

**Community Integration through Co-operative Education (CICE)
2-year Ontario College Certificate, 2021-2023
Application Package**

Program Start Date: Fall 2021

Thank you for your interest in St. Lawrence College's Community Integration through Co-operative Education (CICE) program. CICE provides students with an opportunity to experience college life, to enhance academic skills, and to develop vocational abilities.

After reviewing the admissions requirements carefully, please complete the following steps to apply to the CICE program at St. Lawrence College:

1. Fill out an **Ontario College Application Service (OCAS) application** online at [Ontariocolleges.ca](https://ontariocolleges.ca) website by **February 1st**. (Please note there is a \$95.00 non-refundable fee to apply)
2. Complete the **CICE Application Package** and email the required documents by **February 15th**.

✉ **Email to:** CICE@sl.on.ca

3. Provide the attached **Confidential Reference Questionnaire** portion of the application package, to a teacher, counselor, employer, caseworker or other non-family member who has extensive knowledge of your performance in an academic or vocational setting. This person must complete the form in confidence and email directly to CICE@sl.on.ca by **February 15th** as per the instructions on the form.

Note: As an applicant to the program, you are required to attend a **Program Information Session** where you will learn more about the program and have an opportunity to ask questions. Information session dates and times are posted on the College website according to campus location. As part of the application process, once we have received your completed package, you will be contacted for a **personal interview**.

Please contact the Program Liaison for your desired campus if you have any questions:

Brockville Campus:	Jodie Macquisten	613-345-0660, ext. 1876 - jmacquisten@sl.on.ca
Cornwall Campus:	Cindy Adams	613-933-0680, ext. 2107 - cadams@sl.on.ca
Kingston Campus:	Camilla Goobie	613-544-5400, ext. 1470 - cgoobie@sl.on.ca



Community Integration through Co-operative Education (CICE)

Program Application Checklist – Fall 2021

Checklist of Required Attachments:

Please complete and submit the following materials to CICE@sl.on.ca. Be sure to indicate your campus of choice on page 3 below.

To be submitted by the Applicant:

1. ☐ **Applicant Information** form (page 3)
2. ☐ **Applicant Experience** form (pages 4-6)
3. ☐ **Personal Goals Questionnaire** (page 7). Answer each question in your own words. You may ask a support person to scribe your answers.
4. ☐ A photocopy of your High School **Individual Education Plan (IEP)**
5. ☐ A photocopy of your High School **Transcript** (marks)
6. ☐ A photocopy of your most recent **Psycho-educational Assessment**
7. ☐ The **Consent to Share Information** (page 8)

To be submitted by the Confidential Reference:

8. ☐ **Confidential Reference Questionnaire** (pages 9-19).
Provide the Confidential Reference Questionnaire to a teacher, counselor, employer, case worker, or to another person (who is not a member of your family) who has extensive knowledge about your performance in a school or work setting. This person needs to complete and email the form to CICE@sl.on.ca by **February 15th**.



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Applicant Information – Fall 2021

Date: _____

Applicant Name: _____

Date of Birth: ____/____/____
(month/day/year)

OCAS #: _____
(Find this number on your online application.)

SLC Student #: _____
(Found on emails from the College.)

Address: _____

City: _____

Province: _____

Postal Code: _____

Email: _____

Home Phone: _____

Cell Phone: _____

I am applying to attend the CICE program at:

☐ Brockville Campus (B0790)

☐ Cornwall Campus (C0790)

☐ Kingston Campus (K0790)

St. Lawrence College Program Area(s) of Interest

For example: Business, Carpentry, Child and Youth Care, Fitness and Health Promotion, etc.

Please refer to the College website to view all the programs offered: [Brockville](#) [Cornwall](#) [Kingston](#)

Choice #1: _____

Choice #2: _____

Choice #3: _____

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Applicant Experience – Page 1 of 3

Applicant Name: _____

Name of secondary school attended: _____

Level of Achievement in Secondary School:

☐ OSSD ☐ OSSC ☐ Certificate of Accomplishment

☐ Other – please describe: _____

Name of college (if applicable): _____

Highest level completed at college (if applicable):

☐ One or more courses _____ Year completed: _____

☐ Certificate _____ Year completed: _____

☐ Diploma _____ Year completed: _____

☐ Other _____ Year completed: _____

Transportation

CICE students must provide their own transportation to and from the College and field placements.

What method of transportation will you use? _____



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Applicant Experience – Page 2 of 3

Please provide a minimum of **three** experiences related to work, volunteering, co-op, or placement.

