

CIP

Preparing Young Adults
with Autism and LD for
Success Since 1984

Summer@CIP Application

College Internship Program

cipworldwide.org

Thank you for applying to the College Internship Program (CIP)!

CIP carefully screens applicants for admission. Please take the time necessary to complete this application accurately and completely. There is a nonrefundable application processing fee of \$100.00. You may either pay online or mail a check or money order payable to College Internship Program. The application fee is waived for past participants. Summer@CIP tuition requires a deposit upon acceptance.

Summer@CIP application decisions will not be made until all of the below listed documents are received:

- Fully completed application
- A nonrefundable application processing fee or waiver code
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Two letters of reference
- Latest IEP (most recent, if applicable)
- Student photo

Once you submit your application, you will receive confirmation of receipt from the CIP National Admissions Office. Further confirmation will be sent as supporting materials are received. Once your application is complete, it will be reviewed and an invitation to interview will be extended to you if we assess our program is a good match. An interview is required.

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

College Internship Program
National Admissions Office
40 Main Street, Suite 6
Lee, MA 01238

Fax: 413-445-5069
Email: admissions@cipworldwide.org

If you have questions or require assistance, please contact (877) 566-9247, 8:00 a.m. – 4:00 p.m. EST

SUMMER@CIP APPLICATION

Please take the time necessary to complete this application accurately and completely.

ADMISSIONS YEAR

- Summer 2021 Summer 2022

SELECT A LOCATION

- CIP BERKSHIRE, MA CIP BLOOMINGTON, IN CIP BREVARD, FL
 CIP BERKELEY, CA CIP LONG BEACH, CA VIRTUAL SUMMER SESSIONS

APPLICANT (STUDENT) INFORMATION

FIRST NAME _____ DATE OF BIRTH _____ AGE _____
LAST NAME _____ PLACE OF BIRTH _____
HOME MAILING ADDRESS _____ PRIMARY LANGUAGE _____
HOME PHONE _____
CITY, STATE, ZIP _____ MALE FEMALE OTHER
I AM: A U.S. CITIZEN T-SHIRT SIZE _____
 A NON-US RESIDENT STUDENT EMAIL _____
COUNTRY OF CITIZENSHIP _____

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 ADDRESS _____	EMAIL ADDRESS _____
PARENT/GUARDIAN OCCUPATION _____	PARENT/GUARDIAN OCCUPATION _____
RELATIONSHIP TO STUDENT _____	RELATIONSHIP TO STUDENT _____

PRIMARY CONTACT PERSON (FROM ABOVE) _____

FAMILY 2 INFORMATION

If applicable

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 ADDRESS _____ EMAIL ADDRESS _____

PARENT/GUARDIAN OCCUPATION _____ PARENT/GUARDIAN OCCUPATION _____

RELATIONSHIP TO STUDENT _____ RELATIONSHIP TO STUDENT _____

EDUCATIONAL CONSULTANT INFORMATION

NAME _____ MAILING ADDRESS _____

COMPANY _____ CITY, STATE, ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

- I would like CIP to contact the educational consultant listed above with information regarding my admissions process.

EDUCATIONAL INFORMATION

Please list all schools attended from 9th through 12th grades. Also include colleges or other relevant educational programs.

CURRENT SCHOOL OR PROGRAM

NAME _____ CURRENT GRADE _____

MAILING ADDRESS _____ START DATE _____

CITY, STATE, ZIP _____ END DATE _____

PHONE NUMBER _____

PREVIOUS SCHOOL OR PROGRAM

NAME _____ GRADE COMPLETED _____
MAILING ADDRESS _____ START DATE _____
CITY, STATE, ZIP _____ END DATE _____
PHONE NUMBER _____

PREVIOUS SCHOOL OR PROGRAM

NAME _____ GRADE COMPLETED _____
MAILING ADDRESS _____ START DATE _____
CITY, STATE, ZIP _____ END DATE _____
PHONE NUMBER _____

COUNSELOR / THERAPIST INFORMATION

Please list all counselors and therapists who have seen the applicant in the last seven (7) years. Attach additional sheets if necessary.

NAME _____ MAILING ADDRESS _____
PHONE NUMBER _____ CITY, STATE, ZIP _____
AGE SEEN _____ NATURE OF SERVICE _____

PREVIOUS COUNSELOR/THERAPIST INFORMATION

NAME _____ MAILING ADDRESS _____
PHONE NUMBER _____ CITY, STATE, ZIP _____
AGE SEEN _____ NATURE OF SERVICE _____

PREVIOUS COUNSELOR/THERAPIST INFORMATION

NAME _____ MAILING ADDRESS _____
PHONE NUMBER _____ CITY, STATE, ZIP _____
AGE SEEN _____ NATURE OF SERVICE _____

APPLICANT INFORMATION

Please answer all questions.

