



TRANSITIONS
the evolution of you

*Preparing Teens and Young Adults with Autism and
Learning Differences for College, Careers and Life*

APPLICATION

Full-Year Apprenticeship
and
Summer Immersion Experience

www.transitionsusa.org



Transitions Application Process

Thank you for applying to Transitions.

Transitions will give each applicant a careful review. We urge you to complete this application accurately and completely. Only completed applications will be considered. There is a nonrefundable application processing fee of \$100.00. Once a student is accepted, a separate tuition deposit will be required for the Transitions program.

The Transitions Admission Committee will confirm receipt of the application and all documents listed above. After a careful review of your complete application packet, and if it is felt that the Transitions program is a good fit, an invitation for an interview will be extended to you. Each applicant will be required to be interviewed. A request for additional documents will be made in a subsequent phase of the application review, as needed.

Please send all application requirements to the address or fax below:



TRANSITIONS
2736 State Highway 30
Gloversville, NY 12078
Phone: (518) 775-5384
Fax: (518) 725-4519
Email: admissions@transitionsusa.org

If you have questions or require assistance, please contact 518-775-5384, 9am-4pm EST.



APPLICATION PACKET CHECKLIST

Name of Applicant: _____

Full-Year Apprenticeship

SESSION: Spring Fall Summer

YEAR: _____

STATUS (Check one):

- Non-residential
- Full-time college student, residential
- 10-month program, residential
- 12-month program, residential

Summer Immersion Experience

SESSION:

- July 8, 2018
- July 29, 2018

DURATION:

- Two weeks
- Three weeks

Summer Immersion Experience

- Fully completed application
- Application processing fee
- Student photo
- Copy of high school/college transcripts
- Most recent psychological evaluation
- Completed parent questionnaire

Full-Year Apprenticeship

- Fully completed application
- Application processing fee
- Student photo
- Copy of high school/college transcripts
- Current psychological evaluation (no more than two years from date of application)
- Completed parent questionnaire
- A letter of reference from school or college personnel

Additional documents may be required in subsequent phase of application process.



APPLICATION PACKET CHECKLIST

Please send all application requirements to the address or fax below:



TRANSITIONS
2736 State Highway 30 Gloversville, NY 12078
Phone: (518) 775-5384 Fax: (518) 725-4519
Email: admissions@transitionsusa.org

If you have questions or require assistance, please contact 518-775-5384, 9am-4pm EST.



TRANSITIONS

Admissions Application

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State			ZIP			
Phone			DOB			Age			
Place of Birth		Primary Language			Male <input type="checkbox"/>		Female <input type="checkbox"/>		
I am a US Citizen			YES <input type="checkbox"/>		NO <input type="checkbox"/>				
I am an international student			YES <input type="checkbox"/>		NO <input type="checkbox"/>				
FAMILY INFORMATION (FAMILY WITH WHOM THE STUDENT RESIDES)									
Parent/Guardian #1					Parent/Guardian #2				
First Name:					First Name:				
Last Name:					Last Name:				
Home Mailing Address:					Home Mailing Address:				
City, State, Zip:					City, State, Zip:				
Home Phone:					Home Phone:				
Cell Phone:					Cell Phone:				
Work Phone:					Work Phone:				
Email:					Email:				
Employer:					Employer:				
Occupation:					Occupation:				
PRIMARY CONTACT PERSON (FROM ABOVE):									
SIBLING INFORMATION									
<i>Please list siblings in chronological order (oldest first). Include the applicant and all step and half siblings.</i>									
Name:			Age:			Gender:			
Name:			Age:			Gender:			
Name:			Age:			Gender:			
Name:			Age:			Gender:			
Name:			Age:			Gender:			
Name:			Age:			Gender:			



