

Cornerstone Program Application: 2017-2018

Thank you for your interest in the Cornerstone Program at Purchase College. The Cornerstone Program provides individualized services beyond legislative mandates for full-time matriculated students diagnosed with an autism spectrum disorder. Qualified applicants must already be admitted to Purchase College. Each student's program is tailored to meet their individual learning and social profile. Students can choose to focus on building a variety skills based on their individual, academic, and personal goals.

To be considered for admission into the Cornerstone Program, the following information must be submitted by **July 1, 2017**:

- Cornerstone Program Application (to be completed by the student)
- Current documentation of diagnosis/es, including a copy of the most recent psychoeducational evaluation, if applicable
- Copy of most recent Individualized Education Program (IEP) or 504 Accommodation Plan, if applicable
- Copy of transcripts from high school or former college, if applicable

Students: Please complete the following information and submit this form as part of your application packet. This program application will be used to assist the Cornerstone Program Coordinator by providing valuable information to assist in the understanding of your strengths, needs, concerns, and goals. Please complete all questions accurately and to the best of your ability. **Incomplete applications will not be reviewed.**

Legal Name:

Preferred Name:

Cell Phone Number:

Purchase College Email Address:

Parent/Guardian(s) Names:

Parent/Guardian(s) Email Address:

What are your expectations of the Cornerstone Program? What do you hope to get out of the program?

Residence During the School Year:

- On campus – Residence Hall/Apartment
- Off campus – local
- Off campus – live at home

Educational Information

First Year Students:

Current High School Grade Average or GPA: _____

High School Name and Location: _____

Transfer Students:

Higher Education Transfer from: _____

Credits Completed: _____

GPA: _____

Current Enrolled Purchase College Students:

Current Overall GPA: _____

Declared Major: _____

Support Services

Did you have an Individualized Education Plan (IEP) in high school?

- Yes
- No

Did you have a 504 Accommodation Plan in high school?

- Yes
- No

If yes to an IEP or 504 Plan, please list your accommodations below:

Please indicate below any support services you currently receive, or have received within the past three years:

- Tutoring
- Executive functioning skills coaching
- Speech and language therapy
- Occupational therapy
- Individual therapy – school setting
- Group therapy – school setting
- Individual therapy – outside treatment provider
- Group therapy – outside treatment provider
- Special Education teacher support (Resource Room, Integrated Co-Teaching, etc.)
- Other: _____

What support services or accommodations have you found to be most helpful to you in your educational career?

Diagnosis/es:

If you were to describe your diagnosis and how it affects you, what would you say?

Current medications:

Do you take your medication independently?

Academics

How would you describe your learning style (How do you learn best)?

Based on previous experiences, what are your academic strengths and challenges?

What learning strategies (study methods) have worked or not worked for you in the past?

Do you have any particular academic or career interests? If so, what are they?

Academic areas you would like to focus on:

- | | |
|---|--|
| <input type="checkbox"/> Goal setting | <input type="checkbox"/> Learning style |
| <input type="checkbox"/> Homework assignments | <input type="checkbox"/> Writing strategies |
| <input type="checkbox"/> Memory and concentration | <input type="checkbox"/> Research strategies/using library |
| <input type="checkbox"/> General study methods | <input type="checkbox"/> Interacting with faculty |
| <input type="checkbox"/> Class participation | <input type="checkbox"/> Math strategies |
| <input type="checkbox"/> Presentation skills | <input type="checkbox"/> Major exploration |
| <input type="checkbox"/> Notetaking strategies | <input type="checkbox"/> Test-taking strategies |
| <input type="checkbox"/> Reading strategies | |

College Skills

Based on previous experiences, what do you identify as your strengths and challenges related to college skills?

College skills you would like to focus on:

- | | |
|---|--|
| <input type="checkbox"/> Self-determination/self-advocacy | <input type="checkbox"/> Organization strategies |
| <input type="checkbox"/> Self-monitoring strategies | <input type="checkbox"/> Self-awareness |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Health and wellness |
| <input type="checkbox"/> Extracurricular involvement | <input type="checkbox"/> Social interaction |
| <input type="checkbox"/> Transition to college | <input type="checkbox"/> Disability awareness |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Residence hall living |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Career exploration (careers, resumes, internships, networking, disability disclosure, interviewing, etc.) |

Learning Technologies

What technologies (apps, computer, software programs, smart phone, tablet, etc.) do you currently use?

What are some ways you use technology to help you with your academic and social obligations?

Please check off areas you would be interested in learning more about below:

- Purchase College web-based programs (Moodle, myHeliotrope, etc.)
- Email (etiquette, communication, etc.)
- Apps/software specific to disability

Learning technologies specific to:

- Reading
- Writing
- Notetaking
- Study strategies
- Organization and time management
- Stress management
- Programs for specific content areas (math, science, second language, etc.)
- Other:

Any additional information you would like to share with us:

I understand my responsibilities as a member of the Cornerstone Program and will agree to follow them:

- Meet with the Cornerstone Program Coordinator for regularly scheduled sessions (once or twice per week, dependent on chosen track)
- Respond to all emails and voicemails sent by the Cornerstone Program Coordinator and peer mentors within 24 hours
- If I need to reschedule an appointment, I will contact the Cornerstone Program Coordinator as soon as possible
- Meet with my peer mentor a minimum of once per week
- Make every effort to attend the program sponsored social activities and social skills support group
- Identify personal goals with the Cornerstone Program Coordinator
- Monitor progress and work towards successfully completing my goals throughout the semester
- Identify new goals, as necessary
- Develop, maintain, and follow a master and weekly schedule that includes all academic, support, and social activities
- Attend the Cornerstone Summer Orientation Program

- I certify that I have read and understand all the above information on this application. I certify that the information submitted is factually true and honestly presented.

Required student signature: _____

Completed applications and documentation may be returned via:

Confidential Fax: (914) 251-5934

Email: odr@purchase.edu

Mail: Purchase College
Office of Disability Resources
Student Services Building, 3rd Floor #317A
735 Anderson Hill Road
Purchase, NY 10577