LIST YOUR SPECIFIC DIAGNOSES:

LIST ANY MEDICAL CONDITIONS: _____

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHOLOGICAL REASONS? YES NO

IF YES, PLEASE GIVE DATE(S): _____

REASON FOR HOSPITALIZATION(S): _____

DO YOU TAKE ANY MEDICATION? YES NO

IF YES, PLEASE LIST:

Drug Name	Dosage	How is it taken?	Schedule & Indications	Comments

DO YOU SELF-MANAGE MEDICATION? YES NO

IF NO, PLEASE EXPLAIN: _____

SHARE ANY ALLERGIES AND REACTIONS: _____

ANY HISTORY OF, OR CURRENT LEGAL DIFFICULTIES? YES NO

IF YES, PLEASE DESCRIBE: _____

ANY HISTORY OF, OR CURRENT SUBSTANCE ABUSE? YES NO

IF YES, PLEASE DESCRIBE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE GIVE DATE(S): _____

PLEASE EXPLAIN: _____

ANY HISTORY OF, OR CURRENT DIFFICULTIES WITH, VIOLENCE TO SELF, OTHERS, OR PROPERTY? YES NO

IF YES, PLEASE GIVE DATE(S): _____

PLEASE EXPLAIN: _____

ARE YOU YOUR OWN LEGAL GUARDIAN? YES NO

IF NO, WHO IS? _____

HOW DID YOU HEAR ABOUT CIP?

Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> NEWS ARTICLE |
| <input type="checkbox"/> PROFESSIONAL REFERRAL | <input type="checkbox"/> CONFERENCE OR EVENT |
| <input type="checkbox"/> ADVERTISEMENT | <input type="checkbox"/> WEB SEARCH |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> OTHER |

PLEASE EXPLAIN: _____

STUDENT STATEMENT

Please answer all questions. **To be completed by the student.**

1. WHAT WOULD YOU LIKE TO DO AFTER HIGH SCHOOL?

- | | |
|--|--|
| <input type="checkbox"/> ATTEND A 4-YEAR COLLEGE | <input type="checkbox"/> ATTEND A 2-YEAR COLLEGE |
| <input type="checkbox"/> FIND EMPLOYMENT | <input type="checkbox"/> OTHER: _____ |

2. DESCRIBE YOUR PERSONAL INTERESTS, INCLUDING HOBBIES AND SPORTS: _____

3. DESCRIBE ANY DIETARY NEEDS AND / OR LIMITED FOOD PREFERENCES: _____

4. LIST THREE GOALS YOU WOULD LIKE TO ACHIEVE WHILE ATTENDING CIP:

- 1) _____
- 2) _____
- 3) _____

5. LIST YOUR STRENGTHS: _____

6. LIST YOUR CHALLENGES: _____

PARENT STATEMENT

Please answer all questions.

1. LIST THREE GOALS YOU WOULD LIKE YOUR STUDENT TO ACHIEVE WHILE ATTENDING CIP:

- 1) _____
- 2) _____
- 3) _____

2. PLEASE EXPLAIN ANY SPECIAL CONSIDERATIONS THAT CIP SHOULD BE AWARE OF IN REGARD TO YOUR STUDENT, I.E., PERSONAL HABITS; SENSORY ISSUES; BEHAVIORAL DIFFICULTIES; SUICIDAL THOUGHTS, GESTURES, OR ATTEMPTS; MEDICAL CONDITIONS; ANGER MANAGEMENT ISSUES; USE OF ILLEGAL SUBSTANCES; AND/OR THE POTENTIAL FOR OR HISTORY OF SELF HARM, VIOLENCE TO OTHERS AND/OR PROPERTY (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

3. PLEASE EXPLAIN YOUR STUDENT'S INTERNET AND COMPUTER HABITS. HOW MUCH TIME DAILY IS SPENT USING ELECTRONIC DEVICES?

PARENT/GUARDIAN QUESTIONNAIRE

To be completed by the parent/guardian. For each of the following questions, please write the letter of the answer that BEST describes your young adult in the space provided.

INDEPENDENT LIVING

_____ **1. Please rate the student's experience living away from home (summer camp, residential program, etc):**

- A. Has lived away from home for more than 3 months successfully on their own.
- B. Has lived away from home for more than 3 months but had regular residential support.
- C. Has experience living away from home only a few weeks at a time and will need support and regular check-ins.
- D. Has never lived away from home before.

