McNeese State University
PRIME Application Packet

MAIL COMPLETED APPLICATION TO:

MSU PRIME Admissions
4205 Ryan St.
MSU Box 91180
Lake Charles, Louisiana 70609

Application and Program Information

Application Deadline & Review:
Applications are due by December 1, 2025, by mail. You will receive an email notification regarding the receipt and completion of application documents. You will also receive an email in December regarding whether you are granted an interview and when it would be scheduled to occur. Interviews will begin occurring in November, and 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 the first week of April. A limited number of students are accepted into the program.

Please do not call about an application's status, as we cannot provide this information.

A completed application DOES NOT guarantee an interview.

If granted an interview, this DOES NOT guarantee acceptance into the program.

Admissions will be based on the following criteria:

- Applicants must be between ages 18-26 to apply
- Applicants must have completed a high school program and received a diploma or certificate (or will be receiving it within the current academic year)
- The applicant should have a minimum reading level of first grade
- The applicant must have a diagnosed intellectual disability that interferes with their academic performance
- The applicant must have sufficient emotional and independent stability to participate in all aspects of PRIME
- The applicant should be able to sit through 90-minute courses
- The applicant is comfortable around large groups of people
- The applicant must demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others
- The applicant must have NO HISTORY of disruptive or aggressive behaviors
    - **NOTE: PRIME does not have the personnel necessary to manage behavioral issues**
- The applicant must independently handle their own medication, specialized dietary, and/or medical needs
    - **NOTE: PRIME takes no responsibility for specialized diets or medical needs**
- The applicant must be independent in basic hygiene.
    - **NOTE: PRIME is not responsible for a student's daily hygiene needs**
- The applicant must be self-motivated and adhere to the policies regarding attendance and participation in coursework within the program and audited McNeese State University courses
- The applicant should utilize technology (cell phone, laptop, tablet, etc) with little to no help
- Based on a review of records and interviews, the applicant has the potential to successfully achieve their goals within the context of the PRIME setting
- Applicants typically received special education services in their high school setting
    - **NOTE: PRIME is not a degree granting program**

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Application and Program Information-Continued

Please complete all sections of this application. This application may be typed or written neatly. The student questionnaire (pages 14 & 15) should be completed by the applicant and handwritten.

To complete the application, please do one of the following:

Print and write in all sections prior to mailing to PRIME

OR

Type in all sections of the PDF, print it, and mail it to PRIME

It is acceptable for the applicant to receive support if needed in completing the application. You may attach additional information and pages for writing space. All information is confidential and will not be shared with outside agencies unless written agreement is provided by those filling out the application.

Application information will not be returned or duplicated. All data and information gathered during the application and interview process will remain the property of PRIME and will not be distributed for any purpose.

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Application Checklist

Once your completed application has been submitted, you will be notified by email of receipt of the completed application. Application information will not be returned.

NOTE: Applications WILL NOT be considered until ALL requested information is received. The applications can be typed and/or printed neatly. Include all information below.

The following must be submitted for an applicant to be considered for an interview:

☐Pages 4-14 of this application must be completely filled out
☐Copy of applicant's current/most recent IEP indicating a reading level of at least first grade
*Please include a transition plan, if available
☐Copy of applicant's most recent evaluation with documentation of diagnosis
*evaluations are accepted from doctors, speech therapists, psychiatrists, school systems, etc.
☐Recent photo of applicant
☐High school transcript
☐Student information
☐Student questionnaire (completed by student)
☐Three letters of recommendation
*mailed directly to McNeese PRIME
*MUST use the form provided
*Must be completed by an educator (in the last four years), an employer or volunteer supervisor, and a personal contact
*Mail to: McNeese PRIME Box 91180 Lake Charles, LA 70669

**Please be sure to mail back all pages of the student application (pages 4-14)

**Recommendation letters should be mailed separates and directly from the reference

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RELEASE AND EXCHANGE OF INFORMATION

It may be necessary for McNeese PRIME to obtain additional information about you from school districts and other personnel. Additionally, staff may also exchange personal information about you with other McNeese State University in an effort to provide and enhance educational opportunities. These exchanges will only occur with your written permission, as given below. This information will only be shared for the purpose of appropriate accommodations and academic progress.

