



The Center for Adult Transition  
Accessible College and Continuing Education  
for Student Success (ACCESS) Program

**2024-2025 Application Packet**

Please note: All applicable items listed below must be submitted either in person or mailed to The Culinary Conference Center building located at 161 Newkirk St., 5th Floor Room E512, Jersey City, NJ 07306 ATTN: Center for Adult Transition, or via e-mail to CAT@hccc.edu.

## Application Checklist:

- Complete ACCESS Program P-CAST Form
- Complete ACCESS Program Questionnaire
- Fill out the Release Form
- Complete the Application Form
- Provide proof of diagnosis from a medical professional (within the last year) or have a medical professional fill out the attached Medical Documentation Form. **(If needed)**
- Provide a copy of the current Individual Education Plan (IEP) or 504 Plan, including transition goals (if applicable)
- Complete the FERPA Disclosure Consent Form along with copies of ID for both parties (if applicable). FERPA form is required if a parent or support person will be involved with the student success process
- Received and reviewed "Program Overview" and "Attendance Policy" documents.
- Complete Self-Assessment
- Copy of Picture ID
- Copy of Social Security Card
- Complete Consent for Release of Information

# Program Overview



The Center for Adult Transition (CAT) believes everyone deserves purposeful academic and workforce opportunities in which one feels productive and prospers. Our mission is to inspire those experiencing intellectual and developmental barriers to transition into academic or workforce pathways. We will create and illuminate opportunities for Hudson County Community College's Center for Adult Transition students that advance social equity, environmental stewardship, and economic success into adulthood.

The ACCESS Program is a pre-college workforce transitional program based on a differential learning structure. The courses will teach Fundamental Life Skills/Student Success, Work Readiness, and Computer Literacy.

## PROGRAM ELIGIBILITY

- Must be between the ages of **17-24**
- Must be diagnosed with an **intellectual or developmental disability**. (**IEP or Medical Documentation** is required)
- Must possess adequate emotional and independent stability to fully engage in all aspects of the program coursework and campus environment.
- The applicant must exhibit the capability to embrace and adhere to fair regulations and treat others with respect. Please note that the program lacks the resources to oversee students with challenging behaviors or administer medications.

## PROGRAM COST

- Tuition is \$3500 which includes instruction and practical lessons, 1:1 academic coaching session, 1:1 career advising sessions, classroom materials, technology, and certifications upon completion of the program.



# Program Overview



## ACCESS PROGRAM DETAILS

- **The pre-college workforce transitional program will teach the following topics:** *Life and Coping Skills, Work-Readiness, Digital Literacy, Introduction to Microsoft Word, Introduction to Microsoft Excel, and Introduction to PowerPoint.*
- The classes will take place *in person at the Journal Square Campus in Jersey City.*
- Class hours take place **Monday through Friday from 10:00 AM- 2:00 PM.**
- Mondays and Wednesdays are interactive lecture days.
- Tuesdays and Thursdays are hands-on, practical days to apply lessons.
- Friday is Virtual Reality Simulation Days
- 1:1 tutoring sessions outside of classroom hours.
- The Career Advisor meets with students regularly to set career and academic goals, connect them with community resources, and assist with creating a *person-centered plan.*
- The **90-day post-program follow-along period** ensures students are supported as they transition into degree and certification programs, vocational training, work-based training programs, employment, volunteer opportunities, and internships (*based on individual student goals*).
- Social Skills and Career Exploration Workshops are hosted outside of classroom hours throughout the program.
- The peer mentor program matches students with a mentor to assist through social events, campus tours, career awareness, and more.



# ACCESS Program

## Attendance Policy

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Attendance is *crucial for success in the program*. To ensure that students can make the most of their time in the program, we have developed the following absence policy:

**Excused absences:** Students may request an excused absence in advance for reasons such as illness, family emergency, or other extenuating circumstances. To request an excused absence, **students must notify their instructor at least 24-48 hours in advance before the absence** (except in cases of emergency).

**Unexcused absences:** Absences not pre-approved by the instructor will be considered unexcused. This includes absences due to **oversleeping, personal errands, or other non-emergency situations**.

