

# **CIP**

Preparing Young Adults  
with Autism and LD for  
Success Since 1984

# **Summer Program Application**

**College Internship Program**

[cipworldwide.org](http://cipworldwide.org)

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

The College Internship Program 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 \$125.00. The application fee is waived for past participants. The summer 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 of \$125, mailed to the address listed below
- 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

If you have questions or require assistance, please contact (877) 566-9247, 8:00 a.m. – 5:00 p.m.

## APPLY FOR A TWO WEEK SUMMER PROGRAM

**Summer@CIP** offer two weeks of social, academic, career, and life skills for students diagnosed with autism and learning differences. They provide a taste of independence while living on a college campus or in an apartment on a CIP campus.

**The Summer@CIP Program** is for students entering their sophomore, junior or senior year of high school in the fall and students who have graduated in the current year.

### ADMISSIONS YEAR

- Summer 2023       Summer 2024

### SUMMER PROGRAM LOCATION

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

### APPLICANT INFORMATION

FIRST NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

HOME MAILING

ADDRESS \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PRIMARY

CITY, STATE, ZIP \_\_\_\_\_ LANGUAGE \_\_\_\_\_

I AM:  A U.S. CITIZEN      MALE       FEMALE       OTHER

AN INTERNATIONAL STUDENT      T-SHIRT SIZE \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

## FAMILY INFORMATION

Family with whom the student resides

### Parent / Guardian #1

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

### Parent / Guardian #2

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

**PRIMARY CONTACT PERSON (FROM ABOVE)** \_\_\_\_\_

## FAMILY 2 INFORMATION

If applicable

### Parent / Guardian #1

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

### Parent / Guardian #2

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

OCCUPATION \_\_\_\_\_

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 THAT REQUIRE SPECIALTY CARE, MONITORING, OR ONGOING ASSESSMENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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-ADMINISTER 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS THE STUDENT EVER VERBALIZED THREATS OF HARM OR VIOLENCE TO THEMSELVES OR OTHERS?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HAS THE STUDENT EVER EXPRESSED THE INTENT TO SELF HARM?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOW FREQUENTLY DOES THE STUDENT EXPERIENCE WITHDRAWAL, DEPRESSION, OR ANXIETY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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?

ATTEND A 4-YEAR COLLEGE

ATTEND A 2-YEAR COLLEGE

FIND EMPLOYMENT

OTHER: \_\_\_\_\_

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

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

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

5. LIST YOUR STRENGTHS: \_\_\_\_\_

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6. LIST YOUR CHALLENGES: \_\_\_\_\_

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**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?

\_\_\_\_\_

\_\_\_\_\_

**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

## SUMMER QUESTIONNAIRE

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: \_\_\_\_\_

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