Turning Point Program

Student Application

Year: _____

APPLICATIONS ARE ACCEPTED BY MAIL ONLY

Bergen Community College
Turning Point Program
Room L-121
Pitkin Education Building
400 Paramus Road
Paramus, NJ 07652
201-493-4087
turningpoint@bergen.edu

ALL APPLICATIONS ARE REVIEWED BY THE ADMISSIONS COMMITTEE

Application for Admission

Applicants must complete all the following pages of the Application Packet to be considered for the Turning Point Program. Once the packet is submitted and received, it will be reviewed by the Admission Committee. Turning Point will not review your application until both letters of recommendation are received. Applicants found eligible will be contacted by phone to schedule an interview with the Admission Committee. Upon completion of the Admission interview, applicants who are being moved forward in the admission process will be contacted to participate in a "Shadowing Day" event that allows applicants to participate in classes and activities with our current Turning Point students. The interview and shadowing day process are meant to ensure the Turning Point Program is an appropriate fit for the applicant. Being invited to a shadow day does not mean they will be accepted. Applications for the Fall 2027 are due by March 31, 2027. Please see our online schedule for due dates for the application.

Please note, due to space limitations of the Program, not all students who meet the criteria for admission will be accepted as there is a maximum of 16 spaces available. Each applicant should complete the ***Application Checklist independently****. The applications can be typed or handwritten and must include all required information.*

Two letters of recommendation are required *with your application packet. At least one recommendation must be provided by a former or current educator, and one by an individual who has worked with the applicant in a professional or supervisory capacity. Recommendations from family members, friends, or neighbors will not be accepted. Each letter must be submitted in a sealed envelope with the recommender's signature written across the seal. Two letters of recommendation are required with your application packet.*

References may be contacted by the program to ensure that their letter reflects their true opinion of the applicant's ability and/or drive to succeed in college. Falsification of this information is subject to immediate loss of consideration. Applicants are responsible for ensuring the completion of reference letters. Turning Point will confer with the applicant once all materials are received. Examples of those who can recommend you are: job coaches, internship supervisors, employers, teachers, and paraprofessionals to name a few. If you have questions about who would qualify for a recommendation letter, please contact us

Application Checklist

1. ____ Turning Point 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 post-secondary programs.*

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.*

Applicant's Signature: _____ Date: _____

Application for Admissions Procedure

Records submitted must support and clearly state that the applicant has an Intellectual Disability to be considered for the Turning Point Program. 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 Turning Point is a good fit for the applicant. If students are deemed eligible, they will be invited to participate in an interview with the Admissions Committee, where they will be asked to demonstrate basic literacy skills (reading and writing).

Please note, due to space limitations of the Program, not all students who initially meet the criteria for admission will be accepted.

Admission is based on the following criteria:

- *Applicants must be between 18-30yrs of age at the start of the program.*
- *The applicant must have significant limitations in both intellectual functioning and adaptive behavior, covering many everyday social and practical skills. (AAIDD definition of Intellectual Disability) they must have an intellectual disability while active in the K-12 system.*
- *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 toward others. Note: The program does not have the personnel to supervise students with complex and challenging behaviors or dispense medications.*
- *The Applicant must show a clear motivation and interest in attending the Turning Point program and be focused on achieving competitive employment.*
- *The applicant must adhere to the program's policies regarding attendance and participation policies.*
- *The applicant must have the potential to successfully achieve their goals within the context of the Turning Point Program's content and setting.*
- *Applicants must have the capacity to manage their time on campus independently*

Please do not call about your application's status, as we cannot provide this information over the phone.
*Applicants will receive updates based on program eligibility and, if applicable, admission status via mail. *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.*

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 to assist us in determining this applicant's admissibility to the program. All information is confidential and will not be shared with outside agencies unless the applicant provides a written agreement. 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	

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 ZipCode	***Work Phone***
Email Address	***Cell Phone***

Siblings:

Name	***Age***

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

NAME: _____ DATE _____

EDUCATION HISTORY

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

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

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? What is the hourly rate?