If a student has an unexcused absence, the following consequences will apply:

- **First and Second unexcused absence:** The student will receive a verbal/written notice.
- **Third unexcused absence:** The student will be required to meet on a weekly basis and make-up course hours.
- **Fourth unexcused absence:** The student will be unenrolled from the program due to failure to comply with attendance policy.

**Making up missed work:** Students are responsible for making up any missed work due to an excused absence. The student must contact their instructor and obtain any materials or assignments missed during their absence.

We understand that unexpected events may arise, and we will work with students to accommodate any extenuating circumstances. However, consistent attendance is essential for the student and the program's success. If you have any questions or concerns about this policy, please feel free to contact us at **CAT@hccc.edu**.



# Application Guidelines



This application enables the Hudson County Community College, Center for Adult Transition, to properly assess each applicant's eligibility and identify the support and/or accommodations needed to create an inclusive, safe, and positive learning environment for our students. Our goal is to accept applicants with a diagnosed disability who will benefit from participating in a transitional pre-college program to prepare for a variety of academic and workforce opportunities upon completion of the ACCESS Program.

## The application process includes the following guidelines:

1. Submission of application and supporting documentation via:
  - a. **Email:** *CAT@HCCC.EDU*
  - b. **In-person:** *161 Newkirk Street 5th Floor Room 505 Jersey City, NJ 07306*
  - c. **Mail:** Complete and mail Application Form and supporting documents to *Hudson County College Continuing Education, 161 Newkirk Street, Jersey City, NJ 07306*
2. Once the application is reviewed, the applicant will receive next steps on setting up an interview date either through *telecommunications* or *in-person*.
3. The applicants will receive an acceptance or denial letter via email from CAT@HCCC.EDU with next steps.
4. A **tuition fee of \$3500.00** must be submitted by the specified due date upon acceptance into the program. Payment Instructions will be sent via email.
5. Accepted applicants must attend a **mandatory orientation** to complete the enrollment process at HCCC.



# The Center of Adult Transition ACCESS Program



## 2024-2025 APPLICATION FORM

### APPLICANT INFORMATION

First Name  Last Name   
Address   
City  State  Zip Code   
Applicant's Phone  Date of Birth   
Applicant's Email

### EMERGENCY CONTACT PERSON

First Name  Last Name   
Address   
City  State  Zip Code   
Phone  Date of Birth   
Email   
Relationship to Applicant

#### Race:

- America Indian/ Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other

#### Ethnicity:

- Hispanic
- Non-Hispanic

#### Citizenship:

- U.S Citizen
- Permanent Resident
- Non-U.S. citizen

#### Gender:

- Female
- Male
- Non-binary
- Other

#### Education:

- Highest Grade Level Completed \_\_\_\_\_
- High School Diploma/GED
- Some College, Credits Earned: \_\_\_\_\_
- College Degree, Degree Name: \_\_\_\_\_
- Other

#### Age Group (years):

- 17
- 18-20
- 21-24

#### Marital Status:

- Single (Never married)
- Married
- Divorced/Separated
- Widow

#### Community Partners enrolled:

- Department of Developmentally Disabled (DDD)
- Division of Vocational Rehabilitation Services (DVRS)
- Hudson County Project SEARCH
- Hudson Community Enterprises
- Other: \_\_\_\_\_

#### Do you understand what is guardianship?

- Yes  No  Not sure

#### Does anyone have guardianship over you?

- Yes  No  Not sure

#### Have you begun the process to be appointed a guardian?

- Yes  No  Not sure

# The Center of Adult Transition ACCESS Program



## 2024-2025 APPLICATION FORM

Are you currently enrolled at Hudson County Community College?

- Yes, STUDENT ID#: \_\_\_\_\_  
 No

Have you ever taken classes at HCCC in the past?

- Yes, STUDENT ID#: \_\_\_\_\_  
 No

Have you ever been served by HCCC's Office of Accessibility Services?

