



BPCCC Bridge Student Application

A Comprehensive Postsecondary Transition Program

| Information about Student applying for admission | | |
|--|-------------------|-------------------|
| Last Name | | |
| First Name | | |
| Middle Initial | | |
| Admission to what term? | | |
| Current Mailing Address | | |
| City | State | Zip Code |
| This is the same as my permanent address | | |
| Permanent Address (if different from above) | | |
| City | State | Zip Code |
| Home Phone Number | Work Phone Number | Cell Phone Number |
| Birthdate | Birth City | Birth State |
| E-mail address | | |



| Family Information | | | |
|--|-------------------|-------------------------|-------------|
| Guardian Name | | | |
| Guardian Address | | | |
| Home phone number | Cell phone number | e-mail address | |
| Occupation | Employer | Work phone | Work E-mail |
| Emergency contact name | | Emergency contact phone | |
| Are you the applicant's legal guardian? Yes No | | | |
| If yes, please attach verifying documentation | | | |
| List names and ages of any siblings: | | | |
| | | | |



| Education History | | |
|---|---|----------------|
| Name and location of current school or last school attended | | |
| Currently in school? Yes No | Current grade | |
| Did you complete high school? Yes No | Completion date | |
| Did you receive: HiSET or GED Diploma Certificate of Achievement | Did you have an IEP (Individualized Education Plan) while in school? Yes No | |
| College or vocational programs | | |
| Have you ever taken any college courses? Yes No | | |
| If yes, did you receive college credit for these courses? Yes No | | |
| Name of college or vocational school attended | Dates attended | Credits earned |

| Education History Cont. |
|--|
| What courses or subjects in high school have you enjoyed? (English, math, history, science, foreign language, physical education, computers, etc.)? |
| What courses or subjects in high school have been the <u>most difficult</u> for you? (English, math, history, science, foreign language, physical education, computers, etc.)? |



| |
|--|
| What academic challenges do you have in the classroom? |
| What would you like your instructor to know about how you learn? |
| What do you hope to learn if accepted to the PSE program? |
| Have you used assistive technology? If yes, please explain: |

| Work Experience |
|--|
| Did you participate in Pre-ETS (pre-employment transition skills) classes during high school? Yes No If yes, did you get any work experience, ie (job shadowing, internship)? |
| Have you ever had a paid job, volunteered or did community service? Yes No If yes, please list organization, description of work/activity, and dates |



Have you applied for services at Louisiana Rehabilitation Services (LRS)?

Yes No

If yes, and approved:

Counselor's name:

Counselor's phone number:

| Medical and Behavioral Information | | | | |
|--|--------------------|------|---------|----------------------------|
| Date of last medical exam | | | | |
| Major medical/psychological diagnosis (List all) | | | | |
| Do you take medication daily? Yes No | Name of medication | Dose | Purpose | Does this medication help? |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| | | | | Yes No |
| Do you need help taking your medication? | | | | |
| Yes No | | | | |



When you get angry, how do you handle your anger? What do you tend to do?

Have you ever been convicted of a crime?
Yes No

If yes, please explain:

Medical and Behavioral Information

Do you have any behaviors/habits that you would like to change?

Are there any behaviors/habits that others would like you to change?

Do you require a personal care attendant?
Yes No

If yes, is it for medical or behavioral reasons?
Medical Behavior

Do you have a strong support system?
Yes No



Do you require any of the following physical supports? Please check all that apply:

Manual Wheelchair

Cane

Electric Wheelchair

Uses handrails in bathroom and shower

Walker

Requires other supports

If others needed, please list:

| Medical and Behavioral Information | |
|---|-----|
| Check yes if you are currently or have ever participated in these behavioral or self-care situations | |
| Caused property damage including fires | Yes |
| Physically threatened and/or attacked others | Yes |
| Verbally threatened others | Yes |
| Self-injurious behaviors | Yes |
| Mistreating animals | Yes |
| Lying | Yes |
| Fabrication | Yes |
| Inappropriate sexual behavior | Yes |
| Stealing | Yes |
| Prior arrest or probation | Yes |
| Tobacco use/abuse | Yes |
| Marijuana use/abuse | Yes |
| | |



| | |
|-------------------|-----|
| Drug use/abuse | Yes |
| Alcohol use/abuse | Yes |
| Seizure(s) | Yes |

| Applicant questionnaire |
|--|
| 1. Why do you want to participate in the BPCCC BRIDGE program? |
| 2. What do you consider your strengths? |
| 3. What do you consider your weaknesses? |
| 4. Is there anything specific you want to learn? |
| 5. Do you currently have a paid or volunteer job? |
| 6. If you answered yes to number 5, what do you do at your job? Do you enjoy it? |
| 7. What do you like to do outside of work and school? Do you have any hobbies? |
| 8. What is your favorite type of music? |
| 9. What is your favorite movie? |
| 10. Do you like to read? What is your favorite book? |
| 11. Have you traveled outside of your city? |