TRANSITIONS

Admissions Application

EDUCATIONAL INFORMATION: PLEASE LIST ALL SCHOOLS ATTENDED FROM 9 TH -12 TH GRADE. ALSO INCLUDE COLLEGES OR OTHER RELEVANT EDUCATIONAL PROGRAMS.	
Current School or Program:	
Name:	Current Grade:
Mailing Address:	Start Date:
City, State, Zip:	End Date:
Previous School or Program:	
Name:	Current Grade:
Mailing Address:	Start Date:
City, State, Zip:	End Date:
Previous School or Program:	
Name:	Current Grade:
Mailing Address:	Start Date:
City, State, Zip:	End Date:
Advisor/Guidance Counselor at Current School:	
Name:	Mailing Address:
School:	City, State, Zip:
Phone:	Email:
COUNSELOR/THERAPIST INFORMATION: PLEASE LIST ALL COUNSELORS AND THERAPISTS WHO HAVE SEEN APPLICANT IN THE LAST 3 YEARS. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.	
Current Counselor/Therapist Information:	
Name:	Mailing Address:
Phone:	City, State, Zip:
Age Seen:	Nature of service:
Name:	Mailing Address:
Phone:	City, State, Zip:
Age Seen:	Nature of service:
Previous Counselor/Therapist Information:	
Name:	Mailing Address:
Phone:	City, State, Zip:
Age Seen:	Nature of service:
EDUCATIONAL CONSULTANT INFORMATION	



TRANSITIONS

Admissions Application

Name:	Mailing Address:
School:	City, State, Zip:
Phone:	Email:
<input type="checkbox"/> I would like Transitions to contact the educational consultant listed above with information regarding my admissions process.	

STUDENT STATEMENTS PLEASE ANSWER ALL QUESTIONS
What are your best subjects at school?
What are your most challenging subjects at school?
What would you like to do after high school?
Describe your personal interests, including hobbies and sports:
Describe your dietary needs and/or limited food preferences:
Share any allergies and reactions:
Why would you like to come to Transitions?
List 3 goals you would like to achieve while attending Transitions:
List your strengths:



TRANSITIONS

Admissions Application

List your challenges:

LIFE EXPERIENCE & COMMUNITY INTERESTS

Please list work, internship, volunteer, clubs, or organization affiliations:

Have you ever been hospitalized for psychological reasons? Yes/No
If yes, please give date and explanation:

Do you take any medication? Yes/No
If yes, please list:

Drug	Dosage	How do you take this?	Schedule and indications	Comments

Do you self-manage medication? Yes/No
If no, please explain:

Any history of or current legal difficulties or substance abuse? Yes/No
If yes, please explain:

Have you ever been convicted of a felony? Yes/No
If yes, please give date and explain:

Any history of or current difficulties with violence to self, others or property? Yes/No
If yes, please explain:

Any history of or current difficulties with anger management? Yes/No
If yes, please explain:

Are you your own legal guardian? Yes/No

PARENT STATEMENTS PLEASE ANSWER ALL QUESTIONS

List 3 goals you would like your student to achieve while attending Transitions:

1.



TRANSITIONS

Admissions Application

2.

3.

Please explain any special considerations that Transitions should be aware of (personal habits, sensory issues, behavioral difficulties, suicidal thoughts, medical conditions or attempts and/or use of illegal substances):

Please explain any behavioral issues we should be aware of, specifically in regard to anger management, personal habits and the potential for or history of self-harm:

Has your student ever stayed away from home before? If so, how long and why?

Please explain your student's internet and computer habits. How much time daily is spent accessing?

How did you hear about Transitions?
Word of mouth/professional referral/advertisement/news article/conference or event/web search/other

I certify that all the information in the application is true and complete to the best of my knowledge:

Signature of applicant: _____

Date: _____

Signature of preparer: _____

Date: _____



Authorization for Release of Health Information Form

Student Name	Date of Birth

I, _____ authorize _____ to disclose the following information to Transitions:

- Medical record from (insert date) _____ to _____
- Entire medical record, including patient history, office notes, test results, films, referrals, consults, and records sent to you by other healthcare providers
- Billing and insurance records
- School records
- Other/Clinical records _____
- By initialing here, I authorize _____ to discuss my health information with
(Name of Transitions representative)

(Name of healthcare provider)

I or my authorized representative request the health information regarding my medical care and treatment as described on this form in accordance with New York State Law and the Privacy Rule of the Health Insurance and Portability and Accountability Act of 1996 (HIPAA) and Unsecured Protected Health Information (HiTech).

I understand that I may revoke this authorization at any time by signing the revocation section of my copy of this form and returning it to Transitions. I further understand that any such a revocation does not apply to extent that persons authorized to use or disclose my health information have already acted in reliance on this authorization.

