



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 1 for Fall Admission

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

**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:

\_\_\_\_\_

Is the student a Department of Rehabilitation client? Yes  No

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? \_\_\_\_\_

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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.).

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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 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.

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## 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)

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### 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.
2. What are you good at? Do you have any special talents or interests?
3. What do you do for fun? Do you enjoy any activities or hobbies?
4. Why do you want to attend Long Beach State?

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?

**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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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

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

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**Medical Information & History**

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Prosthesis (specify: _____) | <input type="checkbox"/> Braces                    |
| <input type="checkbox"/> Crutches                    | <input type="checkbox"/> Cane                      |
| <input type="checkbox"/> Manual wheelchair           | <input type="checkbox"/> Motorized wheelchair/cart |
| <input type="checkbox"/> Canine assistance           | <input type="checkbox"/> Other                     |

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: \_\_\_\_\_

## 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: \_\_\_\_\_