



Adult Center for Transition Program

Student Application

Year: 2024–2025

Applications will be accepted through mail or e-mail:
Adult Center for Transition (ACT)

Gloucester Campus

1400 Tanyard Road
Sewell, New Jersey 08080

Cumberland Campus

3322 College Drive
Vineland, NJ 08360

act@rcsj.edu

For further information, please contact 856-464-5203.

ACT APPLICATION_1

ACT Program Mission:

The mission of the Rowan College of South Jersey Adult Center for Transition is to afford young adults with disabilities, vocational and socialization skills necessary to become independent and contributing members of society.

Application Selection Criteria:

(Admission will be based on the following criteria)

- The applicant must be between the ages 18–24 at the start of the program.
- The applicant must demonstrate the desire to attend college and the ACT program independent of family or parent encouragement, and adhere to the policies regarding attendance and participation in all aspects of the program.
- The applicant must have paid, integrated, competitive employment and/or higher education as a primary desired outcome upon graduation.
- The applicant must demonstrate sufficient social/emotional skills to navigate the demands of a college environment.
- The applicant must demonstrate the ability to follow reasonable rules and expectations and treat others (staff, students, and faculty) with dignity and respect. **Note:** The program does not have the personnel to supervise students with severely challenging behaviors and/or to dispense medications.
- The applicant must have the potential to successfully achieve his/her goals within the context of the ACT program's content and setting.
- The applicant must have graduated with a high school diploma or equivalent.

Application Checklist:

1. ____ ACT Student Application (all pages must be completed)
2. ____ Release/Exchange of Information Form
3. ____ Student Questionnaire (to be completed by the applicant)
4. ____ Personal Statement (to be completed by the applicant)
5. ____ Copy of most recent IEP, Social History, Learning and Psychological Evaluations
6. ____ Two letters of formal recommendation from a person who has known the applicant for one year or longer. Letters must be submitted using the Recommendation Form and returned with the application packet as directed on the form.
7. ____ If you are the applicant's guardian, please submit a legal court issued document

Release of Information:

I, _____, hereby authorize the release, exchange and/or discussion of my educational and vocational records or other pertinent information relevant to the Adult Center for Transition at Rowan College of South Jersey. These records are required to develop individualized programming and assistance and may include but are not limited to; my last IEP, psychological evaluation, learning evaluation, social history and medical records, as well as communication with the following agencies.

Name of school, program and/or agency:

Signature of requestor: _____

Witness: _____

Signature of parent/guardian: _____

Relation (if minor): _____

Date: _____

APPLICATION:

A. APPLICANT INFORMATION: *(It is preferred student complete application)*

Last Name: _____ First Name: _____ M.I. _____

Address: _____
Street City ZIP code

County of Residence: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: ____/____/____ Age: ____

Citizenship: ___ U.S. Citizen ___ Non-Resident ___ Permanent Resident
___ Information unavailable

Gender: ___ Female ___ Male ___ Non-binary ___ Prefer not to respond

Guardianship: ___ Self ___ Parental guardian ___ Other Criminal History: ___ Yes ___ No

Guardian Name: _____ Relationship: _____

Select Campus:

___ RCSJ Gloucester Campus ___ RCSJ Cumberland Campus

Federal Reporting:

The state and federal governments require the College to submit information on student characteristics. Your response to this section is voluntary, but will help RCSJ implement its affirmative action policy. RCSJ is an equal opportunity institution. This information does not affect admission or placement.

Race/ethnicity:

Does the student identify as Hispanic/Latino: ___ Yes ___ No

Does the student identify as any of the remaining racial categories (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American | |

B. FAMILY INFORMATION:

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Address: _____

Address: _____

Home Phone #: (____) _____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Cell Phone #: (____) _____

Email: _____

Email: _____

Emergency Contact Information: _____

C. HOUSEHOLD INFORMATION:

Name	Relationship to Applicant

D. EDUCATION HISTORY:

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

Please check the statement that best describes your educational setting in high school:

Full-time included in general education curriculum and classes

Half time in general education and half time in special education

Assigned only to special education classes

___ Other: _____

Explain need: _____

Did you receive a high school diploma? Yes No

Name of school: _____ Date: _____

In a couple of words, please describe your academic strengths and challenges.

In a couple of words, how do you think you learn best? (E.g. small groups, extra time)

E. DAILY LIVING:

For each self-management activity listed below, indicate whether you do it *independently*, *need some support*, or *need a lot of support*.

