities no later than 3 years following the year during which the approval is initially granted (FS 1004.6495 s.6[b]).

1. Enter the date the institution’s governing board indicated continuing support for the proposed FPCTP: \_\_\_\_\_\_\_\_\_\_\_
2. Signature of the Primary Program Contact or other official authorized by the institution to submit the application (to be provide via electronic signature, prompted by an email notification):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

### Section 11: All Uploads

Upload all other types of documentation

**UPLOAD FILES … OR DROP FILES**

TABLE with all documents is provided online.