



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 2024 are due by December 31, 2023. 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 information.*

*Two **Letters of Recommendation** must be included with the application packet. We ask for at least one educator of the student in their lifetime and someone who has worked with them. Please refrain from using neighbors, friends, or family. Each recommendation must be in a sealed envelope with a signature across the seal.*

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. 14 & 15 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 18-30 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 demonstrate the desire to attend Turning Point and obtain employment as the goal*
- *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	Zip Code	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: 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. The same is to be said about Occupational, Physical, Speech, and (consistent) Mental Health therapies. These services are not included in the program.

Do you currently receive private therapeutic services? Physical therapy, occupational therapy, outpatient 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.

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***

____ ***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

<p><i>Directions: Evaluate level of independence related to the following skills by checking the corresponding box, indicating that your student has either had no opportunity to demonstrate this skill, require assistance in using this skill, require someone to supervise them in using this skill, require someone to prompt or remind them to do this, or are completely independent in demonstrating this skill.</i></p> <p><i>Please place an (*) by skills you consider a priority for the upcoming academic year.</i></p>				
<i>Skill</i>	<i>Level of Independence</i>			
	<i>Requires Assistance</i>	<i>Requires Supervision</i>	<i>Requires Prompting</i>	<i>Completely Independent</i>
<i>Independent living skills(Financial literacy, cooking, healthy living habits)</i>				
<i>Social Communication Skills(age appropriate socialization and understanding of boundaries)</i>				
<i>Personal Development (Asking for help/ Self advocacy)</i>				
<i>Composing appropriate and professional emails</i>				
<i>Academic skills</i>				
<i>Employment skills</i>				
<i>Filling out employment paperwork (I-9, WW2, Direct Deposit)</i>				
<i>Completing a resume/ cover letter?</i>				
<i>Applying for a job</i>				
<i>Being flexible when plans change</i>				

PERSONAL SUPPORT INVENTORY

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

<p><i>Directions: For this section, your student should complete this. Please read the statement and check "yes" or "no."</i></p>		
	Yes	No
<i>I prefer to do things by myself.</i>		
<i>I prefer being around others.</i>		
<i>I frequently request assistance from people.</i>		
<i>I frequently seek out reassurance from people that I'm doing things correctly.</i>		
<i>I have a driver's license.</i>		
<i>I will have a car.</i>		
<i>I have fulfilling social relationships.</i>		
<i>I have had a paid job or a volunteer experience</i>		
<i>I have been fired or dismissed from a job.</i>		
<i>I need assistance with medication management</i>		
<i>I crave structure and need assistance in adapting to changes</i>		
<i>I am interested in obtaining and maintaining employment</i>		
<i>I use assistive technology.</i>		
<p><i>If yes, please list the assistive technology that you use:</i></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		

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

Guardianship:

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

- I am my own guardian*
- I have partial Guardianship. 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 topics are you interested in learning about in college courses?

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?

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

**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. If you have any further questions 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 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 Turning Point.

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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? Would they be able to be independent on the campus and Yes No Comments:

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