_____ **2. Which best describes how the student maintains their own space/bedroom?**

- A. Neat and does not feel anxiety if something is out of order.
- B. Neat, but does feel anxiety if something is out of order.
- C. Messy and has help from parent/advisor regularly to clean space.
- D. Messy and always keeps the space this way.

_____ **3. What assistance does the student need when cooking?**

- A. Can cook a well-balanced meal on their 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 following recipes and with preparing a full, well-balanced meal.
- D. Has never cooked before so they will need regular assistance.

_____ **4. 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, above, but needs some assistance.
- C. Has done laundry a few times on their own, but needs regular assistance.
- D. Has never done their own laundry.

_____ **5. Rate the student's showering, grooming, and dressing habits:**

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

_____ **6. 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 prompts to get out of bed.

_____ **7. Rate the student's driving background:**

- A. Has their own license and a clean driving record for at least a year.
- B. Just passed the driver's test or has a permit.
- C. Is interested in learning.
- D. Not yet ready for this step or may not obtain due to safety issues.

_____ **8. Rate the student's experience with public transportation (bus, taxi, subway):**

- A. Has used it regularly on their own and is confident finding their way around.
- B. Has used it before, but not on their 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

_____ **8. Has the student maintained friendships/relationships with people in the same group (not on the internet)?**

- A. They have several friends and meet with them regularly for social activities.
- B. They have a couple of friends at school, but do not see them regularly outside of school.
- C. They perceive others as friends, but the friendships are not reciprocated.
- D. They prefer to be alone and stay to themselves.

_____ **9. 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 week.
- C. May engage in an activity monthly.
- D. Rarely will engage in social activities.

_____ **10. How often does the student understand the perspective of others?**

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

ACADEMIC/VOCATIONAL SECTION

_____ **11. What are the student's academic goals?**

- A. Knows exactly what degree or career they want.
- 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. Not interested in college; pursuing vocational track only

_____ **12. Has the student had experience taking college-level classes before?**

- A. Yes, and they did quite well.

B. Yes, overall it was a positive experience, but they had some challenges. Please explain:

C. Yes, but it was not a positive experience for the student. Please explain why:

D. No, the student has never taken a college class before.

_____ **13. Rate the student's academic independent working skills:**

- A. Totally independent and has succeeded in the past with organizing their own assignments and managing their own time.
- B. Needs small amounts of assistance in getting started or in organizing their time, but once they get going, can work independently.
- C. Needs moderate assistance to organize their 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 small chunks to help them decide what to do and when to do it.

_____ **14. Rate the student's previous relationships with teachers/supervisors:**

- A. Feels very comfortable speaking with and seeking assistance from their teacher or supervisor and has formed close relationships in the past.
- B. Seeks assistance/clarification from the teacher or supervisor, but tends to shy away from regular contact.
- C. Sought assistance/clarification in the past, but did need encouragement from a tutor or a parent to follow through.
- D. Does not feel comfortable speaking with teachers or supervisors and will need help in learning to approach them.

_____ **15. Which best describes the student's employment/internship experience?**

- A. Has successfully maintained a position for more than six months.
- B. Has tried working, but resigned.
- C. Has tried working, but was discharged/released by supervisor.
- D. Has no employment/internship experience.

_____ **16. Has the student ever been discharged or suspended from a school, program or job?**

- A. No.
- B. Yes, over three years ago, but it has not been an issue again.
- C. Yes, one or two years ago, but it has not been an issue again.
- D. Yes, within the last year.

CLINICAL SECTION

_____ **17. Rate the student's understanding and acceptance of their psychological diagnosis:**

- A. Clearly knows and understands diagnosis.
- B. Accepts diagnosis and has expressed an 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.

_____ **18. 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.

_____ **19. 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.

_____ **20. Has the student ever had difficulty controlling their anger or anxiety so that they broke things or maybe lost their temper with people?**

- A. No.
- B. Yes, over three years ago, but it has not been an issue again.
- C. Yes, within the last three years, but it has not been an issue again.
- D. Yes, more than once. Please explain: _____

STATEMENT OF AUTHENTICITY

SIGNATURE REQUIRED

NAME OF PERSON COMPLETING APPLICATION _____

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT _____

YOU ARE RESPONSIBLE FOR THE ACCURACY AND THOROUGHNESS OF ALL INFORMATION PROVIDED. FULL CANDOR IS A PREREQUISITE TO ADMISSION. FAILURE TO DISCLOSE, CONCEALMENT OF INFORMATION, OR FAILURE TO FULLY DISCLOSE MAY RESULT IN DENIAL OF ADMISSION, REVOCATION OF ADMISSION, AND/OR SUSPENSION OR DISMISSAL.

I CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PREPARER

DATE