

***The Office of the Secretary of Higher Education (OSHE)
presents***

County College-Based Center for Adult Transition Grant

(A project administered by and in partnership with OSHE)

Located at Bergen Community College's Paramus Campus

Student Application

Year: _____

APPLICATIONS ACCEPTED BY MAIL ONLY

**Bergen Community College
Room S-135
Pitkin Education Building
400 Paramus Road
Paramus, NJ 07652
201-879-5540**

ALL APPLICATIONS ARE REVIEWED BY THE ADMISSIONS COMMITTEE

Center for Adult Transition Program Mission

The County College-Based Center for Adult Transition at Bergen Community College is dedicated to providing individuals with Intellectual Disabilities (ID) and Developmental Disabilities (DD) and their families the resources, support and guidance to encourage the greatest level of independence possible. The Center collaborates with and supports individuals with ID/DD, and their families to promote access to community-based services and resources in the areas of **education, training, and employment.**

About The Center for Adult Transition Program

The Center for Adult Transitions is a college based, postsecondary program that prepares young adults (ages 18-24) with intellectual disability/developmental disability for successful transition to postsecondary education and adult employment. The Center utilizes a Person Centered Planning model to help participants identify the specific services, supports, and resources they need to reach their self-determined postsecondary education and employment goals. Once the individual identifies their path, they are given options for coursework, vocational training, and resources necessary to achieve successful outcomes. Through personalized programming and assistance with navigating county and State-based resources, participants of the Center become better prepared to succeed in today's competitive workforce and live more independent and fulfilled lives. **Applicants must have a strong desire to become an independent adult, and demonstrate sufficient emotional stability and maturity to participate successfully in the program.**

Admission Criteria for Postsecondary Educational and Vocational Programs:

- Applicants must be between the ages of 18-24 at the start of the program.
- 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 and adhere to the policies regarding attendance and participation in the Center for Adult Transition program.
- The applicant must have the potential to successfully achieve his/her goals with the context of the Center for Adult Transition's content and setting.
- Applicants must have been identified with an intellectual disability or developmental disability while active in the K-12 system.

*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 postsecondary goals. Such summaries are required for students who graduate or turn 21 on or after July 1, 2005.

Application Procedure

Applicants are to complete all the following pages of the Application Packet to be considered for the Center for Adult Transition. Applications not containing the mandatory information and documents will not be reviewed. Each applicant should complete the **Application Checklist** as independently as possible.

The applications may be typed or handwritten. Once the packet is submitted and received, it will be reviewed by the Admission Committee. Records submitted must support and clearly state that the applicant has an Intellectual or Developmental Disability in order to be considered for the Center for Adult Transition.

The application packet is reviewed as a whole by the Admission Committee to determine if the applicant meets the eligibility requirements as well as ensure The Center for Adult Transition's services are a good fit for the applicant.

Applicants that are found eligible will be contacted by phone to schedule an interview with the Admission Committee. Upon completion of the Admission interview, applicants may be contacted to participate in a "Shadowing Day" event that provides applicants the opportunity to participate in classes and activities with our current students. The interview and shadowing day process is meant to ensure the The Center for Adult Transition is an appropriate fit for the applicant.

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. Applicants will receive updates based on program eligibility and if applicable, admission status via mail.

Application Checklist

1. ___ **Center for Adult Transition Student Application**
2. ___ **Current Photo of Applicant**
3. ___ **Student Questionnaire** to be completed by the applicant
4. ___ **Parent/Guardian Information** to be completed by parent/guardian
5. ___ **Emergency Contact/Medical Information Form**
6. ___ **Release/Exchange of Information Form**
7. ___ **Evaluations – MANDATORY – most recent and relevant evaluations that best reflect the individual's current academic, social, and emotional needs** conducted **no more than three to five years** for school purposes and/or by an outside/private provider – Educational **and** Psychological/ Behavioral evaluations must be included.
8. ___ **Academic Performance Documentation** – most recent individualized education plan (IEP), official high school transcripts or any records from attended postsecondary program(s).
9. ___ **Two Letters of Recommendation** – to be completed by a non-family member that has known the applicant for one or more years. Letters must be submitted using the **Recommendation Form** (pg. 16 & 17 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 the seal.

10. **Applicant's Signature:** _____ **Date:** _____

Center for Adult Transition Application

The applicant should complete the application as independently as possible.

Please complete all sections of the application. If you need assistance, it is acceptable for the applicant to receive support. 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 a written agreement is provided by the applicant. You may attach additional information and pages for writing space if needed.

STUDENT INFORMATION

Last Name	First Name	MI	Home Phone
Home Address			Birth Date
City	State	Zip Code	Cell Phone
E-Mail Address			
Guardianship: (Check that which applies) <input type="checkbox"/> self <input type="checkbox"/> parent <input type="checkbox"/> other			Name of Guardian (s) if applicable: Guardian's relationship to student:

SUPPORT SERVICES

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

____ **Supplemental Security Income (SSI)**

____ **Social Security Disability Insurance (SSDI)**

____ **Division of Developmental Disabilities (DDD Self Directed Supports)**

____ **Medical Assistance**

____ **Division of Vocational Rehabilitation Services (DVRS)**

____ **Special Education Services (IDEA funding)**

____ **Other**

Do you have a DDD Individualized Support Plan? _____

- If yes, please list your Support Coordinator's name and phone number:

Do you have a Case Manager with the Division of Vocational Rehabilitation Services? _____

- If yes, please list your Case Manager's name and phone number:

FAMILY INFORMATION

Student lives with:

both parents
 Mother
 Father
 Guardian(s)
 other

Mother/Guardian: Last Name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	Zip Code	Work Phone
Email Address			Cell Phone
Father/Guardian: Last Name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	Zip Code	Work Phone
Email Address			Cell Phone

HOUSEHOLD INFORMATION: Other than the people listed above, who lives with you?

