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**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.

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 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 severly 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.

ACT APPLICATION\_2

**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

ACT APPLICATION\_3

**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:

ACT APPLICATION\_4

**APPLICATION:**

1. **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):

  Asian

  White

  Black or African American

ACT APPLICATION\_5

  American Indian or Alaskan Native

  Native Hawaiian or other Pacific Islander

**B. FAMILY INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACT APPLICATION \_6

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_

ACT APPLICATION \_7

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.

ACT APPLICATION\_6

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks** | **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 |  |  |  |
| **Tasks** | **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.

ACT APPLICATION\_8

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?

ACT APPLICATION \_9

**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:*

\_\_ Intellectual Disability

\_\_ Deaf/Hard of Hearing

\_\_ Autistic

\_\_ Emotional/Behavioral Diagnosis

\_\_ Learning Disability

\_\_ Traumatic Brain Injury

\_\_ Blind/Visually Impaired

\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACT APPLICATION \_9

**G. EMPLOYMENT:**

Do you have an Individualized Plan for Employment? \_\_\_ Yes \_\_\_ No

Do you have a goal to be employed? \_\_\_ Yes \_\_\_ No

 \_\_\_ Full time \_\_\_ 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)*

\_\_\_Vocational training

\_\_\_ Job shadowing

\_\_\_ Internship program

\_\_\_ Paid employment

\_\_\_Volunteerism \_\_\_ 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

ACT APPLICATION \_10

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Business or organization** | **Type of Experience*****Circle one*** | **Unpaid or Paid*****Circle one*** | **Responsibilities** |
|  |  | Training InternVolunteerEmployment | UnpaidPaid |  |
|  |  | Training InternVolunteerEmployment | UnpaidPaid |  |
|  |  | Training InternVolunteerEmployment | UnpaidPaid |  |
|  |  | Training InternVolunteerEmployment | UnpaidPaid |  |
|  |  | Training InternVolunteerEmployment | UnpaidPaid |  |

**H. FUTURE GOALS:**

ACT APPLICATION \_11

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:

ACT APPLICATION \_12

**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.

ACT APPLICATION \_13

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

**Personal Support Inventory:**

*To be filled out by: Parent/Family/Guardian/Support person*

ACT APPLICATION \_14

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |

ACT APPLICATION 15

**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: \_\_\_\_\_\_\_\_\_

ACT APPLICATION \_16

**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.

ACT APPLICATION \_17

**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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