I understand that I am under no obligation to sign this authorization. I further understand that my ability to obtain treatment will not depend in any way on whether I sign this authorization or not. I understand that I have a right to inspect and to obtain a copy of any information disclosed pursuant to this authorization.

Signature

Date

Authorized Representative's Signature
If Person Is Not Self-Consenting

Date

AUTHORIZATION:
By signing here, Transitions Representatives can discuss my health, academic and clinical information with my
parents: _____, guardian: _____,
or advocate: _____.

Signature: _____ Date: _____

REVOCACTION SECTION (sign below to revoke this authorization)

Signature

Date

Authorized Representative's Signature
If Person Is Not Self-Consenting

Date



Parent Questionnaire

Parent Name: _____

Student Name: _____

For each of the following questions, please write the letter of the answer that **BEST** describes your son/daughter in the space provided. This form **MUST** be submitted **BEFORE** the interview date.

INDEPENDENT LIVING SECTION

- ___1. **Please rate the student's experience living away from home:**
- A. Has lived away from home for more than 6 months successfully on his/her own.
 - B. Has lived away from home for more than 6 months but had regular residential support.
 - C. Has experience living away from home only a few weeks at a time and would need support and regular check-ins.
 - D. Has never lived away from home before.
- ___2. **Has the student lived with a roommate(s) who is not a family member?**
- A. Has lived with roommate(s), formed positive relationships and advocated for himself/herself when necessary.
 - B. Has lived with roommate(s) but has struggled at times to communicate/advocate for himself/herself.
 - C. Has lived with roommate(s), but tended to isolate himself/herself.
 - D. Has never lived with roommate(s) before.
- ___3. **Which best describes how the student maintains his/her own space/bedroom?**
- A. Neat and doesn't feel anxiety if something is out of order.
 - B. Neat but does feel anxiety if something is out of order.
 - C. Messy but has help from parent/advisor regularly to clean space.
 - D. Messy and always keeps the space this way.
- ___4. **What assistance does the student need when cooking?**
- A. Can cook a well-balanced meal on his/her own and can follow a moderately difficult recipe.
 - B. Has some cooking experience, but needs some assistance in making healthy choices.

- C. Can "boil water and make toast" and will need assistance in preparing a full, well balanced meal and with following recipes.
- D. Has never cooked before so he/she will need regular assistance.

___5.

Please rate the student's experience with grocery shopping:

- A. Has gone to store on his/her own and used a shopping list successfully.
- B. Has gone to the store on his/her own but usually returns with several items missing.
- C. Usually goes with a parent who assists with shopping.
- D. Not used to going to the store on his/her own.

___6.

Which best describes the student's eating choices?

- A. Always has a well-balanced meal with plenty of fruits and veggies.
- B. Makes good choices but doesn't always eat enough fruits and veggies.
- C. Eats healthy foods but has a restricted range of food he/she will eat.
- D. Prefers a diet of convenience foods, soda, and starches.

___7.

Rate the student's laundry experience:

- A. Can load washer and dryer correctly, use proper settings, fold and put laundry away with no assistance.
- B. Can perform tasks listed in **A** but needs some assistance.
- C. Has done laundry a few times on his/her own but needs regular supervision.
- D. Has never done his/her own laundry.

___8.

Rate the student's showering, grooming, and dressing habits:

- A. Always manages these tasks independently with no help.
- B. Occasionally needs a reminder but most of the time handles these tasks on his/her own.
- C. Occasionally needs a reminder and sometimes resists taking care of these tasks.
- D. Regularly needs a reminder and assistance.

___9.

Rate the student's overall grooming:

- A. Always looks good.
- B. Sometimes looks groomed.
- C. Sometimes looks groomed but needs prompts.
- D. Usually unkempt (wrinkled shirts, messy hair, body odor, etc.).

___10.

Which of the following best describes the student's morning wake-up routines?

- A. Regularly sets own alarm and gets up on time.
- B. Hits snooze but is usually out the door on time.
- C. Is usually running late.
- D. Needs extensive reminders to get out of bed.

