APPLICATIONS WILL BE ACCEPTED ONLY BY MAIL

All applications will be reviewed by the Turning Point Application Committee

Bergen Community College
Turning Point Program
Room L121, Pitkin Education Building
400 Paramus Road
Paramus, NJ 07652
201-301-1681
turningpoint@bergen.edu
Application for Admission

Once your completed application has been submitted, and if you are determined eligible for the Turning Point program, you will be contacted for a student interview. A concluding interview will be held with you, the student, and a parent/family/guardian/support person.

NOTE: Applications will not be considered unless ALL requested information is present at the time of review.

You should complete the Application Checklist as independently as possible. The applications can be typed or hand written. Include all information. Letters of Recommendation must be included in the application packet in a sealed envelope with signature across the seal. Personal Interviews will be scheduled for qualified applicants when a completed packet has been received.

Application Checklist

1. ___ Turning Point Student Application

2. ___ Student Questionnaire to be completed by the applicant

3. ___ Parent/Guardian Information to be completed by parent/guardian

4. ___ Emergency Contact/Medical Information Form

5. ___ Release/Exchange of Information Form

6. ___ Official High School Transcript including last IEP, any postsecondary program record

7. ___ MANDATORY - Educational Evaluations conducted within the past five years, and/or Psychological /Behavioral Evaluations

8. ___ Two Letters of Recommendation from a person who has known the applicant for one year or longer (non-family member). Letters must be submitted using the Recommendation Form (pg. 17 & 18 of the application) and returned with the application packet as directed on the form. NOTE: Letters of Recommendation must be included in a sealed envelope with signature across seal.

9. ___ Personal Interview for the applicant and parent/family/guardian/support person is required.

Applicant’s Signature: ____________________________ Date: ________________
Application for Admissions Procedure

In order to be sure that the Turning Point Program is the best match for the student, student records submitted must support that the student has an Intellectual Disability to qualify them for an interview. As part of the interview process, students will be asked to demonstrate basic literacy skills (reading and writing).

This is a comprehensive program of study for unique learners who are highly motivated young adults whose “disability” is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.”**(AAMR,2005) Applicants will have received extensive special education services in their secondary schools and would have considerable difficulty succeeding in a traditional college degree program.

**Applicants must have a strong desire to become an independent adult, and demonstrate sufficient emotional stability and maturity to participate successfully in the program.**

This is a certificate program (not an accredited college degree program) and exiting students will receive a Certificate of Achievement along with their personal portfolio.

**Note: Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” may be accepted in the Turning Point program.**

*Idea 2004 requires that, when a student graduates or reaches age 21 and is no longer eligible for special education and related services, a summary of the student’s academic achievement and functional performance must be provided to the student. (SOP) The summary must include recommendations on how to assist the student in meeting the student’s post-secondary goals. Such summaries are required for students who graduate or turn 21 on or after July 1, 2005.*
Application Selection Process

An application Screening Committee will review applications and select students for admission.

Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email, phone call or letter letting you know of your acceptance or denial.

Note: A limited number of applicants will be admitted each year.

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the age 18-30 at the start of the program
- The applicant must have a significant cognitive and/or developmental disability that interferes with their academic performance (AAMR definition of Intellectual Disability)
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the program coursework and campus environment
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: The program does not have the personnel to supervise students with difficult and challenging behaviors or dispense medications.
- The applicant must demonstrate the desire to attend Turning Point and adhere to the policies regarding attendance and participation in the program.
- The applicant must have the potential to successfully achieve his/her goals with the context of the Turning Point program’s content and setting
- Applicant must have graduated with a high school diploma or special certificate
- Applicant must have been identified with an intellectual disability in the K-12 system
Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed in completing this section of the application. You may attach additional information and pages for writing space if needed. We request all sections be completed in order to assist us in determining this applicant’s admissibility to the program. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application.

### STUDENT INFORMATION

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**Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of state and federal financial aid, academic transcripts or accountability research.