Experience #1

Period covered from _____ to _____

Position: _____

☐ Volunteer or ☐ Paid

Company: _____

Supervisor: _____

Duties Performed/Skills Acquired:

Experience #2

Period covered from _____ to _____

Position: _____

☐ Volunteer or ☐ Paid

Company: _____

Supervisor: _____

Duties Performed/Skills Acquired:

Experience #3

Period covered from _____ to _____

Position: _____

☐ Volunteer or ☐ Paid

Company: _____

Supervisor: _____

Duties Performed/Skills Acquired:

Applicant Experience – Page 3 of 3

Interests/Hobbies/Recreational Activities/Clubs

References

- **Confidential Reference**

This person should be a teacher, counsellor, employer, case worker or another person, (not a member of your family) who has extensive knowledge about you, preferably in an academic or vocational setting. This individual will fill out the attached **Confidential Reference Questionnaire** form and will email it independently to CICE@sl.on.ca by February 15th.

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

- **Additional Reference (Not your Confidential Reference)**

Please provide the contact information for one other person, such as a teacher, doctor, counsellor, case worker, employer, religious leader, educational assistant, supervisor, etc. as an additional reference. This person must not be a member of your family. This person may be contacted for information, but is NOT required to complete the Confidential Reference Questionnaire.

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Personal Goals Questionnaire

Please answer the following questions in **at least 2 full sentences each**. These questions must be answered by the person applying to the program, in their own words. Answers may be scribed verbatim (word for word).

1. The CICE program is a modified academic program for students with learning challenges. Why is CICE the best program choice for **you** at St. Lawrence College?
2. Think about **your** learning strengths and challenges. How will the CICE program help you with your learning (academics)?
3. Learning is only one part of coming to college. What other parts of the college experience are you looking forward to?

Consent for Release of Information

Date: _____

I, _____, Student # _____
(print your name here)

consent to the sharing of personal information to help with the application process and potential enrollment in the CICE program. This information could be shared between CICE program staff and:

☐ Parents/Guardians: Name: _____

Name: _____

☐ Community Support Person(s): Name: _____

Name: _____

☐ OSAP Financial Officers – for assistance with the OSAP application process.

☐ Student Wellness and Accessibility – to arrange general accommodations and help with adaptive technology requirements.

I understand that this consent to share information will start when I submit my application and will end when I graduate or withdraw from the CICE program at St. Lawrence College. I understand that this information will not be given to any other person or department other than those listed above, and where confidentiality is limited by law. I understand that I can take away this consent at any time by speaking to the CICE Program Liaison who will have me sign a form. The Program Liaison will then ensure no further information sharing occurs.

Student Name: _____
(please print)

Student Signature: _____

Student Signs Here

Witness Name: _____
(please print)

Witness Signature: _____

Get someone you
know to sign here



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Confidential Reference Questionnaire

To be completed and emailed independently by the applicant's Confidential Reference to CICE@sl.on.ca

Student Applicant Information

Full Name of Student Applicant: _____

Confidential Reference Contact Information

Name: _____

Position Title: _____

Email: _____

Home Phone: _____

Work Phone: _____

How do you know this applicant?

How long have you known this applicant? _____

CICE Program Overview

The Community Integration through Co-operative Education (CICE) program is a two year certificate program designed for adults with developmental disabilities, intellectual disabilities, acquired brain injury or other significant learning challenges who wish to further their education/vocational training in a community college setting.

Students will have the opportunity to complete an individualized area of study including courses from a Program of Interest selected from St. Lawrence College's program offerings, based on seat availability. Note: some programs require additional prerequisite skills (i.e. Culinary Arts, Graphic Design, Carpentry). Courses will be tailored through a modification process to fit students' academic abilities. Students will be offered opportunities to improve and enhance their academic skills, and to develop and/or refine their employability skills through field placement experiences.

Students will receive academic support, such as curriculum modification, note-taking, tutoring and other related academic services as needed. **Constant supervision and specialized support for behavioural concerns are not available.** Upon successful completion of all courses and field placement requirements, students graduate with an Ontario College Certificate in Community Integration through Co-operative Education (CICE).



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Confidential Reference Questionnaire

This form must be filled out by a teacher, counsellor, employer, caseworker, or someone who has extensive knowledge about the applicant in a school or workplace setting. This form **is not** to be filled out by a family member or relative of the student applicant.

Thank you in advance for filling out the Confidential Reference Questionnaire. Please answer all questions and be candid in your assessment of this applicant based on your own observations and experiences. Your comments are greatly appreciated.

