The College Success Program for Students Living 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 February 15th.

Please make certain that your packet is postmarked by February 15th if you use the U.S. Postal Service. Electronic submission with scanned documentation must be received by February 15th. Send your electronic submission to 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 Disabilities: Information for Students” for information on policies and procedures. This document is available from the Cushing Center for Counseling and Academic Support or at www.eastern.edu/campus/academic_support_services/Disabilities

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

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

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

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

<table>
<thead>
<tr>
<th>Name of school</th>
<th>GPA</th>
<th>Dates attended</th>
<th>Diploma/certificate received</th>
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</tbody>
</table>
Describe extracurricular activities in which you participate: __________________________
________________________________________________
________________________________________________
________________________________________________

What have you accomplished in school that has made you the most proud? ________________
________________________________________________
________________________________________________
________________________________________________

Why do you want to enroll in a traditional undergraduate program at Eastern University? _____
________________________________________________
________________________________________________
________________________________________________

What goal(s) would you like to achieve while attending Eastern University? ________________
________________________________________________
________________________________________________

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? ______________________

_____________________________________________________________________________
SECTION 4 OF 10: ACADEMIC SUPPORT INFORMATION

What are your academic strengths and/or best subjects? ____________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What are your academic challenges and/or most difficult subjects? ________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe how you best learn new information: ________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe your study skills and habits: _________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

List your current classroom accommodations (if applicable): _________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

Describe the types of post-secondary transition services you have received: ___________________
__________________________________________________________________________________________
__________________________________________________________________________________________
SECTION 5 OF 10: ADDITIONAL SUPPORT INFORMATION

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

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

____________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Condition for which medicine is prescribed</th>
<th>Name of prescribing physician</th>
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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

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: ____________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe any work history you have had: ____________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
SECTION 8 OF 10: INFORMATION REGARDING SOCIAL INTERACTIONS

What are your greatest strengths and challenges with social interactions? ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Describe your current friendships and social activities: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What do you like to do in your free time? ________________________________________________

__________________________________________________________________________

SECTION 9 OF 10: MISCELLANEOUS INFORMATION

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

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________
SECTION 10 OF 10: SIGNATURES & LEGAL AUTHORITY

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.

Does anyone hold Legal Guardianship of you? 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: _______________________________