

CIP

Preparing Young Adults
with Autism and LD for
Success Since 1984

Full Year Program Application

College Internship Program

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.

Full Year Program application decision will not be made until all of the documents listed below are received:

- Fully completed application
- A non-refundable \$125 application processing fee, paid by check to the address below
- Wechsler Intelligence Scale for Children (WISC) or Wechsler Adult Intelligence Scale (WAIS) (performed no more than three years prior to application)
- Woodcock-Johnson Achievement or Wechsler Individual Achievement Test (WIAT) (performed no more than three years prior to application)
- Two letters of reference
- High school transcripts / college transcripts (unofficial may be submitted)
- Latest IEP (most recent, if applicable)
- Current psychological evaluation / mental status examination performed no more than one year prior to admission (upon request)
- Student photo
- Recent TOEFL, if an international student whose first language is not English

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. – 5:00 p.m.

PROGRAM SELECTION

APPLY FOR A FULL YEAR PROGRAM

The CIP provides comprehensive, individualized academic, internship, and independent living experiences for young adults, ages 18-26, diagnosed on the autism spectrum and with learning differences.

ADMISSIONS YEAR

Admissions dates are typically scheduled to begin during the orientation in August or the orientation in January. Applicants will also be considered throughout the year on a space-available basis.

Fall 2024
(August)

Spring 2024
(January)

Fall 2025
(August)

Spring 2025
(January)

LOCATION

Select a Full Year location and area of focus below:

CIP BERKSHIRE, MA

CIP BLOOMINGTON, IN

CIP BREVARD, FL

CIP BERKELEY, CA

CIP LONG BEACH, CA

SECONDARY ENROLLMENT PREFERENCE

In the event that your primary Full Year location is at capacity, please select a secondary enrollment preference below:

CIP BERKSHIRE, MA

CIP BLOOMINGTON, IN

CIP BREVARD, FL

CIP BERKELEY, CA

CIP LONG BEACH, CA

N/A- NO SECONDARY PREFERENCE

UNSURE- I WOULD LIKE TO DISCUSS SECONDARY PREFERENCES WITH AN ENROLLMENT SPECIALIST

AREA OF FOCUS

ACADEMIC TRACK

CAREER TRACK

INTERESTED IN A SUMMER PROGRAM?

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 high school in the current year.

Spend two weeks on a highly rated college campus and learn the social, academic, career, and life skills needed to make a well-prepared transition. Experience independence and get a sneak peek at college life! Learn more at www.cipsummer.com.

I am interested in learning more: YES NO

APPLICANT INFORMATION

FIRST NAME _____

HOME PHONE _____

LAST NAME _____

DATE OF BIRTH _____ AGE _____

HOME MAILING ADDRESS _____

PLACE OF BIRTH _____

CITY, STATE, ZIP _____

PRIMARY LANGUAGE _____

I AM: A U.S. CITIZEN

MALE FEMALE OTHER

NON-U.S. CITIZEN
COUNTRY OF CITIZENSHIP _____

T-SHIRT SIZE _____

STUDENT EMAIL _____

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

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 OCCUPATION _____

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 _____

PARENT/GUARDIAN OCCUPATION _____

EDUCATIONAL CONSULTANT INFORMATION

NAME _____

COMPANY _____

PHONE NUMBER _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

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? _____

STUDENT STATEMENT

Please answer all questions.

1. WHAT WOULD YOU LIKE TO PURSUE WHILE ATTENDING CIP?

ATTEND A 4-YEAR COLLEGE

ATTEND A 2-YEAR COLLEGE

EMPLOYMENT-READINESS

OTHER: _____

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

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

4. WHY WOULD YOU LIKE TO COME TO CIP? _____

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

1) _____

2) _____

3) _____

6. LIST YOUR STRENGTHS: _____

7. LIST YOUR CHALLENGES: _____

PARENT QUESTIONNAIRE

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?

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: _____

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:**

- A. Has lived away from home for more than 6 months successfully on their own.
- B. Has lived away from home for more than 6 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. Has the student lived with a roommate who is not a family member?**

- A. Has lived with roommate(s), formed positive relationships and advocated for self when necessary.
- B. Has lived with roommate(s), but has struggled at times to communicate/advocate for self.
- C. Has lived with roommate(s), but tended to isolate self.
- D. Has never lived with roommate(s) before.

_____ **3. 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 anxious 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.

_____ **4. 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.

_____ **5. Which best describes the student's eating choices?**

- A. Always has a well-balanced meal with plenty of fruits and vegetables.
- B. Makes good choices but does not always eat enough fruits and vegetables.
- C. Eats healthy foods but has a restricted range of food they will eat.
- D. Prefers a diet of convenience foods, soda, and starches.

