

1. Legal name: Last First Middle  
2. Former last name(s) (if applicable)  
3. Current mailing address  
4. City State Zip Code  
5. Permanent address (if different)  
6. City State Zip Code  
( ) ( )  
7. Primary phone number Secondary phone number ☐ Home ☐ Cell ☐ Work  
8. E-mail address  
9. Social Security Number

10. Date of Birth (MM/DD/YY)  
11. Gender: ☐ Male ☐ Female  
12. Are you a U.S. Veteran? ☐ Yes ☐ No  
13. Are you a U.S. Citizen? ☐ Yes ☐ No If yes, skip to #14;  
13a. Are you in the U.S. on a Visa? ☐ Yes ☐ No  
13b. Do you have a U.S. permanent resident card? ☐ Yes ☐ No  
If you are not a U.S. Citizen or permanent resident, provide:  
Visa Type Visa No.  
14a. I am a legal resident of (select one) City Village Township  
14b. City/Village/Township County State  
15. Name of high school district in which you now reside

The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college.

16. Select highest degree earned by either parent: ☐ High school diploma ☐ Associate degree ☐ Bachelors degree ☐ Masters or beyond

The following questions relate to racial and ethnic identity. Please respond to both questions.

17(a). Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)?  
☐ Yes ☐ No

17(b). Select any other group or groups that apply to you.

- ☐ American Indian or Alaska Native. A person whose ancestors include native peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ Asian. A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- ☐ Black or African American. A person whose ancestors include any of the black racial groups of Africa.
- ☐ Native Hawaiian or other Pacific Islander. A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ White. A person whose ancestors include native peoples of Europe, the Middle East or North Africa.

18. I wish to attend Wisconsin Indianhead Technical College at \_\_\_\_\_ Campus  
19. Have you attended this college before? ☐ Yes ☐ No If yes, last year and semester attended \_\_\_\_\_  
20. Semester you wish to begin: ☐ Fall ☐ Spring ☐ Summer (if applicable) Year \_\_\_\_\_  
21. Program/major choice \_\_\_\_\_ Program number (if known) \_\_\_\_\_  
22. Name of last high school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Are you a high school graduate? ☐ Yes ☐ No If yes, please enter your graduation date (month/year) \_\_\_\_\_  
23. If you did not complete high school and receive a diploma, have you completed either the GED® Tests ☐ Yes ☐ No or HSED? ☐ Yes ☐ No  
If yes, date completed (MM/YY) \_\_\_\_\_ Test center \_\_\_\_\_  
24. Circle or identify highest grade completed: 8 9 10 11 12 13 14 15 16 17 (Other) \_\_\_\_\_  
25. Select highest credential received:  
☐ Some college (postsecondary credit) ☐ Associate degree  
☐ Short-term diploma ☐ Associate degree plus additional credential  
☐ 1-year diploma ☐ Baccalaureate  
☐ 2-year diploma ☐ More than baccalaureate

26. List previous colleges and universities attended (official transcript will be required for credit transfer)

College/University Name	City	State/Province	Date attended	Date graduated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. I certify that the information on this application is true and complete to the best of my knowledge

Date \_\_\_\_\_ Signature \_\_\_\_\_



## WISCONSIN INDIANHEAD TECHNICAL COLLEGE

### 30-109-2 Hospitality Foundations Functional Abilities Disclosure

It is the intent of the Wisconsin Indianhead Technical College (WITC) to fully comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794), the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. & 1201. *et seq.*), and the ADA Amendment Act of 2008. In accordance with these laws, WITC does not provide students with personal devices and services.

In order to assist students to successfully complete this program, WITC has developed a set of objective functional ability criteria. At the time of application, students are asked to sign the Functional Ability Disclosure stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **Students entering the program based on falsification of records related to their ability to meet functional requirements, may face disciplinary action.** The signed acknowledgement of this information will be filed in the student's permanent record. If the student is required to sign the form again at a later date designated by the program requirements, the signed form will be kept on file in the student's record maintained by the program director/faculty for five years, then destroyed.

For students with a disability, reasonable accommodations are available. Reasonable accommodations are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in WITC's courses, services, activities, and use of the facilities. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, qualified in the appropriate specialty area. WITC is not obligated to provide an accommodation that requires a substantial change in the curriculum or alteration of an essential element or function of a program/course. WITC is also not obligated to provide an accommodation that poses an undue financial or administrative burden to the College or poses a direct threat to the health and/or safety of others.

