



The College of New Jersey

Career & Community Studies (CCS)

Student Application Packet **200__**

The Center for Assistive Technology and Inclusive Education (CATIES) supports this program as an opportunity to continue their participation in the college's commitment to create a diverse learning campus, to offer innovative ways to teach students with intellectual disabilities and to increase learning opportunities for the traditional student in a natural setting. It also promotes diversity within our community and strengthens our collaborative work with state and local agencies and public schools.

**APPLICATIONS WILL ONLY BE ACCEPTED BY
MAIL
Due Date March 31st
All applications will be reviewed**

The Department of Special Education, Language & Literacy
2000 Pennington Road
P.O. Box 7718
Ewing, NJ 08628-0718
(609) 771-2381

Application for Admission

Applications are being accepted as of January 1st for the following academic year. Once your completed application has been submitted, you will be contacted for a mandatory student/parent/family/guardian/support person interview.

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

You should complete the **Application Packet (1-5 below)** as independently as possible. The applications can be typed or printed neatly. Include all information (**6-9 below**). **Letters of Recommendation** must be included in a sealed envelope with signature across the seal. **Personal Interviews** will be scheduled when a completed packet has been received.

APPLICATION CHECKLIST

1. ____ **CCS Student Application** and \$25 application fee payable to CCS
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. ____ **Educational Evaluations** conducted within the past three years, including;
 - a. Peabody Individual Achievement Test (PIAT) or
 - b. Kaufman Test of Educational Achievement (KTEA) or
 - c. Woodcock Johnson III or Revised: Test of Achievement; **and**
 - d. Student Summary of Performance (SOP) *(N.J.A.C. 6A:14-4.12)

8. ____ **Psychological/Behavioral Evaluation** (within last three years)

9. ____ **Letters of Recommendation (4)** from a person who has known the applicant for one year or longer, one representing each of the following (1) education; (2) vocational/employment; (3) community involvement; and (4) personal. Letters must be submitted using the **Recommendation Form** and returned with the application packet as directed on the form.

10. ____ **Personal Interview** for the applicant and a parent/family/guardian/support person is required

Applicants Signature _____ Date _____

Application for Admissions Procedure

In order to be sure that **Career and Community Studies (CCS)** at **The College of New Jersey** is the best match for our applicants, we require the application packet be completed by each student. Upon entering, it will be expected that students will be able to demonstrate basic literacy skills in 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 typically 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, possess 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 completion along with their personal portfolio.

Note: Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the Career and Community Studies; however you are welcome to reapply.

Questions?

You may e-mail **Rebecca Daley**, Project Coordinator at daley@tcnj.edu
Or call **(609) 771-2381**

Please send all admissions materials to:

**Career and Community Studies
The College of New Jersey
Department of Special Education Language & Literacy
2000 Pennington Road
Ewing, New Jersey 08628**

ATTENTION: Rebecca Daley M.S.

*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. 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.

**American Association of Mental Retardation (AAMR) Definition of Mental Retardation

Application Process

STEP 1

_____ Download a Student Application from our web page www.tcnj.edu/~ccs/

STEP 2

_____ Complete and submit the Student Application Packet, including a non-refundable application fee of \$25.00 payable to TCNJ
_____ Submit High School Transcripts
_____ Submit Educational Evaluations
_____ Submit Letters of Recommendations

STEP 3

_____ Sign up for a campus tour either by email daley@tcnj.edu or calling 609-771-2381. Tour dates will be posted on the web page at the beginning of spring semester. (January 30th)

STEP 4

_____ Attend Open House in February (not mandatory, but recommended)

STEP 5

_____ Upon receipt and review of the completed application packet, the applicant will be contacted to schedule a personal interview along with a parent/family/guardian/support person.

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.

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 18-25 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)
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the CCS coursework and campus environment
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: CCS does not have the personnel to supervise students with difficult and challenging behaviors or dispense medications
- The applicant must demonstrate the desire to attend CCS and adhere to the CCS policies regarding attendance and participation in the CCS coursework and typical TCNJ classes.
- The applicant must have the potential to successfully achieve his/her goals with the context of the CCS programs content and setting
- Applicants selected must be available to attend a Summer Orientation and Fall Convocation

Please complete all sections of this application. (Pages 5-16) 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

Student: Last Name MI	First Name	Home Phone
Address		Social Security Number
City	State	Zip Code
Email address		Birth date
		Cell phone

**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**
- 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

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

Siblings:

Names	Age

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

_____ at _____
(name) **(phone)**

or

_____ at _____
(name) **(phone)**

EDUCATION HISTORY

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

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

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 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)

NOTE: The College of New Jersey and the CCS program are unable to provide transportation to and from the campus.

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:

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. TCNJ and CCS do 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?

Note: If not, the applicant will need to arrange for personal assistance services in order to attend the Career and Community Studies program. This is not included in any of the program or college services.

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.

The College of New Jersey

Career & Community Studies

Release and Exchange of Information Form

The College of New Jersey 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 Differing Abilities as confidential. However it may be necessary for our staff to exchange some information about you with the TCNJ 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 CCS program at The College of New Jersey the right to use my photograph and/or quotes and videotapes of me for public relations and /or training purposes. I am aware that I am participating in a pilot program funded by the National Down Syndrome Society and that aggregate data (data about entire group) from this program will be collected and disseminated.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

PERSONAL SUPPORT INVENTORY

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**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					
Adjust 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					
Using pay phone, 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 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 applicant utilized any assistive technology? If yes, what?

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

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)

STUDENT QUESTIONNAIRE

Why do you wish to be considered for the Career & Community Services 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.