



*Supporting Teens and Young Adults with Autism and Learning Differences with College, Career and Life*

# APPLICATION

**Full-Year Student**

**Summer Immersion Experience (Two- and Three-Week Camps)**

**Momentum at FMCC**

**Imagine Academy of the Arts**

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



TRANSITIONS  
P.O. Box 196  
Mayfield, NY 12117  
Phone: (518) 775-5384  
Fax: (518) 725-4519  
Email: [admissions@transitionsusa.org](mailto:admissions@transitionsusa.org)

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





# 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.

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# Application Packet Checklist

Dates and Pricing for Programs are available at [www.transitionsusa.org](http://www.transitionsusa.org).

Name of Applicant: \_\_\_\_\_

## TRANSITIONS FULL-YEAR STUDENT

LOCATION:

- Albany  Mayfield

SESSION:

- Spring  Fall  Winter

YEAR: \_\_\_\_\_

STATUS (Check one):

- Non-residential  
 10-month program, residential  
 12-month program, residential

### Checklist

- Fully completed application
- Application processing fee (non-refundable)
- 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
- Medical physical within the past year
- Most recent IEP or Life Plan if applicable

## TRANSITIONS SUMMER IMMERSION EXPERIENCE

### Checklist

- Fully completed application
- Application processing fee (non-refundable)
- Student photo
- Copy of high school/college transcripts
- Most recent psychological evaluation
- Most recent C-DOS, IEP or Life Plan if applicable
- Completed parent questionnaire

## MOMENTUM AT FMCC

### IMAGINE ACADEMY AT PAUL NIGRA CENTER FOR CREATIVE ARTS

Rolling Admissions

### Checklist

- Fully completed application
- Application processing fee (non-refundable)
- 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
- Medical physical within the past year
- Most recent IEP or Life Plan if applicable

*Additional documents may be required in subsequent phases of application process.*

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## EDUCATIONAL INFORMATION

(Please list all schools attended from grades 9-12. Please also include colleges or relevant educational programs.)

### Current School or Program

Name:	Current Grade:
Mailing Address:	City, State & Zip:
Start Date:	End Date:

### Previous School or Program

Name:	Grades Attended:
Mailing Address:	City, State & Zip:
Start Date:	End Date:

### Previous School or Program

Name:	Grades Attended:
Mailing Address:	City, State & Zip:
Start Date:	End Date:

### Previous School or Program

Name:	Grades Attended:
Mailing Address:	City, State & Zip:
Start Date:	End Date:

### Advisor/Guidance Counselor at Current School

Name:	School:
Mailing Address:	City, State & Zip:
Phone:	Email Address:

## COUNSELOR/THERAPIST INFORMATION

(Please list all counselors and therapists who have seen the applicant in the last three years. Please attach additional sheets if necessary.)

### Current Counselor/Therapist

Name:	Phone:
Mailing Address:	City, State & Zip:
Age Seen:	Nature of Service:

### Previous Counselor/Therapist

Name:	Phone:
Mailing Address:	City, State & Zip:
Age Seen:	Nature of Service:

**Previous Counselor/Therapist**

Name:

Phone:

Mailing Address:

City, State &amp; Zip:

Age Seen:

Nature of Service:

**EDUCATIONAL CONSULTANT INFORMATION**

Name:

School:

Mailing Address:

City, State &amp; Zip:

Phone:

Email Address:

 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 three goals you would like to achieve while attending Transitions:

What accommodations, if any, do you need?

Is there anything else you would like us to know about you?

List your strengths:

List your challenges:

**FOR IMAGINE ACADEMY OF THE ARTS APPLICANTS ONLY**

What type(s) of art are you most interested in?

What is your background in the arts?

What are some of your favorite artists and/or art styles?



## LIFE EXPERIENCE & COMMUNITY INTERESTS

Please list work experience, internships, volunteer activities, clubs or organizational affiliations:

Have you ever been hospitalized for psychological reasons? Yes  No

If yes, please give date and explanation:

Please list any specific medical conditions/treatments:

Do you take any medication? Yes  No

If yes, please list:

Drug	Dosage	How do you take this medication?	Schedule & Indications	Comments

*Please attach additional medications and appropriate information on additional sheet.*

Do you self-manage medication? Yes  No

If no, please explain:

Any history of or any current legal difficulties or substance abuse problems? 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 any current difficulties with violence to self, others or property? Yes  No

If yes, please explain:

Any history of or any current difficulties with anger management? Yes  No

If yes, please explain:

Please describe your childhood. Is there anything (positive or negative) that stands out to you?

How do you usually act when you're stressed, anxious, angry, or sad? Has it ever been hard for you to manage those feelings?

What do you like to do that helps you relax/cope when you have negative feelings?

Have you ever been to therapy or counseling? If so, please provide dates and duration of counseling. Was it helpful to you? Why or why not?

Are you your own legal guardian? Yes  No

## **PARENT STATEMENTS**

**(Please answer all questions.)**

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

1.

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 is spent accessing the internet per day?

Is there anything else you would like us to know about your son or daughter?

How did you hear about Transitions?

- word of mouth    professional referral    advertisement    news article    conference/event    web search  
 other:

**I certify that all the information in this 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: _____
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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 health care 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 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 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.

_____ <small>(Signature)</small>	_____ <small>(Date)</small>
_____ <small>(Authorized Representative's Signature if person is not self-consenting)</small>	_____ <small>(Date)</small>

### AUTHORIZATION:

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

_____ <small>(Signature)</small>	_____ <small>(Date)</small>
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### REVOCACTION SECTION (sign below to revoke this authorization)

_____ <small>(Signature)</small>	_____ <small>(Date)</small>
_____ <small>(Authorized Representative's Signature if person is not self-consenting)</small>	_____ <small>(Date)</small>



TRANSITIONS

# Parent Questionnaire

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

For each of the following questions, please write the letter of the answer that BEST describes your student 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 wakeup 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.

**15. Rate student's home and community independence: \_\_\_\_\_**

- A. Completely able to be at home alone or in the community
- B. Can be at home or in the community with some assistance
- C. Needs staff oversight at all times at home or in the community

## **SOCIAL SKILLS SECTION**

**16. 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.

**17. 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.

**18. How often does the student understand the perspective of others? \_\_\_\_\_**

- A. All of the time.
- B. Most of the time.
- C. Occasionally.
- D. Never.

**19. 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.)

### 20. 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.

### 21. 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:

### 22. 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.

### 23. 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).

### 24. 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.

### 25. 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 Rating:	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.)

**26. 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.

**27. 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).

**28. 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

**29. 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.

**30. 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.

**31. 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.

**32. 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:

**34. 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.

**35. 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.

**36. 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.



**37. 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.

**38. 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:

**39. 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.

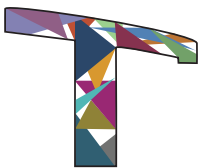
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TRANSITIONS  
LOCATIONS

**ALBANY**

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Albany, NY 12205

**MAYFIELD**

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Mayfield, NY 12117

(518) 775-5384 | (518) 725-4519  
[info@transitionsusa.org](mailto:info@transitionsusa.org)