



# Think Beach Application

## Fall 2024

**College of Education, EED-1**  
**California State University, Long Beach**  
1250 Bellflower Blvd.  
Long Beach, CA 90840-2201  
phone: (562) 985-1609 email: [cedinfo@csulb.edu](mailto:cedinfo@csulb.edu)

Due February 1, 2024 for August 2024 admissions

### GENERAL APPLICATION FOR ADMISSION

This application should be completed in collaboration with the student and parent(s) or guardian(s). **Please type or print legibly.** If more space is required for responses, please attach an additional sheet. You are encouraged to keep a copy of the completed application for your reference.

#### Student Information

Full Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

Gender Pronouns: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month* *Day* *Year*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit Number*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What language(s) does the student speak fluently? \_\_\_\_\_

Racial/ethnic information (optional): *Check all that apply*

- Alaskan Native or American Indian       Native Hawaiian or Other Pacific Islander       Asian  
 African American/Black       White, not of Hispanic/Latino(a) origin       Hispanic/Latino(a)

Is the student currently in foster care? Yes  No

Is the student a regional center client? Yes  No

If yes, please list the regional center:

---

If yes, please list your student's regional center case manager:

---

Is the student a Department of Rehabilitation client? Yes  No

If yes, please list your student's Department of Rehabilitation case manager:

---

Has your child used public transportation on their own to get to school or work? Yes  No

Does your child use a cell phone independently? Yes  No

## Education/Program History of Student

### HIGH SCHOOL INFORMATION

Please list any high school that the student has attended:

Name of High School	Location	Years Attended

Did the student have a one-on-one aide in the classroom? Yes  No

If yes, what type of support did that aide provide?

---

---

---

Please select the option that best describes the student's classroom placement during high school:

- Fully included in general education classes       About half of the day in general education  
 Most of the day in special education classes       Full day in special education classes

Please describe any accommodations your student received in high school (e.g., shorter assignments, extra time, seating arrangements, tutor, etc.):

---



---



---

Please indicate the student's level of independence of completing homework assignments:

- Completely independent                     
  Reviews with adult                     
  Direct assistance

Was the student awarded a high school diploma, or is a high school diploma expected? Yes  No

If no, was the student awarded with a certificate of completion? Yes  No

### ADULT TRANSITION AND/OR DAY PROGRAM

Please list any adult transition and/or day program that the student attended:

Name of Program	Location	Description of Program (public, private, transition, etc.)	Years Attended

### POST-SECONDARY EDUCATION INFORMATION

Please list any post-secondary education program that the student attended:

Name of Program	Location	Description of Program (public, private, transition, etc.)	Years Attended	Units Completed

### PRIVATE SERVICES

Please list the support services your student currently receives outside of school (e.g., occupational therapy, speech and language, etc.):

Type of Service	Reason for Service

Describe any technology or assistive technology your student has used to assist in living, learning or working:

---

---

---

## Employment and Extracurricular/Volunteer History

### EMPLOYMENT/INTERNSHIP HISTORY

List all employment or internship experiences:

Name of Employer	Start–End Dates	Hours/Week	Position and Job Responsibilities	Hourly Wage

What accommodations were provided at work? (e.g., job coach, visual cues, extended time to complete task):

---

---

---

### EXTRACURRICULAR/VOLUNTEER ACTIVITIES

List any extracurricular activities or volunteer experiences:

Organization	Description of Activity	Dates	Hours/Week

## Student Questionnaire

*To be completed by the prospective student, with or without supports.*

1. Tell us about yourself.

---

---

---

---

a. What are you good at? Do you have any special talents or interests?

---

---

---

---

2. Why do you want to attend Long Beach State?

---

---

---

---

3. What is something new you would like to learn in college?

---

---

---

---

4. What kind of help will you need to participate in the Think Beach Program?

---

---

---

---

5. What jobs are you interested in after you finish college? You can list more than one.

---

---

---

---

6. Is there anything else about yourself that you would like to share?

---

---

---

---

## Family/Guardian Information

Does the student have a legal guardian or conservator? Yes  No

If yes, provide a name and relation to student: \_\_\_\_\_

Please identify the primary family/caregiver contact for communication with Think Beach:

\_\_\_\_\_

What is the preferred method of communication? Text  Phone  Email

**Parent/Guardian-1 Name:** \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address: \_\_\_\_\_  
*Street City State ZIP*

Highest Level of Education Completed: High School  Bachelors  Masters  Doctorate

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian-2 Name:** \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address: \_\_\_\_\_  
*Street City State ZIP*

Highest Level of Education Completed: High School  Bachelors  Masters  Doctorate

Employer/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Why are you interested in the Think Beach Program for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the family's attitudes about your child participating in the Think Beach Program:

---

---

---

Describe any concerns you have that may impact your child's participation in the Think Beach Program:

---

---

---

What, if any, preparations have been made to assist your child in making the transition into the Think Beach Program?

---

---

---

**Medical Information and History**

**Does the student require any mobility aids?**    Yes             No

If yes, please specify (*check all that apply*):

- Prosthesis (specify: \_\_\_\_\_)     Braces
- Crutches                                     Cane
- Manual Wheelchair                         Motorized Wheelchair/Cart

**Does the student require canine assistance?**    Yes             No

If yes, please explain:

---

---

---



Provide information on all medical conditions or diagnosis that may impact student experience on campus:

Medical Condition	Dates of Diagnosis	Description of the Medical Condition	Does this impact daily living? Yes/No

Has the student had any incidents of aggressive physical or verbal behavior? If yes, describe the nature of the situation(s) and how often the behavior occurs:

Description of Behavior	Possible Trigger	How often does this occur? (daily, weekly, occasionally)

## References

Two reference forms should be completed by non-relatives who have known the applicant for at least six months. One reference should be an educator. The other reference can be from an educator, supervisor, employer, family friend, or service provider. Reference forms should be sent directly by the person making the reference to the Think Beach Program (mailed or faxed to the Community Clinic in room EED2-155 or via email [ced-ccces@csulb.edu](mailto:ced-ccces@csulb.edu)).

Reference-1 Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

Reference-1 Phone: \_\_\_\_\_ Reference-1 Email: \_\_\_\_\_

Reference-2 Name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

Reference-2 Phone: \_\_\_\_\_ Reference-2 Email: \_\_\_\_\_

## Signatures

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of information is sufficient grounds for canceling my admission of registration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below indicates that all information contained in this application is factually correct and complete. I understand that the misrepresentation or omission of information is sufficient grounds for canceling my student's admission of registration.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Completion Assistance and Submission Information

For questions or assistance in completing this application, call the CSULB Community Clinic at (562) 985-4991, or send an email to [ced-ccces@csulb.edu](mailto:ced-ccces@csulb.edu)

To submit this application, please email to [ced-ccces@csulb.edu](mailto:ced-ccces@csulb.edu), fax to (562) 985-4534, or send via the US postal mail to:

Community Clinic for Counseling and Educational Services  
CSULB  
1250 Bellflower Blvd.  
Building ED-2 Room 155  
Long Beach, CA 90840-2201

To complete this application online, go to <https://thinkbeachcsulb.weebly.com>

