

2018 Application (Typing Preferred)

College Support Program (CSP) for Students on the Autism Spectrum

STUDENT INFORMATION:

First Name: Preferred:		Last Name:	Today's Date:
Legal:			
Date of Birth:	Sex:	Current Age:	RU ID# (assigned by Rutgers):
Legal Sex: ___M ___F		Gender Identity (optional): ___M ___W ___Gender Nonconforming ___ Transgender ___ Other	
Address:			
City:		State:	Zip Code:
Student's Phone:		Student's Email:	

CONTACT INFORMATION:

Family Contact 1:	Family Contact 2:
Address:	Address:
Phone number: Cell-	Phone number: Cell-
Home-	Home-
Email:	Email:

The College Support Program will contact your family prior to your admission to the program with your permission.

Student Signature: _____ Date: _____

Payer's First Name:	Payer's Last Name:	Email:
Address:		Phone:
City:	State:	Zip Code:

Note: New Jersey families are encouraged to contact the NJ Division of Vocational Rehabilitation Services (DVRS) to determine eligibility for funding and services.

High School Students: Current Grade Average or G.P.A.: _____

School Name & Location: _____

Are you a Junior _____ or a Senior _____? (please check one)

Transfer Students:

Higher Education Transfer from: _____

Number of Credits: _____ Degree: _____ G.P.A.: _____

Currently Enrolled Rutgers Students:

Current G.P.A.: _____

School or College (e.g., SAS, SEBS, SOE...):

Declared Major: _____ Declared Minor: _____

Semester Standing at Rutgers (e.g., 1st, 3rd): _____

Number of College Credits: _____

Assigned Academic Dean: _____

Rutgers Status:

- Inquiry
- Applied
- Accepted
- Non-matriculated
- Enrolled – Part-time
- Enrolled – Full-time
- International Student

Anticipated Enrollment Date at Rutgers and/or the College Support Program:

Fall 20__

Spring 20__

Anticipated Major: _____ **Anticipated Minor:** _____

Residence during school year:

On-Campus - residence hall/apt. _____

Off-Campus – local _____

Off-Campus – home _____

High School Counselor/Case Manager:

Name and Credentials: _____

Contact Information:

Phone: _____

Email: _____

Address: _____

Do you have or have you had an IEP while in K-12th grades? ___ Yes ___ No

Health Information:

Diagnosis/es: _____ Documentation: ___ Yes ___ No

List any Health Issues or Medical Conditions: _____

Current Medications: _____

Do you take your medications independently and consistently? ___ Yes ___ No

Current Therapist(s) - Psychologist, Psychiatrist, Counselor:

Provider's Name and Credentials: _____

Contact Information:

Phone: _____

Email: _____

Address: _____

Provider's Name and Credentials: _____

Contact information:

Phone: _____

Email: _____

Address: _____

You may be asked to sign an Authorization to Obtain and Release Information so that we can communicate with your providers.

Within the past 4 years, have you had incidents of:

- Hospitalization for psychiatric conditions? ___ Yes ___ No
- Aggression towards others? ___ Yes ___ No
- Self-injurious behavior? ___ Yes ___ No

Are you or will you be registered with Rutgers' Office of Disability Services (ODS)? ___ Yes ___ No

Areas of needed support:

Areas of your personal interest:

Why would you like to be accepted into the College Support Program? (***Important: To be completed by student applicant. Continue on additional sheet or back of this page, if necessary.***)

I understand my responsibilities as a member of the CSP and agree to follow them:

- Meet with the CSP Coordinator at least once per week for regularly scheduled sessions and at other times as needed and mutually agreed upon.
- Respond to all emails and phone messages (voice and text) sent by the CSP Coordinator and Peer Mentors within 12 hours.
- If I need to reschedule an appointment, I will contact the CSP Coordinator as soon as possible.
- Meet with each of my Peer Mentors a minimum of once per week.
- Make every effort to attend CSP social activities.
- Identify personal goals with the CSP Coordinator.
- Work toward successfully completing my goals throughout the year.
- Identify new goals when necessary.
- Develop, maintain and follow a master and weekly schedule that includes all academic, support, and social activities.
- In order to fully benefit from services, I intend to remain in the CSP for a minimum of two consecutive semesters.

Recognition of responsibilities: _____ (Student Signature)

Additional Required Documentation To Be Included:

___ Most recent evaluations/assessments
Specify those being submitted: _____

___ Last IEP from public school for students who were classified

Completed application and supporting documentation may be returned via:

Fax:

732-932-8278
Attn.: Pamela Lubbers, College Support Program Coordinator

Mail:

Counseling, ADAP & Psychiatric Services (CAPS)
17 Senior Street
New Brunswick, NJ 08901-8534
Attn.: Pamela Lubbers, College Support Program Coordinator

Email:

Write "CSP Application Submission" in Subject Line
and send to
plubbers@echo.rutgers.edu

How did you hear about the College Support Program (CSP)?

- CSP Website _____
- High School Counselor _____
- Therapist _____
- Word of Mouth _____
- Personnel at Another College/University _____
- College Transition Publication(s) _____
- Rutgers Faculty/Staff _____
- Conference/Workshop _____
- CSP Employee(s) _____
- Other _____

Thank you for your interest in the College Support Program (CSP).
