



## Higher Visions for Education Class Application New Student

**Higher Visions for Education @ CC** is housed at Colorado College. Our classes are designed for adults with Down syndrome interested in continuing education and development of their independent living and social skills.

Our expected outcomes include increased independence and self-esteem; improved social relationships and community involvement. Themes present throughout all modules are: personal safety, good health (physical, emotional and mental) and hygiene practices, assertiveness, independence, age appropriate behavior, time management, identification of needs and desires, community access and the development of resources and support systems.

**Class Location:**  
Colorado College  
WES Room  
Worner Campus Center  
902 N. Cascade Ave.  
Colorado Springs, CO 80903

**Class Times:**  
Wednesdays from  
5:00-7:00pm

**Cost:**  
\$250 per 8 week quarter

*Partial scholarships are available.  
See [rmdsa.org](http://rmdsa.org) for more information  
and application.*

### Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month                  day                  year

Gender Identity: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of person who completed this form (if not student):

\_\_\_\_\_



You can reach Linda at her email address: [lindat@rmdsa.org](mailto:lindat@rmdsa.org) or at her cell phone: 719.238.7920

What social activities do you enjoy (dances, movies, game nights)?

---

---

---

---

Who is in your family?

---

---

---

---

What do you do for fun?

---

---

---

---

What do you feel you are good at?

---

---

---

---

Please send this completed form to:

**RMDSA**

Attn: HVE@CC

7200 E. Hampden Ave. Ste. 301

Denver, CO 80224

If you have any questions please contact Rocky Mountain Down Syndrome Association

Phone: 303-797-1699

Email: [info@rmdsa.org](mailto:info@rmdsa.org)

<https://www.rmdsa.org/higher-visions-for-education/>

Thank you for taking time to complete this form. We may call you if we have any questions.

Are there any ideas, supports, and strategies you need to be comfortable in a new place?

---

---

---

---

Are there any places or events that may make you uncomfortable (too many people around, too noisy, something unexpected happens...)?

---

---

---

---

Do you have any medical problems your teachers should know about? (Such as seizures or food allergies or difficulty swallowing.)

---

---

---

What are you looking forward to doing in this class?

---

---

---

How did you hear about the Higher Visions for Education Program?

---

---