



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

APPLICATION

Summer Immersion Experience
(Two- and Three-Week Programs)



Application Process

Thank you for applying to Transitions Summer Immersion Experience,

The Transition team carefully reviews each applicant for submission. We urge you to take the time to complete the application accurately and completely.

Summer Immersion Experience application decisions are made based on the following documents:

- ☐ Fully completed application
- ☐ Application processing fee of \$100 (non-refundable)
- ☐ Student photo
- ☐ Copy of high school/college transcripts
- ☐ Most recent psychological evaluation, or letter from physician including a list of any medications
- ☐ Most recent C-DOS, IEP or Life Plan if applicable

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

A completed application and any additional requirements can be submitted by emailing: admissions@transitionsusa.org.

Or by mail or fax to:

TRANSITIONS
P.O Box 196
Mayfield, NY 12117
Phone: (518) 775-5384
Fax: (518) 725-4519

Checks for payments to Transitions must be made payable to **The Lexington Foundation**. If you have any questions or require assistance, please contact (518) 775-5384, 9 a.m. – 4 p.m., EST.



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Application Checklist

Name of Applicant:

If Other than Applicant, Name of Person Completing the Application:

Summer Immersion Experience Program Details

Please select the option that best applies to you (Please note: all high school students, ages 16-18, attend Summer Experience in Mayfield).

☐ **Albany (2-week session only)**

Dates: June 22-July 11

☐ **Cobleskill (2-week session only)**

Dates: August 10-August 22

☐ **Mayfield (Please choose one)**

Two-week session dates:

☐ June 29 –July 22

☐ July 27-August 6

☐ July 25-August 6 (High school group only)

Three-week session dates:

☐ June 20-July 11

☐ July 20-August 6

STATUS (Check one):

☐ Commuter (9 a.m. to 3 p.m., but can participate in any social activities scheduled on weekend evenings)

☐ Overnight

TRACK (Check one)

☐ College

☐ Career

Are you OPWDD Eligible?

☐ Yes

☐ No

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

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Last Name:		First Name:		M.I.:	
Preferred Name:		Preferred Pronouns: He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> Other: <input type="checkbox"/> _____			
Street Address:			Apartment/Unit #:		
City:			State:		Zip:
Phone:			DOB:		Age:
Email Address:					
Place of Birth:		Primary Language:			Gender:
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"/>		I am eligible to study in the U.S. : Yes <input type="checkbox"/> No <input type="checkbox"/>	

(family with whom the student resides)

Parent/Guardian #1	Parent/Guardian #2
Last Name:	Last Name:
First Name:	First 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 Address:	Email Address:
Employer:	Employer:
Occupation:	Occupation:

Primary Contact Person (from above):

(Please list siblings in chronological order (oldest first). Include the applicant and all step and half siblings.)

[illegible]

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:

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 & Zip:
Age Seen:	Nature of Service:

EDUCATIONAL CONSULTANT INFORMATION

Name:	School:
Mailing Address:	City, State & 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 accomplish at Transitions.

What accommodations, if any, do you need?

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				

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:

How do you usually react 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? Was it helpful to you? Why or why not?

Are you your own legal guardian? Yes ☐ No ☐

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:

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.
- D. Other - 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.

40. Please share any additional information below:

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