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

- School Districts
- School Personnel
- Department of Vocational Rehabilitation Office
- Department of Disability and Special Needs Office
- Admissions Office
- Student Affairs
- Course Instructors
- Financial Aid Office
- University Police
- Health/Wellness
- Counseling Services
- Parents/Guardians
- Registrar's Office
- Mentor
- Other

Applicant Signature: _____

Date: _____

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Personal Information

Applicant Information		
Name:		
Date of Birth:		Age:
Address:		
City:	State:	Zip Code:
Applicant Phone Number:		
Applicant Email Address:		

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

- ☐Vocational Rehabilitation Services
- ☐Occupational Therapy
- ☐Physical Therapy
- ☐Applied Behavior Analysis (ABA) Therapy
- ☐Speech Therapy
- ☐Supplemental Security Income
- ☐Division of Developmental Disabilities
- ☐Speech/Hearing Services
- ☐Medical Assistance
- ☐Other: _____

Student's legal information (check all that apply):

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

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Family Information

Student currently lives with: _____

Parent/Guardian		
Name:		
Address:		
City:	State:	Zip Code:
Cell Phone Number:		
Home Phone Number:		
Email Address:		
Occupation:	Employer:	
Work Phone Number:		

Parent/Guardian		
Name:		
Address:		
City:	State:	Zip Code:
Cell Phone Number:		
Home Phone Number:		
Email Address:		
Occupation:	Employer:	
Work Phone Number:		

Siblings	
Name:	Age:

Emergency Contact #1:
Name:
Relationship:
Phone Number:
Email:

Emergency Contact #2:
Name:
Relationship:
Phone Number:
Email:

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Medical History

*****Students must be independent in administering medication*****

Please give a brief description of your medical history, including disability diagnosis:
Please list any significant medical or physical conditions:
Please list any medications taken and their purpose:
Please detail any other medical information (including emotional/mental health):

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Educational History

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

Did/will you receive a certificate or diploma from your high school? ☐Yes ☐No

Name of certificate received: _____

Received from: _____

Date Received: _____

In a few words, please describe your academic strengths and challenges:

Have you participated in general education classes at your school? ☐Yes ☐No

If yes, list inclusive subjects/classes:

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Employment History

Paid Work Experience

Employer/Contact Info	Responsibilities	Dates at this Job	Reason(s) for Leaving

Volunteer Work Experience

Employer/Contact Info	Responsibilities	Dates at this Job	Reason(s) for Leaving

What type of work do you enjoy?

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Personal Support Inventory

Completed by (parent/guardian): _____

Academic Skill	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/No Assistance
Understanding the value of money				
Handles money to make purchases				
Counting bill, change				
Staying within a budget				
Using a computer for word processing				
Navigating the internet				
Following verbal directions				
Independent Living Skills	**Needs Complete Assistance**	**Needs Much Assistance**	**Needs Little Assistance**	**Completely Independent/No Assistance**
Finding a way around a new environment				
Following a schedule				
Managing personal belongings				
Ordering and purchasing from a restaurant				
Finding items from 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/No Assistance**
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				

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Personal Support Inventory (Continued)

Writing Skills (check all that apply):

☐No functional writing ☐Writes name ☐Writes/copies all letters
☐Writes complete words ☐Writes short sentences ☐Correctly uses punctuation
☐Drafts/edits/revises

Reading & Comprehension Skills (check all that apply):

☐No functional reading ☐Identifies letters ☐Recognizes familiar words
☐Reads short stories ☐Reads chapter books ☐Reads books silently
☐Recall/comprehend any of the above: _____
Reading Grade Level: _____

Math Skills (check all that apply):

☐No functional mathematic skills
☐Solves simple problems with a calculator
☐Solves simple addition problems without a calculator
☐Solves simple subtraction problems without a calculator
☐Solves simple multiplication problems without a calculator
☐Solves simple division problems without a calculator

General Technology Skills (check all that apply):

☐Does not use technology ☐Uses a cell phone for communication (call or text)
☐Uses a computer for academics ☐Uses a computer or phone outside of academics
☐Can type using a keyboard

Has the applicant utilized assistive technology (voice recorder, cell phones, talk-to-text, etc.)?

☐Yes ☐No

If yes, please describe.