_____ **6. Please rate the student's experience with grocery shopping:**

- A. Has gone to the store on their own and used a shopping list successfully.
- B. Has gone to the store on their own but usually returns with several items missing.
- C. Usually goes with a parent who assists with shopping.
- D. Not used to going to the store on their own.

7. 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 the 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.

8. 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.

9. Rate the student's overall grooming:

- A. Always looks good.
- B. Sometimes looks groomed.
- C. Sometimes looks groomed, but needs prompts.
- D. Usually unkempt (wrinkled shirts, messy hair, body odor, etc.)

10. 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.

11. Rate the student's experience with a checking account:

- A. Has successfully maintained a checking account on their own for at least one year with no issues.
- B. Has maintained a checking account, but needs assistance with balancing and reconciliation.
- C. Has a checking account, but has regular assistance in managing their funds.
- D. Has never maintained a checking account.

12. Rate the student's experience with a credit card:

- A. Has used a credit card for at least one year with no outstanding balances and no issues.
- B. Has a card, but does not comprehend spending limits.
- C. Had a card, but no longer has one due to negligence.
- D. Has never had a card or is not ready for one at this time.

13. 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.

_____ **14. 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

_____ **15. 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 friendships are not reciprocated.
- D. They prefer to be alone and stay to themselves.

_____ **16. When the student engages with their peers, who initiate the plans?**

- A. The student initiates activities with their peers.
- B. The student sometimes initiates activities with their peers.
- C. Their friends typically initiate the activity.
- D. The parent typically initiates the activity.

_____ **17. Rate the level of social activities the student engages in with friends outside of school (going to the 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.

_____ **18. 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

CIP offers classes separate from the college, so please fill out this section even if the student is on a vocational track only.

_____ 19. 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.

_____ 20. 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.

_____ 21. 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.

_____ 22. Rate the student's need for an academic tutor and study halls:

- A. Works well independently and will not need tutorial/study hall assistance.
- B. May need some assistance periodically (1-2 hours of tutorial/study hall per week).
- C. Will need to meet with a tutor or have study halls regularly (3-4 hours per week).
- D. Will need as much time as possible with a tutor or in study halls (5+ hours per week).

23. 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.

24. Please rate the student's classroom skills listed below using the following scale:

- A. Competent
- B. Minimal support
- C. Moderate support needed
- D. High need for support

Rating	Task
	Organization
	Meeting deadlines
	Promptness to appointments/classes
	Attendance and participation
	Note taking
	Keyboarding
	Writing papers
	Following a schedule

Please list any special accommodations the student has had in the past and may need in class (i.e., extra time for tests, books on tape, oral exams, note taking, etc.)

_____ **25. 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.

_____ **26. Please rate the student's need for a job coach:**

- A. Will not need assistance.
- B. May need instruction from a vocational class, but will not need a job coach.
- C. Needs occasional assistance from a job coach (once per month).
- D. Needs regular assistance from a job coach (weekly).

_____ **27. 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

_____ **28. 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.

_____ **29. 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.

_____ **30. Which best describes the student's feelings toward therapy?**

- A. A helpful, positive experience.
- B. Reluctant to go at first, but they found it helpful.
- C. Reluctant to go and they found it unhelpful.
- D. Does not like to attend.

_____ **32. 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.

_____ **33. 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:

_____ **34. Is the student able to accept constructive criticism?**

- A. Yes, they can use constructive criticism in a positive way.
- B. They accept feedback, but have difficulty interpreting suggestions.
- C. They have difficulty accepting constructive criticism and usually do not learn from what is suggested.
- D. They get upset when given constructive criticism and may get angry or walk out.

_____ **37. 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 okay.
- C. May have tried in the past, but not within the last year.
- D. Has used regularly before and may still.

_____ **38. 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 okay.
- C. May have tried in the past, but not within the last year.
- D. Has used regularly before and may still.

Please explain any substance abuse issues that the student has had in the past or may still have:

FINANCIAL SPONSOR / FUNDING SOURCE

How will you be funding attendance:

SOURCE(S) _____

NAME OF FINANCIAL SPONSOR(S) _____

RELATIONSHIP _____

PHONE _____ EMAIL _____

*All financial sponsor information is subject to verification.

STATEMENT OF AUTHENTICITY

Signature required

NAME OF PERSON COMPLETING APPLICATION _____

IF NOT APPLICANT, RELATIONSHIP TO APPLICANT _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

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