**Accommodations allowed, without disability documentation:** supportive back brace or other supportive brace that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require the approval of the Program Director or Academic/Divisional Dean, the campus Accommodation Specialist, and the Wisconsin Department of Health Services (for Nursing Assistant only). All requests should be approved before the student is enrolled in the program. Any accommodation cannot substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the program.

If you are a person with a documented disability and would like to request accommodations, complete the [Reasonable Accommodation Request Form](#) and contact the [Accommodations Specialist](#) at your campus. It is recommended that reasonable accommodation requests be made 30 days prior to class start date to allow time for accommodations to be coordinated. Requests for reasonable accommodation must be made a minimum of fourteen (14) calendar days prior to the first day the service is needed.

Functional abilities required for participation in this program are listed below:

#### GROSS MOTOR SKILLS

- Perform tasks requiring repetition
- Bend, stoop, twist, kneel, squat quickly without losing stability or balance
- Reach above own shoulders to access or replace equipment and supplies and to perform duties
- Arrange environment (equipment and supplies) ensuring a safe and sanitary environment
- Move within confined spaces
- Reach below waist (e.g. to plug in equipment and complete sanitation tasks)
- Reach in front of own body
- Have mobility to move with ease and speed according to industry standards
- Ability to manipulate and maneuver larger objects
- Push and pull objects
- Lift and carry objects

#### FINE MOTOR SKILLS

- Perform tasks requiring repetition and finger dexterity
- Pick up objects with hands

- Twist objects (e.g. opening containers)
- Squeeze objects
- Ability to have physical dexterity and steadiness within hands and fingers
- Perform tasks requiring repetition and finger agility

#### PHYSICAL ENDURANCE

- Tolerate long periods of sitting, standing, and/or walking/mobility without becoming fatigued
- Sustain repetitive movements

#### HEARING

- Distinguish normal sounds from background noises
- Hear normal speaking level sounds
- Hear fire alarms and other emergency alert systems

#### VISION

- Ability to see with normal or corrected vision
- See objects 20 inches away
- Use peripheral vision and depth perception (e.g. climb stairs)
- Determine safety standards of equipment (e.g. loose nuts and bolts, frayed cords, dangerous areas, uneven surfaces, etc.)

#### ENVIRONMENT

- Ability to navigate various surroundings and atmospheres

Tolerate the following:

- Exposure to chemicals and agents such as disinfectants, soaps, cleaners, bleaches, etc.
- Exposure to strong odors (e.g. cleaning supplies)
- Busy or active environments

#### READING AND WRITING

- Understand charts, graphs and manuals

#### MATH

- Understand charts, graphs and manuals
- Measure quantities

#### EMOTIONAL STABILITY

- Adapt to changing environments/stress
- Manage or deal with the unexpected
- Respond to a crisis situation in a manner that maintains the health and safety of self and others
- Cope with own emotions
- Cope with strong emotions in others (anger, fear, grief, crying)
- Maintain honesty and trust with employer

#### ANALYTICAL THINKING

- Problem solve
- Evaluate outcomes
- Prioritize tasks
- Use long-term memory
- Use short-term memory

#### CRITICAL THINKING

- Plan and implement tasks
- Sequence information
- Make decisions
- Adapt decisions

#### INTERPERSONAL SKILLS

- Establish professional relationships
- Encourage and model positive social relationships and habits
- Interpret body language and respond appropriately

#### COMMUNICATION SKILLS

- Speak loudly
- Speak at an understandable, conversational level
- Communicate appropriately with others
- Interpret non-verbal language

## Functional Abilities Signature Statement

Wisconsin Indianhead Technical College has developed a set of objective functional ability criteria for this program. By signing below, I am confirming that I have read and understand the bulleted information below and the information contained in this Functional Abilities Disclosure and that I am:

- Able to meet the Functional Abilities Criteria as presented with or without accommodation.
- Will be provided with information concerning accommodations or special services upon request.