Student receives support from: (please check those that apply)

___ Supplemental Security Income

___ Division of Developmental Disabilities (DDD Self Directed Supports)

___ Medical Assistance

___ Social Security Disability Insurance

___ Division of Vocational Rehabilitation

___ Special Education Services (IDEA funding)
FAMILY INFORMATION

Student lives with:

___ both parents  ___ Mother  ___ Father  ___ Guardian(s)  ___ other

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<th>Mother/Guardian: Last Name</th>
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<td>City</td>
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<th>Father/Guardian: Last Name</th>
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<td>Email Address</td>
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<td>Cell Phone</td>
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siblings:

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<th>Name</th>
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EMERGENCY CONTACT INFORMATION: IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _______________________________   AT   _______________________________
## EDUCATION HISTORY

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<tr>
<th>Schools Attended (Name, City, State)</th>
<th>Years attended</th>
<th>Reason for Leaving</th>
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Do you receive a high school diploma or equivalent?  
No Yes

From (school) ___________________________  
Date __________

**In a couple of words, please describe your academic strengths and weaknesses.**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**In a couple of words, how do you think you learn best? (e.g. small groups, extra time)**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**In the following areas describe what skills you would like to learn?**

- Independent living: _____________________________
- Liberal Studies (Art, Literature): _____________________________
- Social/recreational /leisure: _____________________________
- Employment: _____________________________

**Have you participated in general education classes in your home school?**  
Yes No

If yes, list subjects

Were any accommodations used?  
Yes No

If yes, what kind?
EMPLOYMENT HISTORY

Please complete the following.
Note: prior work experience is not a requirement for admission into this program

<table>
<thead>
<tr>
<th>Name of Business/Employer</th>
<th>Paid or Unpaid</th>
<th>Job Responsibilities</th>
<th>Reason for Leaving</th>
<th>Amount of time at job</th>
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Are you currently participating in a work experience paid or unpaid?
______________________________________________________________________________
______________________________________________________________________________

Are you currently participating as a volunteer?
______________________________________________________________________________
______________________________________________________________________________

What work experiences do you have an interest in or enjoy?
______________________________________________________________________________
______________________________________________________________________________

TRANSPORTATION

What transportation plan will you be using to attend the program?
______________________________________________________________________________

Will this plan allow for recreational, social and leisure opportunities to occur after 3 pm and on weekends?
______________________________________________________________________________

Are there any limitations, support needs or related issues to transportation? (Please list)
______________________________________________________________________________
______________________________________________________________________________
MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnoses that you may have:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies:
______________________________________________________________________________
______________________________________________________________________________

Please list any current medications and indicate for what the medications are taken:
______________________________________________________________________________
______________________________________________________________________________
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Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Bergen Community College does not have the personnel or facility to administer medications. This is not included in any of the program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you independent in self-care such as toileting, and basic hygiene?  Yes  No

Medical Insurance Name: ____________________________________________________________
Policy Number: ________________________________________________________________

Please provide any other medical information that you feel would be important regarding your participation in this program, please specify.
______________________________________________________________________________
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______________________________________________________________________________
Bergen Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Support Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Bergen Community College faculty and staff in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name ____________________________________________ SS# ____________________

I give permission to exchange information about me to the following offices/individuals checked below:

___ School District(s) ____________________________________________
___ DVR Office
___ DDD Office
___ Admissions Office
___ Counseling Office
___ Course Instructors
___ Financial Aid Office
___ Parents/Guardians
___ Registrar’s Office
___ Tutor
___ Other
___ (Specify)

I agree, as part of the application process, to waive my right to access the student recommendation form.

Additionally, I hereby give permission for the Turning Point Program at Bergen Community College the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

Student Signature ____________________________________________ Date ________________

Parent/Guardian Signature ________________________________ Date ________________
PERSONAL SUPPORT INVENTORY