- Yes  
 No

### **ACCESS Program Terms:**

- **Tuition Fee:** \$3500.00 due upon acceptance into the program.  
**Schedule Changes:** The college makes every effort to ensure our classes run as scheduled. We reserve the right to combine, reschedule, change the time, date, or location of classes, and make other revisions as necessary due to insufficient enrollment. The college reserves the right to cancel classes without incurring obligation. **If the College cancels a course:** a full refund is issued.
- **Non-attendance to the program:** does not constitute a withdrawal, nor entitle the participant to a refund.  
**Refund Policy:** Cancellations prior to 5 business days before the class: 50% refund.
- Cancellation less than 5 business days prior to the first day of class: No refund issued.

The following statement is in accordance with the Higher Education Act. Please read carefully and sign. I grant permission to Hudson County Community College to share information including the transfer of grades, credits, and other academic records, where applicable among other organizations and/or agencies/businesses that provide funding for this training.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Contact Information



APPLICANT'S NAME: \_\_\_\_\_

List emergency contact information below in priority order:

**1** NAME : \_\_\_\_\_  
EMAIL : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE : \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

**2** NAME : \_\_\_\_\_  
EMAIL : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE : \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

**3** NAME : \_\_\_\_\_  
EMAIL : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE : \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

By signing below, I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION QUESTIONNAIRE



## PERSONAL INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DAY / MONTH / YEAR

## INSTRUCTIONS:

The applicant, parents/guardians/support person, and/or teachers will complete the following information depending on the applicant's ability.

Check yes, no, or write your response to answer the questions below.

## QUESTIONS:

Do you need to take breaks during 1:1 or group classroom instruction?	Yes <input type="radio"/>	No <input type="radio"/>
Do you utilize resources like accommodations and tutoring when you need help?	Yes <input type="radio"/>	No <input type="radio"/>
Are you able to organize and keep track of assignments independently?	Yes <input type="radio"/>	No <input type="radio"/>
Do you need assistance with writing and organizing notes?	Yes <input type="radio"/>	No <input type="radio"/>
Do you use adaptive equipment, sign language, or an interpreter to communicate with others?	Yes <input type="radio"/>	No <input type="radio"/>
Do you need to use accessibility features like text-to-speech or voice recognition software to assist with computer use?	Yes <input type="radio"/>	No <input type="radio"/>
Can you use basic computer editing features like copy, paste, and undo?	Yes <input type="radio"/>	No <input type="radio"/>
Can you use a keyboard and mouse to navigate the computer and perform basic functions like opening programs and creating files?	Yes <input type="radio"/>	No <input type="radio"/>
Can you navigate the file structure of a computer to find and open files?	Yes <input type="radio"/>	No <input type="radio"/>
Can you use a web browser to access and navigate websites?	Yes <input type="radio"/>	No <input type="radio"/>

# APPLICATION QUESTIONNAIRE



## QUESTIONS:

Are you able to manage your school schedule and meet deadlines independently?

Yes

No

Are you able to adapt to changes in your environment or routine?

Yes

No

Are you able to work collaboratively with others to achieve a common goal?

Yes

No

Are you able to take constructive feedback and make adjustments to your academic/work performance accordingly?

Yes

No

Do you understand your emotions and have the ability to identify them appropriately?

Yes

No

Do you resolve conflict in a constructive and positive manner?

Yes

No

Do you have healthy coping skills for managing stress?

Yes

No

Do you have a positive attitude towards learning and trying new things?

Yes

No

Are there any specific behavioral challenges related to your disability?

Yes

No

If yes, please list your behavioral challenges below:  
(List any history of behaviors that affect the learning environment, self-inflicting behaviors, behaviors toward others, etc.)

# APPLICATION QUESTIONNAIRE



## QUESTIONS:

Have you ever received behavioral interventions and support services in the past or current?

Yes

No

If yes, please describe the effectiveness of these interventions below:

Do you have a reliable form of transportation to and from school/work?

Yes

No

Are you able to follow safety rules and guidelines when moving around the school premises?

Yes

No

Do you need assistance in getting to and from classes within the school building?

Yes

No

Do you need support in accessing transportation to and from school, such as a shuttle or public transit?

Yes

No

Do you need assistance with mobility aids, such as a wheelchair, walker, or cane, while moving around the school?

Yes

No

Do you require specialized transportation services, such as a lift-equipped bus services?

