



Turning Point Program

Student Application

Year: _____

APPLICATIONS ACCEPTED BY MAIL ONLY

Bergen Community College
Turning Point Program
Room L121
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 are to 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. 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 who are being moved forward in the admission process will be contacted to participate in a “Shadowing Day” event that provides applicants the opportunity to participate in classes and activities with our current Turning Point students. The interview and shadowing day process is meant to ensure the Turning Point Program is an appropriate fit for the applicant. Applications for the Fall 2023 are accepted on a rolling basis until late Spring 2023, however applications received by **December 31, 2022** will be fast tracked through the application process, and spots for the program will be filled as eligible candidates complete the process.

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 17 spaces available.

Each applicant should complete the **Application Checklist** as independently as possible. The applications can be typed or handwritten and must include all information.

Two **Letters of Recommendation** must be included with the application packet. Each recommendation must be in a sealed envelope with signature across the seal.

Applications not containing the mandatory information and documents will not be reviewed.

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 program.
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.

Applicant's Signature: _____ Date: _____

Application for Admissions Procedure

Records submitted must support and clearly state that the applicant has an Intellectual Disability in order 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 take part in an interview with the Admission Committee where they will be asked to demonstrate basic literacy skills (reading and writing). 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 provides applicants the opportunity to participate in classes and activities with our current Turning Point students.

The Turning Point Program 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” *(AAIDD definition). 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, a strong desire to become competitively employed and demonstrate sufficient emotional stability and maturity to participate successfully in the program.

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 the ages of 18-30 at the start of the program.
- The applicant must have significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. (AAIDD 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 been identified with an intellectual disability while active in the K-12 system.

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.

*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 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			Age at time of application

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)

Are you your own legal guardian? ☐ Yes ☐ No

If no, who is your legal guardian? _____

Please provide proof of guardianship.

We request guardianship documentation along with our disability documentation and state that students will be regarded as their own legal guardians unless documentation of guardianship (or other legal decision-making authority – financial power of attorney, etc.) is provided.

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: _____ AT _____

EDUCATION HISTORY

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

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

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? _____

Have you worked with a one on one assistant for any of your academic years? Yes No

If yes, which classes? _____

Have you had any behavioral intervention plans in place during the last 3 years? Yes No

If yes, what for? _____

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

*Please use this opportunity to attach a recent resume (if you have one) along with any other career assessments or documents that might be helpful.

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

Please share any volunteer experience here?

What work experiences do you have an interest in? For example, do you like working with people, data, animals or things you can hold.

Would you like to work in a job that is very part time (less than 15 hours per week), part time (between 15-25 hours per week) or full time which can be up to 40 hours per week?

Is it your goal to become employed? _____

TRANSPORTATION

What type of transportation do you plan to utilize if you were to attend the Program? Please list if you are eligible for transportation service like Access Link, if you use NJ Transit or if you have a license and drive independently.

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

If using family, friends or school district transportation to come to campus, would you be willing to develop a plan to traveling independently by your second year?

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 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. If there are any services (psychological or behavioral) that would be important for you to have in order to navigate the college campus and have healthy social interactions please specify here.

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) _____
____ DVR Office _____
____ DDD Office and support coordinator _____
____ Admissions Office _____
____ Counseling Office _____
____ Course Instructors _____
____ Financial Aid Office _____
____ Parents/Guardians _____
____ Registrar's Office _____
____ Tutor _____
____ Job Coaches _____
____ 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

Independent Living Skills	1 (Requires complete assistance)	2 (Needs moderate assistance)	3 (Needs some assistance)	4 (Needs minimal assistance)	5 (Completely Independent)
Negotiating/finding way around campus environment					
Ordering and purchasing from a restaurant/cafeteria/store					
Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: Copes with stress					
Adjusts to new situations					

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					
Social media, cell phone, email,					

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 debit card, 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					

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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!

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.

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**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? Yes No **Comments:**

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