To be filled out by: Parent/Family/Guardian/Support person

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<tr>
<th>Independent Living Skills</th>
<th>1 (Requires complete assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<tr>
<td>Negotiating/finding way around campus environment</td>
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<td>Ordering and purchasing from a restaurant/cafeteria/store</td>
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<td>Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings</td>
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<td>Interpersonal Skills: Ability to relate to others</td>
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<td>Asks for help, clarification, or questions</td>
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<td>Use of judgment skills in an emergency</td>
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<td>Emotional: Copes with stress</td>
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<td>Adjusts to new situations</td>
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<th>Social Skills and Communication</th>
<th>1 (Requires complete assistance)</th>
<th>2 (Needs moderate assistance)</th>
<th>3 (Needs some assistance)</th>
<th>4 (Needs minimal assistance)</th>
<th>5 (Completely Independent)</th>
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<td>Communicating needs in an appropriate manner</td>
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<td>Engaging in appropriate social interaction</td>
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<td>Using pay phone, cell phone, email</td>
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<td>Academic Skills</td>
<td>1 (Requires complete assistance)</td>
<td>2 (Needs moderate assistance)</td>
<td>3 (Needs some assistance)</td>
<td>4 (Needs minimal assistance)</td>
<td>5 (Completely Independent)</td>
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<td>understanding values, using</td>
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<td>checkbook, staying within</td>
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<td>budget</td>
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<td>Math skills:</td>
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<td>Approximate Grade Levels:</td>
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<td>____ Addition</td>
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<td>____ Comprehension</td>
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<td>Computer Skills:</td>
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<td>Word processing, Internet</td>
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<td>Motivation to learn and persist on new tasks</td>
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<td>Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.</td>
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<td>Ability to follow verbal directions</td>
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<td>Ability to follow written directions</td>
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<td>Ability to keep a daily schedule with due dates and assignments</td>
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Has applicant utilized any assistive technology? If yes, what?

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Additional remarks: Please list/discuss any physical, intellectual, social or emotional conditions that may need to be considered when planning a postsecondary experience.

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STUDENT QUESTIONNAIRE

(To be filled out by applicant and may include additional pages. This is an excellent opportunity to show off your writing skills, your critical thinking skills, and your creativity.)

Why do you wish to be considered for the Turning Point Program?

What would you like to learn about in a college class?

What do you want to learn that you haven’t learned in high school?

What kind of jobs are you interested in after you leave school?
What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or favorite singer?

Do you spend time with friends outside of school?  
YES  NO

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

Discuss two of your goals for the future upon completion of this program?
Please use this page to provide us with any additional information about yourself that you wish to share.

______________________________________________________________________________

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______________________________________________________________________________
The above named individual has applied for admission to the Turning Point Program at Bergen Community College. The program serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, vocational, social and independent living skills. Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form. If you have any further question please contact the Turning Point Program at 201-493-4087. Please Note: Letters of Recommendation must be included in a sealed envelope with signature across the seal.

Your Name: ________________________________________________________________
Title: ______________________________________________________________________
Address: __________________________________________________________________
City: ______________________________________________________________________
State: _____________________________________________________________________
Zip Code: ________________________
Phone: _____________________________________________________________________
Organization: _____________________________________________________________
Email Address: _____________________________________________________________

How long have you know the applicant, and in what capacity?

Do you feel the applicant would benefit from the program?  ___Yes  ___No
Why or why not?

Does the applicant have any behaviors that would interfere with their ability to participate in the program?  Yes  No Comments:

Describe the strengths that the applicant has that will make him/her a strong applicant for the Turning Point.
Turning Point Program
Recommendation Form

______________________________________________________________

(Applicant name)

The above named individual has applied for admission to the Turning Point Program at Bergen Community College. The program serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, vocational, social and independent living skills. Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form. If you have any further question please contact the Turning Point Program at 201-493-4087. Please Note: Letters of Recommendation must be included in a sealed envelope with signature across the seal.

Your Name: ________________________________________________________________
Title: ______________________________________________________________________
Address: ___________________________________________________________________
City: ________________________________________________________________________
State: ______________________________________________________________________
Zip Code: ________________________
Phone: ______________________________________________________________________
Organization:________________________________________________________________
Email Address: ______________________________________________________________

How long have you know the applicant, and in what capacity?

Do you feel the applicant would benefit from the program?  ___Yes  ___No
Why or why not?

Does the applicant have any behaviors that would interfere with their ability to participate in the program?  Yes  No Comments:

Describe the strengths that the applicant has that will make him/her a strong applicant for the Turning Point.