Yes

No

Specify any other concerns or challenges related to your mobility below:

Are you currently employed?

Yes

No

Have you ever been employed in your past?

Yes

No

# APPLICATION QUESTIONNAIRE



## QUESTIONS:

If yes, list your work history below:  
(Include the name of the company, your title, and dates of employment)

Yes      No

    

Do you have volunteer experience?

If yes, list your volunteer history below:  
(Include the name of the organization, responsibilities, and dates of service)

Yes      No

    

Do you have any food allergies? If yes, list below.

Yes      No

    

Do you need specific assistance or accommodations in accessing or using restroom facilities?

Yes      No

    

Do you have any sensory sensitivities or aversions that we should consider when planning your educational environment? If yes, please list aversions below:

Please use this section to share any additional information you'd like us to know

# Office of Accessibility Services

## Hudson County Community College

### Student Medical Documentation Form

Name :	College ID :
Phone:	Email :

The student named above is applying for disability accommodations and/or services through the Office of Accessibility Services (AS) at Hudson County Community College. To determine eligibility, a qualified medical professional must certify that the student has been diagnosed with a medical condition and provide evidence that it represents a substantial impediment to a significant life activity. It is essential to understand that a diagnosis of a medical condition in itself does not provide proof of a disability. Information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a significant life activity. This documentation form was developed as an alternative to traditional diagnostic reports.

Center for Adult Transition expects the following regarding this documentation form:

- The form will be completed with as much detail as possible, as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of the medical condition was derived through a formal assessment.
- The assessment information is current.
- An appropriate medical professional is completing the form.
- The professional completing the form is not a student's family member or has a personal or business relationship with the student.

What is the student's diagnosis?

How long has the student had this diagnosis or condition?

What is the severity of the condition? (Check one)

Chronic  Episodic  Short-Term

Explain the duration indicated above.

Explain the student's prognosis regarding this condition.

Date of first contact with student.

Date of last contact with student.

Provide information regarding the student's current presenting concerns (be specific):

Provide information regarding the student's current symptoms:

List the student's current medication(s), dosage, frequency and adverse side effects (if applicable for the above-mentioned diagnosis).

Are there significant limitations to the student's functioning related to the prescribed medications? If yes, please explain:

Provide information regarding the impact, if any, of the condition on a specific major life activity (i.e. learning, eating, walking, hearing, interacting with others, etc.).

In the event of an on-campus emergency requiring evacuation (i.e. fire drill, bomb threat), will this student need assistance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

State the student's functional limitations specifically in a classroom, educational, remote or online setting (i.e. can the student remain seated for long periods, able to maintain focus, regularly attend class, etc.).

State specific recommendations regarding academic adjustments, auxiliary aids and/or services for this student and the reason these accommodations are warranted based upon the student's functional limitations.

If current treatments (i.e. medications) are successful, state the reason the above academic adjustments, auxiliary aids and/or services are necessary.

Certifying Professional

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Name/Title Type of License/Certification & Number

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Company/Office/Institution Affiliation Name

---

Address

---

Phone Number

---

City, State, Zip Code

---

Fax Number

---

Signature of Certifying Professional

---

Date



Hudson County Community College  
70 SIP AVE, 1 FLOOR, JERSEY CITY, NJ 07306

## FERPA CONSENT FORM FOR DISCLOSURE REGISTRAR'S OFFICE

Name of Student (Last, First, MI): _____	HCCC Student ID#: _____	Date: _____
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Student records are protected in accordance with the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). Academic records are maintained in the Registrar's Office. In order to protect a student's privacy, student grades and other non-directory information will be released only to the student and not to family members without a written release.

I, \_\_\_\_\_, authorize my \_\_\_\_\_,  
(Student Name) (Relationship to Student)

\_\_\_\_\_, to have full disclosure of any identifiable  
(First Name, Last Name)

information from my educational records.

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

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

\*Copies of government-issued photo ID (*i.e. driver's license, HCCC Student ID*) for both parties must be included.

\*The form must be fully completed and signed by both parties or the records will not be released.

\*\*Students may rescind permission to release information at any time.



# Consent for Release of Information



I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release/obtain records to Hudson County Community College, ACCESS Program.

