



California State University, Long Beach
College of Education
1250 Bellflower Blvd Long Beach, CA 90840-2201
Phone: 562-985-1609 // Email: CED-ThinkBeach@csulb.edu

THINK BEACH APPLICATION FOR ADMISSION

This application should be completed by the parent(s) or guardian(s) in collaboration with the student. 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.

Please submit a copy of the student's most recent IEP with application

APPLICATION DEADLINE

February 15 for Fall Admissions

For questions or assistance in completing this application call the CSULB Community Clinic at 562-985-4991 or email: CED-ThinkBeach@csulb.edu

The completed application may be emailed (CED-ThinkBeach@csulb.edu), faxed (562-985-4534) or mailed via U.S. Postal Service to:

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

Adult Transition and/or Day Program

Student Information

Full Name: _____
Last First M.I.

Gender Pronouns: _____

Age: _____ Date of Birth*: ____/____/____
Mo. Day Year

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

What language(s) does the student speak fluently? _____

What is the student's primary mode of communication?

☐ Verbal (spoken) communication ☐ Assistive technology ☐ Written communication

If the student uses assistive technology to communicate, please describe:

Racial/ethnic information (optional): *Select 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/Latinx

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 and Service Provider name and email:

Is the student a Department of Rehabilitation client? Yes ☐ No ☐

Adult Transition and/or Day Program

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

Please list any high school that the student has attended.

High School Information

Name of High School	Location	Years Attended

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

If yes, what type of support did the 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

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

Post-Secondary Education Information

Please list any postsecondary education program that the student attended.

Name of College	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 uses to assist in learning or working.

Employment & 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 tasks)

EXTRACURRICULAR/VOLUNTEER ACTIVITIES

List any extracurricular activities or volunteer experiences

Organization	Description of Activity	Dates	Hours/Week

Adult Transition and/or Day Program

5. What is something new you would like to learn in college?
6. What kind of help will you need to participate in the Think Beach program?
7. What jobs are you interested in after you finish college? You can list more than one.
8. Is there anything else about yourself that you would like to share?

Adult Transition and/or Day Program

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

M.I.

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 M.I. 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?

Adult Transition and/or Day Program

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 & History

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

If so, please specify (check all that apply):

☐ Prosthesis (specify: _____)

☐ Crutches

☐ Manual wheelchair

☐ Canine assistance

☐ Braces

☐ Cane

☐ Motorized wheelchair/cart

☐ Other

Adult Transition and/or Day Program

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

Medical Condition	Date 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 or self-harm? If yes, describe the nature of the situation(s) and how often the behavior occurs:

Description of Behavior	Possible Cause	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 from 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 references to the Think Beach Program (mailed or faxed to the Community Clinic in room EED2-155 or via email CED-ThinkBeach@csulb.edu)

Reference 1 Name: _____ Relationship/Title _____

Reference 1 Phone # _____ Reference 1 Email: _____

Reference 2 Name: _____ Relationship/Title: _____

Reference 2 Phone # _____ Reference 2 Email: _____

Adult Transition and/or Day Program

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 or 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 or registration.

Parent/Guardian

Signature: _____ Date: _____