How would you describe the applicant's personality? Feel free to pick a few words that could be used to describe the applicant.

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

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

Student Questionnaire

This section should be hand-written by the applicant and may include additional pages. Please check the box below to indicated if a scribe was used.

☐ Student Wrote Answers
☐ Scribe Wrote Answers

How did you learn about the McNeese PRIME Program?

Why do you want to be considered for the McNeese PRIME Program?

Describe what skills you would like to learn in the following areas:

Social-

Academics-

Employment-

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?

What is your favorite musical group or singer?

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

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

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Letters of Recommendation
TO BE COMPLETED BY REFERENCES

Please submit at least three (3) letters of recommendation from references who have known the applicant for one year or longer. Recommendations must represent each of the following:

1. Education (RECENT-IN THE LAST FOUR YEARS)
2. Employment or Community Involvement
3. Personal

Please make three (3) copies of the recommendation form and give one copy to each evaluator for them to complete. By applying for the McNeese PRIME Program, you are waiving your access to the completed reference forms.

NOTE: Applications will not be considered until ALL requested information, including recommendation letters, is received. Recommendations can be typed and/or printed neatly.

Letters must be submitted using the recommendation form in this packet.

The recommendation letter should be in a sealed envelope with the evaluator's signature across the flap and mailed directly to the McNeese PRIME Program at the address below.

Mail to:

MSU PRIME Admissions
4205 Ryan St.
MSU Box 91180
Lake Charles, Louisiana 70609

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Student Recommendation Form

Recommendation for (applicant's name): _____

The individual named above is applying for admission into the McNeese PRIME Program, a postsecondary transition program for students with intellectual and cognitive disabilities. McNeese PRIME is designed to enhance and improve the educational and employment opportunities for students. McNeese PRIME students will audit university courses, participate in PRIME coursework, and complete academic internships. McNeese PRIME students should have a desire to further their educational journey, as well as a desire to become more independent. Students should possess the emotional maturity necessary to successfully attend classes, navigate campus, work, and attend social events on a college campus of their peers.

Please keep the above information in mind as you complete the recommendation form. Please attach any additional pages as needed.

Once completed, please mail the recommendation forms and letter to McNeese PRIME 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 PRIME Director, Lettie Goings at prime@mcneese.edu.

Mail to:
MSU PRIME Admissions
4205 Ryan St.
MSU Box 91180
Lake Charles, Louisiana 70609

Recommender Name:		
Address:		
City:	State:	Zip Code:
Organization:	Relationship:	
Email:	Phone Number:	

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Student Recommendation Form-Continued

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

2. Please describe whether you feel the applicant would benefit from McNeese PRIME and why.

3. Please estimate whether this applicant's parent/guardian/family will support the philosophy and the goals of McNeese PRIME.

   ☐Unlikely ☐Likely ☐Quite Likely ☐Very Likely

4. Please describe the applicant's strengths and challenges, as well as how you believe they might impact their participation in McNeese PRIME.

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Student Recommendation Form-Continued

Please complete the following inventory to the best of your ability. For areas unrelated to your knowledge of the student, please mark the "unknown" column.

Independent Living Skills	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/No Assistance	Unknown
Finding a way around a new environment					
Following a schedule					
Managing personal belongings					
Ordering and purchasing from a restaurant					
Finding items from 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					

Comments:

Social Skills & Communication	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/No Assistance	Unknown
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					

Comments:

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Student Recommendation Form-Continued

Academic Skill	Needs Complete Assistance	Needs Much Assistance	Needs Little Assistance	Completely Independent/No Assistance	Unknown
Understanding the value of money					
Handles money to make purchases					
Counting bill, change					
Staying within a budget					
Using a computer for word processing					
Navigating the internet					
Following verbal directions					
Understanding social media safety					
Following written directions					
Keeping up with due dates and assignments					
Studying given information					
Staying on task					
Following multi-step directions					

Comments:

PLEASE RESPOND TO THE FOLLOWING STATEMENTS

If applicable, explain the applicant's reading abilities and approximate grade level equivalence:

If applicable, explain the applicant's writing abilities:

If applicable, explain the applicant's math abilities:

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Student Recommendation Form-Continued

Please use this space to give any additional information you believe is important for the McNeese PRIME admissions team to know about the applicant.