Name	Relationship to Applicant

EMERGENCY CONTACT: IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ Phone Number: _____

Emergency Contact's Relationship to applicant: _____

Emergency Contact's Address: _____

EDUCATION HISTORY

Schools Attended (Name, City, State)	Years attended	Reason for Leaving

Did you receive a high school diploma or equivalent? No Yes

From (school) _____ Date _____

Please describe your academic strengths and weaknesses.

What type of accommodations help you learn best? (e.g. small groups, extra time)

In the following areas, please describe 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 past school? Yes No

If yes, list subjects _____

Have you had any accommodations for your general education classes? 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

Name of Business/Employer	Paid or Unpaid	Job Responsibilities	Reason for Leaving	Amount of time at job

Are you currently participating in a work experience? Is this experience paid or unpaid?

Are you currently participating as a volunteer?

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

TRANSPORTATION

What type of transportation do you plan to utilize if you were to attend the Program?

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

DISABILITY/MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnosis 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 any known allergies:

Please list any current medications and their purpose:

Note: If the applicant must take medications while on campus, they must be independent in administering such medications. Bergen Community College does not have the personnel or facility to administer medications for any student within any program. Occupational, Physical, Speech, and (consistent) Mental Health therapies are not included in the program.

Do you currently receive private therapeutic services? (Physical therapy, occupational therapy, counseling/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

Please provide any other medical information that you feel would be important regarding your participation in this program, please specify.

Release of Information

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 _____ Date _____

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

- _____ **School District(s)** _____
- _____ **Division of Vocational Rehabilitation Services (DVRS)**
- _____ **Division of Developmental Disabilities (DDD)**

- _____ **Social Security Administration (SSA)**
- _____ **Admissions Office**
- _____ **Counseling Office**
- _____ **Course Instructors**
- _____ **Financial Aid Office**
- _____ **Parents/Guardians**
- _____ **Registrar's Office**
- _____ **Tutor**
- _____ **Other** _____

I hereby give permission for the Center for Adult Transition 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

Independent Living Skills	1 (Requires complete assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Finding way around campus environment					
Ordering food from restaurant or cafeteria					
Making purchases from store					
Handling personal affairs: laundry, light cooking, cleaning					
Organizing/ managing personal belongings					
Managing personal hygiene					
Asks for help when needed					
Use of judgment skills in an emergency					
Manages personal safety					
Emotional: Copes with stress					
Adjusts to new situations					
Transportation skills					

Social Skills and Communication	1 (Requires complete assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Communicating needs in an appropriate manner					
Engaging in appropriate social interaction					

Using pay phone, cell phone, email					
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Academic Skills	1 (Requires complete assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: Approximate Grade Levels: ___ Addition ___ Subtraction ___ Multiplication ___ Division					
Reading and writing skills: Approximate Grade Levels: ___ Reading ___ Writing ___ Listening ___ Comprehension					
Computer Skills: Word processing, Internet					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Has the applicant utilized any assistive technology? If yes, what?

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

STUDENT QUESTIONNAIRE

This section is to be filled out by the potential student and additional pages may be included. This is an excellent opportunity to show off your writing skills, your critical thinking skills, and your creativity!

Future Goals: Please list all of the following statements that describe your **future goals** and expectations after CAT participation:

1. Please check all of the following that describe your motivation for applying to The Center for Adult Transition at Bergen Community College:

_____ To obtain an industry recognized vocational credential such as *Microsoft Office*, *Hospitality (ServSafe)*, *Occupational Safety (OSHA)*, or other specialized vocational training certification.

_____ To learn independent living skills, social skills, and employability skills

_____ To take college courses on an audit basis (not for credit) for the main purpose of exploring interests, developing independence, and meeting new people.

_____ To gain college readiness skills for future college enrollment

_____ To participate in college courses for credit and work towards an associates degree

_____ To obtain information and/or referral to county and State-based programs, services, and resources.

2. Please list any other reasons (not listed above) that you may have for applying to the Center for Adult Transition at Bergen Community College.

3. What topics are you interested in learning about in college courses?

4. What do you want to learn that you haven't learned in high school?

5. What type of job/career would you like to have after graduation?

6. What do you enjoy doing in your free time? Any specific hobbies you enjoy?

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

8. What do you like to do with your friends?

9. In the section below, please list any accomplishments you hope to achieve in your future, and explain how the Center for Adult Transition may help you achieve those accomplishments if accepted.

Center for Adult Transition Recommendation Form

(Applicant name)

The above named individual has applied for admission to the Center for Adult Transition at Bergen Community College. The program serves to provide young adults with intellectual or developmental 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. If you have any further questions please contact the Center for Adult Transition at 201-879-5540. 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 known 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 Center for Adult Transition at Bergen Community College.

Center for Adult Transition Recommendation Form

(Applicant name)

The above named individual has applied for admission to the Center for Adult Transition at Bergen Community College. The program serves to provide young adults with intellectual or developmental 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. If you have any further questions please contact the Center for Adult Transition at 201-879-5540. 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 known 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 Center for Adult Transition at Bergen Community College.