INSTRUCTIONS

Please answer all questions, include comments, and check the box that accurately describes the applicant's typical behaviour or skill level.

COMMUNICATION SKILLS

1. a) The applicant communicates his or her needs or ideas effectively.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

b) Please specify the applicant's preferred method of communication: (oral, written, ASL, electronic, other)

Comments:

2. The applicant understands verbal direction:

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

3. The applicant understands non-verbal communication (gestures, body language, tone of voice, etc.).

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:



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4. a) The applicant understands written instructions.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

b) In your estimation, what level of comprehension of written material does the applicant possess?

(For example: early primary, grade 9...)

5. The applicant uses the telephone independently.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

SOCIAL SKILLS

6. The applicant interacts cooperatively and productively on a one-to-one basis.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

7. The applicant interacts cooperatively and productively on a group basis.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

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8. The applicant demonstrates acceptable social behaviour.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please explain your answer:

9. The applicant adapts well to changes in his/her environment or routine.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

10. The applicant demonstrates tolerance to frustrating situations and takes appropriate actions to resolve frustrations.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please clarify:

11. The applicant generally displays predictable behaviour.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please clarify:

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PERSONAL MANAGEMENT

12. The applicant could make his or her own appointments when necessary.

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

13. a) The applicant remembers to keep appointments.

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

b) Does the applicant effectively use an agenda or other planning device to ensure they meet deadlines and keep scheduled appointments?

- ☐ Yes - Type of planning device _____
☐ No - He/she does not (effectively) use a planning device

14. The applicant tells time using: (Check all that apply)

- ☐ Analogue clock ☐ Digital clock ☐ Cannot tell time

15. The applicant attends obligations on a regular basis.

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please clarify:



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16. The applicant consistently attends obligations on time.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please clarify:

17. The applicant works productively and completes assigned tasks.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Please clarify:

ATTENDING/ WORK SKILLS

18. The applicant can focus or be actively engaged for 1-3 hours at a time.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

19. The applicant utilizes free time effectively.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments



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20. The applicant works independently when tasks are modified to be consistent with the applicant's ability.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

21. a) The applicant completes tasks with minimal supervision.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:

b) CICE students attend field placement independently (without constant CICE staff support). Do you feel the applicant possesses the ability to attend field placement without direct, constant support?

☐ Yes ☐ No

Please explain your answer:

22. The applicant uses a computer to complete basic word processing tasks.

☐ Never ☐ Seldom ☐ Sometimes ☐ Frequently ☐ Always

Comments:



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23. The applicant uses the internet independently.

☐ Never

☐ Seldom

☐ Sometimes

☐ Frequently

☐ Always

Comments:

24. The applicant uses e-mail independently.

☐ Never

☐ Seldom

☐ Sometimes

☐ Frequently

☐ Always

Comments:

25. The applicant accepts feedback and adjusts behaviour accordingly.

☐ Never

☐ Seldom

☐ Sometimes

☐ Frequently

☐ Always

Comments:

26. The applicant works in a safe manner and asks for assistance when necessary.

☐ Never

☐ Seldom

☐ Sometimes

☐ Frequently

☐ Always

Comments:



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RELATED ITEMS

27. The applicant has the ability to benefit from this college program that is adapted to suit his or her needs.

☐ Strongly Disagree ☐ Disagree ☐ Undecided ☐ Agree ☐ Strongly Agree

Please explain your answer:

28. The applicant's first language is:

☐ English ☐ French ☐ Other; please specify _____

29. Please list at least three of the applicant's strengths and at least 3 areas to be strengthened.

Strengths	Areas to be strengthened
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

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30. Please comment on the level and types of support or modifications currently provided to the applicant on a regular basis. This includes support that you provide and any other supports you are aware of.

31. What do you see as the greatest benefit for the applicant in attending the CICE program at St. Lawrence College?

32. What do you see as the applicant's greatest challenge in attending the CICE program at St. Lawrence College?



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33. Does the applicant display any behaviours which would prevent their full participation at St. Lawrence College?

☐ Never

☐ Seldom

☐ Sometimes

☐ Frequently

☐ Always

Please clarify:

I, _____ (name of reference), have provided accurate information regarding the applicant in this reference questionnaire to the best of my knowledge.

Signature of Reference: _____ Date: _____

Please submit this completed form, in confidence, and email it directly to CICE@sl.on.ca by **February 15:**

The CICE Program Liaison may be in touch with you following the applicant's interview.

Thank you again for your assistance.