- ___11. **Rate the student's experience with a checking account:**
- A. Has successfully maintained a checking account on his/her own for at least 1 year with no issues.
 - B. Has maintained a checking account but needs assistance with balancing and reconciliation.
 - C. Has a checking account but has regular assistance in managing his/her funds.
 - D. Has never maintained a checking account.
- ___12. **Rate the student's experience with a credit card:**
- A. Has used a credit card for at least 1 year with no outstanding balances and no issues.
 - B. Has a card but does not comprehend spending limits.
 - C. Had a card but no longer has one due to negligence.
 - D. Has never had a card or is not ready for a card at this time.
- ___13. **Rate the student's driving background:**
- A. Has his/her own license and a clean driving record for at least a year.
 - B. Just passed the driver's test or has permit.
 - C. Is interested in learning.
 - D. Not yet ready for this step or may not obtain due to safety issues.
- ___14. **Rate the student's experience with public transportation (bus, taxi, subway, etc.):**
- A. Has used it regularly on his/her own and is confident finding his/her way around.
 - B. Has used it before but not on his/her own.
 - C. Has used it before but did not have a positive experience and felt anxious.
 - D. Has not used it before.

SOCIAL SKILLS SECTION

- ___15. **Has the student maintained friendship/relationships with people in the same group (not on the internet)?**
- A. He/She has several friends and meets with them regularly for social activities.
 - B. He/She has a couple of friends at school but does not see them regularly outside of school.
 - C. He/She perceives others as friends but the friendship is not reciprocated.
 - D. He/She prefers to be alone and stay to himself/herself.
- ___16. **When the student engages with his/her peers, who initiates the plans?**
- A. The student initiates activities with his/her peers.
 - B. The student sometimes initiates activities with his/her peers.
 - C. His/Her friends typically initiate the activity.
 - D. The parent typically initiates the activity.

- ___17. **How often does the student understand the perspective of others?**
 A. All of the time.
 B. Most of the time.
 C. Occasionally.
 D. Never.
- ___18. **Rate the level of social activities the student engages in with friends outside of school (going to movies, shopping, dances, clubs, etc.):**
 A. Engages in several activities a week.
 B. Engages in at least one activity each month.
 C. May engage in an activity monthly.
 D. Rarely will engage in social activity.

ACADEMIC/VOCATIONAL SECTION

Transitions offers classes separate from the college, so please fill out even if the student is on vocational track only.

- ___19. **What are the student's academic goals?**
 A. Knows exactly what degree or career he/she wants.
 B. Would like to go to college, but is not sure of a major or degree.
 C. Is not sure about college, but would like to try it out.
 D. Is not quite ready for college at this time but would like to try it in the future.
 E. Does not apply to my student – vocational track only.

- ___20. **Has the student had experience taking college level classes before?**
 A. Yes, and he/she did quite well.
 B. Yes, overall it was a positive experience but he/she had some challenges. Please explain:

- ___21. **Rate the student's academic independent working skills:**
 A. Totally independent and has succeeded in the past with organizing his/her own assignments and managing his/her own time.
 B. Needs small amounts of assistance in getting started or in organizing his/her time, but once he/she gets going, can work independently.
 C. Needs moderate assistance to organize his/her academic work and is more successful when checking in with someone on a regular basis.
 D. Needs a high level of assistance where a teacher or parent can break down assignments into smaller chunks to help him/her decide what to do and when to do it.

- ___22. **Rate the student's need for an academic tutor/study halls:**
- A. Works well independently and will not need tutorial/study hall assistance.
 - B. May need some assistance periodically (1-2 hours of tutorial/study hall per week).
 - C. Will need to meet with a tutor or have study halls regularly (3-4 hours per week).
 - D. Will need as much time as possible with a tutor or in study halls (5+ hours per week).
- ___23. **Rate the student's previous relationship level with teachers/supervisors:**
- A. Feels very comfortable speaking with and seeking assistance from his or her teacher/supervisor and has formed close relationships in the past.
 - B. Seeks assistance/clarification from the teacher/supervisor but tends to shy away from regular contact.
 - C. Sought assistance/clarification in the past but did need encouragement from a tutor or parent to follow through.
 - D. Does not feel comfortable speaking with teachers/supervisors and will need help in learning to approach them.
- ___24. **Please rate the student's classroom skills listed below based on the following scale:**
- A. Competent
 - B. Minimal Support Needed
 - C. Moderate Support Needed
 - D. High Need for Support

Letter	Task
	Organization
	Meeting Deadlines
	Promptness to appointments/classes
	Attendance and Participation
	Note Taking
	Keyboarding
	Writing Papers
	Following a schedule

Please list any special accommodations the student has had in the past and may need in a class (extra time for tests, books on tape, oral exams, note taking, etc.)