12. Do you have a license?

13. Do you drive?

14. How will you get to BPC and work?

15. How did you hear about the BPC Bridge Program?



Personal Statement

In the field below, please write one or two paragraphs about your goals for employment, possible career interests, any previous work history, experiences in high school or college, and any areas requiring additional support on campus. Please include any information related to your future goals and dreams related to independent living and employment.

Intentionally left blank



I acknowledge that part of my vocational training will include participating in an unpaid externship. I agree to participate.

I agree to participate in one benefits counseling session with a benefits counselor to discuss how working will/could possibly affect any government benefits I qualify for.

I have completed this application truthfully, and to the best of my knowledge all information is accurate. I understand that false information can lead to non-acceptance or removal from the PSE program.

Thank you for your time!

In signing this application and acknowledging below, I acknowledge my answers are true to the best of my knowledge. I also agree to waive my right to confidentiality and authorize communication between the LEA (Local Education Authority), PSE (Program for Successful Employment), and LRS (Louisiana Rehabilitation Services) in support of my application and enrollment of this program.

Student Signature _____

Date: _____



Reference #1

Please answer all questions completely and honestly.

To completed by Applicant:

| Applicant Name | Address | Phone Number |
|----------------|---------|--------------|
| | | |

Applicant's Statement:

I understand this letter of evaluation is to be received and maintained in confidence by Bossier Parish Community College for admission consideration. I hereby expressly waive all rights I might have of access to this evaluation under any laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.

I agree to waive access to this statement

Student Signature: _____

Date: _____

Note to Applicant: Please fill out the information above.

Three recommendations are required from non-relatives, preferably a former educator or employer. Please instruct persons providing references to use the forms provided and mail to:

**BPCC BRIDGE Program
6220 E. Texas St., Bossier City, LA 71111
Attention: Wardena Jenkins**



Reference# 1

Please answer all questions completely and honestly.

Note to Reference:

The person whose name appears on the first page of this reference document is applying for admission to the BPCC BRIDGE PROGRAM at Bossier Parish Community College (BPCC). The BPCC BRIDGE is a two-year education and vocational training program for young adults with intellectual disabilities and/or Autism. The program combines career-oriented classes on BPCC's campus with vocational training/internships in the community. The goal of the program is increased independence and paid employment. We will provide the life and job skills necessary for students to lead independent, happy, and fulfilling lives.

Please truthfully complete this and the following pages to the best of your ability and return them along with page one, in a sealed envelope to the:

BPCC BRIDGE Program
6220 E. Texas St., Bossier City, LA 71111
Attention: Wardena Jenkins

Should you have any questions regarding this reference or our program, please email wjenkins@bpcc.edu.

Thank you for your time!



Reference #1: To be completed by the reference

| Reference Name | Address | Phone Number |
|----------------|---------|--------------|
| | | |

1. How long have you known the applicant?

2. In what context did you first become acquainted with the applicant?

3. What would you consider the applicant's most exemplary traits?

4. What are some areas that could use improvement?

5. What factors might make the candidate unsuitable for the BPCCC Bridge program?

6. Why do you feel this applicant is or is not appropriate for the BPCCC Bridge program?



Reference #2

Please answer all questions completely and honestly.

To completed by Applicant:

| Applicant Name | Address | Phone Number |
|----------------|---------|--------------|
| | | |

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I agree to waive access to this statement

Student Signature: _____

Date: _____

Note to Applicant: Please fill out the information above.

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| | | |

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Reference #3

Please answer all questions completely and honestly.

To completed by Applicant:

| Applicant Name | Address | Phone Number |
|----------------|---------|--------------|
| | | |

Applicant's Statement:

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I agree to waive access to this statement

Student Signature: _____ Date: _____

Note to Applicant: Please fill out the information above.

Three recommendations are required from non-relatives, preferably a former educator or employer. Please instruct persons providing references to use the forms provided and mail to:

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Attention: Wardena Jenkins**



Reference# 3

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Thank you for your time!



Reference #3: To be filled out by the reference

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|----------------|---------|--------------|
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