- If you mark something as “*Needs some support*” or “*Needs a lot of support*” please *indicate in the same box*, an example of the kind of support that allows you to participate successfully in the activity.

<u>Tasks</u>	Independently	Needs some support (give example)	Needs a lot of support (give example)
Make and follow a daily schedule			
Identify and ask for help when needed			

Cope with stressful situations			
Manage personal health/safety			
Manage personal grooming and hygiene			
<u>Tasks</u>	Independently	Needs some support (give example)	Needs a lot of support (give example)
Interact with new people			
Use a cell phone			
Transportation usage			

In the following areas, describe what skills you would like to learn or achieve.

College Readiness _____

Career Training _____

Have you participated in general education classes in your high school? Yes No

If yes, list subjects _____

Were any accommodations provided? Yes No

If yes, what kind? _____

F. DISABILITY/MEDICAL INFORMATION:

To be accepted into the Adult Center for Transition, you must show proof that you have a disability and that you were eligible for special education services under IDEA (i.e., had an Individualized Education Program [IEP]).

Check the disability classification(s) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Blind/Visually Impaired |
| <input type="checkbox"/> Emotional/Behavioral Diagnosis | <input type="checkbox"/> None of these/Other (please specify): |
-

Do you have any significant medical concerns? (e.g. Epilepsy, diabetes, etc.) If yes, provide details of how medical concern is managed:

G. EMPLOYMENT:

- | | | |
|--|------------------------------------|------------------------------------|
| Do you have an Individualized Plan for Employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a goal to be employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |

If yes, what would be your ideal job? _____

Indicate the kinds of experiences in which you have/had participated: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Vocational training | <input type="checkbox"/> Internship program |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Paid employment |
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Job Sampling |

If you checked any of the above experiences, please complete chart on the next page:

Parent/Guardian please answer:

Will a paid position where your son/daughter earns money impact your life negatively?

Yes No

If yes, do you prefer your child volunteer versus obtain paid employment? Yes No

Dates	Business or organization	Type of Experience <i>Circle one</i>	Unpaid or Paid <i>Circle one</i>	Responsibilities
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	

H. FUTURE GOALS:

Please check all of the following statements that describe your future goals and expectations after participation in ACT:

Obtain industry recognized certification (i.e. Home Health Aide, Culinary Arts, Computer programming, Fitness training, etc.) Please specify _____

Participate in college courses for credit/obtain your Associates Degree

Gain skills for independent employment

Gain skills for supportive employment

Gain skills for community based volunteer opportunity

I. SUPPORTIVE SERVICES

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

Supplemental Security Income (SSI)

Division of Development Disabilities (DDD Self Directed Supports)

Medical Assistance

Social Security Disability Insurance (SSDI)

Division of Vocational Rehabilitation Services (DVRS)

Other; Please explain _____

Do you have a DDD Individualized Support Plan (ISP)? Yes No

Support Coordinator's Name _____

Phone number _____

Do you have a case manager with Division of Vocational Rehabilitation Services (DVRS)?

Yes No

If yes, please list the name and phone number of your case manager:

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.

Why do you wish to be considered for the Adult Center for Transition Program?

What would you like to learn in college?

What do you do in your free time?

What is your favorite hobby or sport?

Do you spend time with friends outside of school? Yes No

If yes, what do you like to do with your friends?

Name two of your goals upon completion of this program.

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 judgement skills in an emergency					
Emotional: Copes with stress					
Adjusts to new situations					

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					
Computer Skills: Word processing, Internet					
Motivation to learn and persist on new tasks					
Verbalize &/or write personal info: name, address, phone number, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule/assignments					
Social Skills & Communication					
Social Skills and Communication					
Communicating needs in an appropriate manner					
Using landline, cell phone, email					

J. ACKNOWLEDGMENT AND SIGNATURE:

Name of person helping you complete this form (if applicable):

Relationship to the applicant:

This person helped me by: (check all that apply)

Writing what I said

Reading the application to me

Paraphrasing my words

Adding more to what I wrote

Other _____

I acknowledge that this application was completed truthfully and all questions were answered to the best of my ability.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if applicable): _____ Date: _____

Adult Center for Transition Recommendation Form:

(Applicant name)

The above named individual has applied for admission to the Adult Center for Transition Program at Rowan College of South Jersey. The program serves to provide young adult with intellectual or other disabilities a college experience that will further their academic, vocational, social and independent living skills. Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

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 his/her ability to participate in the program? Yes or No

Comments:

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

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