_____

_____

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 access, support needs, or related issues with transportation? (Please list)

_____

_____

MEDICAL HISTORY

Please give a brief description of your medical history and the disability diagnosis that you 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 their purpose:

_____

_____

_____

Note: Applicants requiring medication while on campus must be capable of self-administration. Bergen Community College lacks the staff and facilities to administer medications, and this service is not provided by the college or the program. Additionally, specialized therapeutic services—including Occupational, Physical, Speech, and ongoing Mental Health counseling services—are not provided as part of the program.

Please note, private therapeutic services such as physical therapy, occupational therapy, outpatient counseling/psychiatry or other related services must be scheduled outside of the hours of the program.

Are you independent in self-care 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.

_____

_____

_____

_____

_____

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 with the following offices/individuals checked below:

____ School District(s) _____
____ DVRS Office Counselors Name _____
____ DDD Office Coordinator's Name _____
____ Admissions Office
____ Counseling Office
____ Course Instructors
____ Financial Aid Office
____ Parents/Guardians
____ Registrar's Office
____ Tutor support
____ Other _____

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 and Student

Turning Point Personal Support Inventory (Student)

Directions: Evaluate your level of independence related to the following skills by checking the corresponding box, indicating that you have had no opportunity to demonstrate this skill, require assistance in using this skill, require someone to supervise you in using this skill, require someone to prompt or remind you to do this, or are completely independent in demonstrating this skill. ***Please place an (*) by skills you consider a priority for the upcoming academic year.***

Skill	*Level of Independence*			
	Requires Assistance	*Requires Supervision*	*Requires Prompting*	*Completely Independent*
Independent living skills(Financial literacy, cooking, healthy living habits)				
Social Communication Skills(age appropriate socialization and understanding of boundaries)				
Personal Development (Asking for help/ Self advocacy)				
Composing appropriate and professional emails				
Academic skills				
Employment skills				
Filling out employment paperwork (I-9, WW2, Direct Deposit)				
Completing a resume/ cover letter?				
Applying for a job				
Being flexible when plans change				

PERSONAL SUPPORT INVENTORY

To be filled out by ***STUDENT***

Directions: For this section, your student should complete this. *Please read the statement and check "yes" or "no."*		
	Yes	***No***
I prefer to do things by myself.		
I prefer being around others.		
I frequently request assistance from people.		
I frequently seek out reassurance from people that I'm doing things correctly.		
I have a driver's license.		
I will have a car.		
I have fulfilling social relationships.		
I have had a paid job or a volunteer experience		
I have been fired or dismissed from a job.		
I need assistance with medication management		
I crave structure and need assistance in adapting to changes		
I am interested in obtaining and maintaining employment		
I use assistive technology.		
If yes, please list the assistive technology that you use:		

Directions: For this section, your student should complete this. *Please read the statement and indicate whether you strongly agree, agree, disagree, or strongly disagree*				
	Strongly Disagree	*Disagree*	*Agree*	*Strongly Agree*
I worry about being unsupervised on campus.				
I am confident that I will be able to independently navigate a new living and learning environment.				
I share all information with my parents about academics, social involvement, employment, etc.				
My parents frequently check my assignments, homework, and grades.				
I expect my schedule to be full and determined by program staff. *I am confident I will develop and maintain friendships at college.*				
I am confident I will try new things at college.				
I am confident in my own judgment.				
I am ready to attend college.				
I am excited to attend college. *I want to live independently of my family upon graduation.*				
I want to have a job upon graduation.				

Guardianship:

Check below guardianship information. If your parent holds any level of guardianship please submit copies of guardianship paperwork.

I am my own guardian. Specify here: ____

My parents have full guardianship. Specify here:_____

My parents have partial Guardianship. Specify here:____

An external resource has guardianship. Specify here:____

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! The student must fill out this section independently.

Why would you like to attend the Turning Point Program at Bergen Community College?

What subjects or topics would you like to explore in college courses, and how do you think they might help you with your future goals or career?

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

What type of job/career would you like to have after graduation and are there any new skills you would like to learn?

What do you enjoy doing in your free time? Please feel free to share any hobbies or leisure activities you enjoy.

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

What do you like to do with your friends?

Please list two goals you have for your future and explain how the Turning Point Program would help you achieve those goals if accepted.