Signature: \_\_\_\_\_

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

Program: \_\_\_\_\_

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

# Student Questionnaire

## **RATE YOURSELF:**

	4	3	2	1	POINT TOTAL
<b>Attendance</b>	I am always there  Attend classes or activities as scheduled at least 90% of the time	I am usually there  Consistent attendance of classes or activities as scheduled at least 80% of the time	I am occasionally there  Attend 70% of classes or activities	I miss too often  Ongoing Barriers Attend 60% or less of classes or activities	
<b>Promptness</b>	I am always on time  On time for about 90% of classes or activities	I am usually on time  On time for about 80% of classes or activities	I try, but late more than I should be  On time for about 70% of classes or activities	I am late often  Late for about 60% of classes or activities	
<b>Level of Engagement</b>	I always participate in discussions and ask questions	I occasionally participate in discussions. I will ask questions if needed	I rarely talk or ask questions in classes or activities	I never talk or ask questions	
<b>Listening Skills</b>	I listen to people and never interrupt. I follow directions. People don't have to tell me to listen.	I occasionally stop listening, but not long enough to miss something.	I stop listening and this results in me missing things, but I talk with the teacher to figure it out	I do not listen well, and people have to tell me to pay attention.	
<b>Preparation</b>	I never miss anything. Almost always prepared for classes or activities	I occasionally will forget something, but I know right where it is and will tell someone.	I rarely come prepared, but will borrow or get help from others.	I am almost never prepared for classes or activities and that is okay with me.	
<b>Total</b>					

# Student Questionnaire

**Rate and explain participation in extracurricular activities and/or community activities.  
(What are you involved in?)**

**Please be specifics about the monthly hours for the last 12-months**

Very Active 4	3	2	Not Active 1
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**Rate and explain previous AND current participation in school or community work experiences.  
(What is your work experience and how much have you worked?)**

**Please be specific about how many hours worked per week**

Very Active 4	3	2	Not Active 1
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**College Readiness: Explain why you are ready for college.**

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# Student Questionnaire

## Tell WITC More About You

Please complete in a format the works for you  
(You can create a video, PowerPoint, fill in the blanks etc.)

1. Tell us interesting things about you!
2. Why do you want to go to college to complete the Hospitality Foundations program?
3. What classes or what experience do you have in the area of hospitality?
4. What are your strengths and weaknesses?

Tell us interesting things about you!

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Why do you want to go to college to complete the Hospitality Foundations program?

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# Student Questionnaire

What classes or what experience do you have in the area of hospitality?

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What are your strengths and weaknesses?

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Other information you want to share:

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# Professional Reference

## FULLY COMPLETE Professional Reference (2 pages)

	4	3	2	1	POINT TOTAL
<b>Attendance</b>	Regular attendance of classes or activities as scheduled at least 90% of the time	Consistent attendance of classes or activities as scheduled at least 80% of the time	Irregular Attendance Attends 70% of classes or activities	Ongoing Barriers Attends 60% or less of classes or activities	
<b>Promptness</b>	Regularly on time  Prompt for about 90% of classes or activities	Late to class or activity occasionally  Prompt for about 80% of classes or activities	Late to classes or activities regularly  Prompt for about 70% of classes or activities	Ongoing Barriers  60% or less of promptness for classes or activities	
<b>Level of Engagement</b>	Proactively contributes by offering ideas and asking questions more than once per class or activity	Proactively contributes by offering ideas and asking questions once per class or activity	Rarely contributes to class by offering ideas and asking questions	Never contributes to class by offering ideas and asking questions	
<b>Listening Skills</b>	Listens when others talk, incorporates or builds off ideas of others, and follows directions	Listens when others talk and follows directions	Student does not always listen, but follows up and is respectful to others	Student does not listen and interrupts others when talking	
<b>Managing Stressors</b>	Almost never displays disruptive behavior	Rarely displays disruptive behaviors	Occasionally displays disruptive behaviors	Almost always displays disruptive behaviors	
<b>Preparation</b>	Almost always is prepared for classes or activities	Usually prepared for classes or activities	Rarely prepared for classes or activities	Almost never prepared for classes or activities	
<b>Total</b>					

# Professional Reference

**Rate and explain participation in extracurricular activities and/or community activities.**  
(Please be specifics about the monthly hours for the last 12-months)

Very Active 4	3	2	1
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**Rate and explain previous AND current participation in school or community work experiences.**  
(Please be specific about how many hours worked per week)

Very Active 4	3	2	1
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**College Readiness: Explain why petitioner is ready for college.**

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