



## **The College Success Program for Students with Autism Spectrum Disorder Application for Admission**

### **Application Instructions**

Please complete the following application in your own handwriting. You may type your responses or have someone complete the application for you if handwriting poses a significant challenge. Please note on the application if the handwriting is not your own.

Send the original application and photocopies of your accompanying documentation to:

Eastern University  
Attention: Sharon Thompson, PhD  
CCAS – CSP  
1300 Eagle Road  
St. Davids, PA 19087

The CSP application deadline is March 1<sup>st</sup>.

Please make certain that your packet is postmarked by March 1<sup>st</sup> if you use the U.S. Postal Service. Electronic submission with scanned documentation must be received by March 1<sup>st</sup>. Send your electronic submission to [sthompson@eastern.edu](mailto:sthompson@eastern.edu). Applications received after the deadline will be considered on a case-by-case basis if there is space available in the program.

### **Note**

*Application to the CSP does not constitute a request for accommodations based on disability. Students wanting to make a formal request for disability accommodations should consult the document “Accommodations for Students with Disabilities Policy” for information on policies and procedures. This document is available from the Cushing Center for Counseling and Academic Support or at [www.eastern.edu/sites/default/files/inline-files/Disability-Policy-3-2018.pdf](http://www.eastern.edu/sites/default/files/inline-files/Disability-Policy-3-2018.pdf)*

### **Confidentiality Statement**

*The CSP application and accompanying documents are considered covered by the Family Educational Rights & Privacy Act and will not be disclosed except as needed to University agents with a legitimate educational interest, and/or as otherwise required or permitted by law, and/or as otherwise requested by the student.*

**SECTION 1 OF 10: PROSPECTIVE STUDENT AND FAMILY INFORMATION**

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Full name: \_\_\_\_\_

Nick name or preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Name of Parent/Guardian 1: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_  
(Specify which Parent/Guardian)

Cell for Parent/Guardian 1: \_\_\_\_\_

Cell for Parent/Guardian 2: \_\_\_\_\_

Email for Parent/Guardian 1: \_\_\_\_\_

Email for Parent/Guardian 2: \_\_\_\_\_

Parent/Guardian address (if different from above; specify which Parent/Guardian): \_\_\_\_\_

\_\_\_\_\_

Siblings' name(s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

**SECTION 2 OF 10: DIAGNOSTIC INFORMATION**

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Autism Spectrum Disorder diagnosis: \_\_\_\_\_

Date of ASD diagnosis: \_\_\_\_\_

Name of diagnostician: \_\_\_\_\_

Diagnostician's phone number: \_\_\_\_\_

- Diagnostician is a:
- Licensed psychiatrist
  - Licensed psychologist
  - Licensed medical doctor (indicate type) \_\_\_\_\_
  - Other (please explain) \_\_\_\_\_
- \_\_\_\_\_

Additional diagnoses (e.g., ADHD, Learning, Mood, and/or Anxiety Disorders): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of diagnoses: \_\_\_\_\_

Name(s) of diagnostician(s): \_\_\_\_\_

Phone number of diagnostician(s): \_\_\_\_\_

**SECTION 3 OF 10: ACADEMIC INFORMATION**

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List in chronological order the name(s) of the high school(s) and college(s) you have attended.

Name of school	GPA	Dates attended	Diploma/certificate received

Describe extracurricular activities in which you participate: \_\_\_\_\_

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What have you accomplished in school that has made you the most proud? \_\_\_\_\_

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Why do you want to enroll in a traditional undergraduate program at Eastern University? \_\_\_\_\_

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What goal(s) would you like to achieve while attending Eastern University? \_\_\_\_\_

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Have you applied to and been accepted into a traditional undergraduate program at Eastern University?

- Yes       Pending       Have not applied

What is your anticipated Eastern University start date?: Fall of \_\_\_\_\_

Have you decided upon a major course of study?  Yes     No

If yes, what is it? \_\_\_\_\_

Have you applied for University housing?  Yes     No

Have you applied for disability services?  Yes     No

What is your plan for after you graduate from Eastern University? \_\_\_\_\_

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**SECTION 4 OF 10: ACADEMIC SUPPORT INFORMATION**

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What are your academic strengths and/or best subjects? \_\_\_\_\_

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What are your academic challenges and/or most difficult subjects? \_\_\_\_\_

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Describe how you best learn new information: \_\_\_\_\_

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Describe your study skills and habits: \_\_\_\_\_

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List your current classroom accommodations (if applicable): \_\_\_\_\_

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Describe supports you currently receive with your school work (e.g., checking homework, organizing projects, monitoring assignment due dates, organizing a planner/calendar, etc.):

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Describe the types of post-secondary transition services you have received: \_\_\_\_\_

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**SECTION 5 OF 10: ADDITIONAL SUPPORT INFORMATION**

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Do you currently receive non-academic supportive services (e.g., social skill support, physical or occupational therapy, and/or counseling or psychotherapy)?  Yes  No

If yes, please briefly explain what services you receive (including the type of service, treatment goals, and the date the service began, and what you like and dislike about the support service you receive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6 OF 10: MEDICAL INFORMATION**

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List any significant medical concerns, including allergies, past or current conditions, etc.:

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

List any medications that you currently take on a regular basis:

<b>Medication</b>	<b>Dosage</b>	<b>Condition for which medicine is prescribed</b>	<b>Name of prescribing physician</b>

Do you administer your medication independently?  Yes  No  Not Applicable

Do you refill your prescription independently?  Yes  No  Not Applicable

**SECTION 7 OF 10: DAILY SKILLS INFORMATION**

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Do you (elaborate, when necessary):

Have and use a cell phone?  Yes  No

Have and use a computer?  Yes  No

Will you bring your computer to campus?  Yes  No

Have and use an email account?  Yes  No

Use an academic/personal calendar or schedule?  Yes  No

Have a checking account?  Yes  No

Can you balance your own bank account?  Yes  No

Independently manage your personal daily hygiene?  Yes  No

Wash and dry your own clothes?  Yes  No

Shop independently for your own clothing, food, and/or toiletries?  Yes  No

Perform basic cooking (e.g., using a microwave or toaster oven)?  Yes  No

Independently use public transportation?  Yes  No

Have a driver's license?  Yes  No

Describe your strengths and challenges with daily living skills and independence: \_\_\_\_\_

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Describe any work history you have had: \_\_\_\_\_

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**SECTION 8 OF 10: INFORMATION REGARDING SOCIAL INTERACTIONS**

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What are your greatest strengths and challenges with social interactions? \_\_\_\_\_

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Describe your current friendships and social activities: \_\_\_\_\_

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What do you like to do in your free time? \_\_\_\_\_

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**SECTION 9 OF 10: MISCELLANEOUS INFORMATION**

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Why do you think the CSP is a good match for your needs? \_\_\_\_\_

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Is there anything else you would like the CSP staff to know about you? \_\_\_\_\_

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**SECTION 10 OF 10: SIGNATURES & LEGAL AUTHORITY**

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Your name (please print): \_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Does anyone hold Power of Attorney for you?** (If you are not sure, please ask a parent/guardian.)  Yes  No

If yes, please include a copy of the Power of Attorney with your application.

**If you are over the age of 18, does anyone hold Legal Guardianship of you?** Legal Guardianship means that even though you are over the age of 18, a court has ordered that someone else has legal authority to make decisions regarding your personal and financial interests. (If you are not sure, please ask a parent/guardian.)  Yes  No

If yes, please include a copy of the court order with your application.

**Anyone who assisted with completion of this application, please complete the following:**

Name (please print): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_