- ___25. **Which best describes the student's employment/internship experience?**
A. Has successfully maintained a position for more than 6 months.
B. Has tried working but resigned.
C. Has tried working but was discharged/released by supervisor.
D. Has no employment/internship experience.
- ___26. **Please rate the student's need for a job coach:**
A. Will not need assistance.
B. May need instruction from vocational class but will not need a job coach.
C. Needs occasional assistance from job coach (1x per month).
D. Needs regular assistance from a job coach (weekly).
- ___27. **Has the student ever been discharged or suspended from a school, program, or job?**
A. No.
B. Over 3 years ago but it has not been an issue again.
C. 1-2 years ago but it has not been an issue again.
D. Within the last year.

CLINICAL SECTION

- ___28. **Rate the student's understanding and acceptance of their psychological diagnosis:**
A. Clearly knows and understands diagnosis.
B. Accepts diagnosis but does express interest in learning more.
C. Accepts diagnosis but does not clearly understand what it means.
D. Has not fully accepted the diagnosis and feels it is best to not discuss it.
- ___29. **How often does the student attend clinical therapy?**
A. Never.
B. Sometimes – when needed.
C. Regularly – biweekly or monthly.
D. Frequently – weekly or more than once a week.
- ___30. **Which best describes the student's feeling toward therapy?**
A. A helpful, positive experience.
B. Reluctant to go at first but he/she found it helpful.
C. Reluctant to go and he/she found it unhelpful.
D. Does not like to attend.
- ___31. **Has the student ever been in the hospital for psychiatric reasons?**
A. No.
B. Yes – over 3 years ago but has been stable since.
C. Yes – 1-3 years ago but has been stable since.
D. Yes – within last year.

If hospitalized, please give dates and explain reasons in more detail:

- ___32. **Rate the student's present level of emotional and behavioral stability:**
A. Has always been stable.
B. Has been stable the last three years.
C. Has been stable the last year.
D. Is not presently stable.
- ___33. **Does the student take medication?**
A. No.
B. Yes, for reasons unrelated to learning difference (allergies, acne, etc.).
C. Yes, to help him/her focus, pay attention (ADHD, ADD), or for slight anxiety.
D. Yes, for more extensive anxiety or depression.
- ___34. **Please rate the student's attitude toward alcohol:**
A. No tolerance.
B. If used recreationally in a safe environment and of legal age, it's ok.
C. May have tried in the past but not within the last year.
D. Has used regularly before and may still be.
- ___35. **Please rate the student's attitude toward recreational (non-prescription) drugs including marijuana:**
A. No tolerance.
B. If used recreationally in a safe environment, it's ok.
C. May have tried in the past but not within the last year.
D. Has used regularly before and may still.
- ___36. **Which best describes the student's medication routine:**
A. Takes his/her medication regularly without any reminders.
B. Takes his/her medication with occasional reminders.
C. Takes his/her medication with regular reminders.
D. Needs daily assistance in taking medication or possibly does not want to take.
E. N/A Does not apply to student – does not take medication.
- ___37. **Has the student ever had difficulty controlling his/her anger or anxiety so that he/she broke things or maybe lost his/her temper with people?**
A. No.
B. Over 3 years ago but it has not been an issue again.
C. One time within last three years but it has not been an issue again.

Please explain:

___38.

Is the student able to accept constructive criticism?

- A. Yes, he/she can use constructive criticism in a positive way.
- B. He/she accepts feedback but has difficulty interpreting suggestions.
- C. He/she has difficulty accepting constructive criticism and usually does not learn from what is said.
- D. He/she gets upset when given constructive criticism and may get angry or walk out.

Please share any additional information below:

Thank you for taking the time to complete this form.

Please send all application requirements to the address or fax below:



TRANSITIONS
2736 State Highway 30
Gloversville, NY 12078
Phone: (518) 775-5384
Fax: (518) 725-4519
Email: admissions@transitionsusa.org

If you have questions or require assistance, please contact 518-775-5384, 9am-4pm, EST.