Organization/Institution/District: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

This consent will be in effect from \_\_\_\_\_ until \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

### Information to be released (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Evaluation Report | <input type="checkbox"/> Developmental History               |
| <input type="checkbox"/> Treatment Plan                  | <input type="checkbox"/> Diagnostic Summary                  |
| <input type="checkbox"/> IEP/504 Plan                    | <input type="checkbox"/> Medications                         |
| <input type="checkbox"/> Academic Evaluations            | <input type="checkbox"/> Psychiatric Evaluation              |
| <input type="checkbox"/> Medical History                 | <input type="checkbox"/> Progress Reports (Past and Current) |
| <input type="checkbox"/> Psychological History           | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Exchange of Verbal Information  |  |

**I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unity, except to the extent that action has been taken in reliance there on. This form has been fully explained to me and I understand its content.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Month/Day/Year

Parent/Guardian Signature (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_  
Month/Day/Year

**Please forward the requested information to the attention of:**  
Hudson County Community College, Center for Adult Transition  
161 Newkirk St 5th Floor, Room 505  
Jersey City, NJ 07305  
Phone: 201-360-5477 Email: CAT@hccc.edu



CENTER FOR ADULT TRANSITION

**ACCESS Program**

*Accessible College and Continuing Education for Student Success*



## Behavioral Contract

Student's Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Program Name: **ACCESS (Accessible College and Continuing Education for Student Success) Program | Center for Adult Transition**

Bankability Goals:

- 1. I will not interrupt when others are talking or asking questions and wait for my turn.**
- 2. I will follow the directions given and stay focused on the tasks presented or use my phone during class.**
- 3. I will respect the property and boundaries of others and not engage in argumentative or disrespectful behavior.**
- 4. I will keep my comments relating to the topics covered in class and not engage in off-topic commentary.**
- 5. I will present a positive attitude instead of being negative, pessimistic, or rude and not engage in aggressive behavior.**
- 6. I will take responsibility for my actions and comply with class requirements by completing assignments promptly.**

Bankability Consequences:

- A deduction will be taken out from your weekly Check from (Digitability).**
- You will receive a tally for each goal broken. Each tally counts as a deduction.**
- Too many deductions could lead to potential removal from the program.**

Bankability Rewards:

- Getting and maintaining positive goals leads to receiving a higher weekly Check from (Digitability).**
- You will have the opportunity to become employee of the week (Earn extra income).**
- You will have the opportunity to become employee of the quarter (Earn extra income and bonus).**



CENTER FOR ADULT TRANSITION

**ACCESS Program**

*Accessible College and Continuing Education for Student Success*



My contract will be reviewed **weekly by my instructor**.

**Student Agreement:**

I, [\_\_\_\_\_], agree to the goals, expectations, and consequences as outlined in this behavioral contract. I understand that this behavioral contract is designed to help me succeed in my transition to career pathways and will actively participate in the agreed-upon goals.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Agreement:**

I, [\_\_\_\_\_], acknowledge and support the goals, expectations, and consequences outlined in this behavioral contract. I will work with [\_\_\_\_\_] and the transition team to ensure they have the necessary support.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Advisor/Instructor Agreement:**

I, [\_\_\_\_\_], agree to monitor student behavior as outline in behavioral contact and provide appropriate consequences and rewards. I will work with [\_\_\_\_\_] to help them achieve their goals and address any challenges that may arise.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Release Form

Date \_\_\_\_\_

I, \_\_\_\_\_ (*please print*), **give** Hudson County Community College **permission to record my image and/or voice** and grant Hudson County Community College all **rights to use these sound, still, or moving images** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College. I agree that the rights to the sound, still, or moving images belong to Hudson County Community College.

I also grant permission to Hudson County Community College to use my **name and/or biographical material information** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College.

I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

Signature \_\_\_\_\_

I am  18 years of age or older  Under the age of 18\*  
\* If you are under the age of 18, your Parent or Guardian must give permission by signing below.

Parent or Guardian Name (Print) \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Address \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

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*For Office Use Only*

Project \_\_\_\_\_

# Person-Centered Approaches in Schools and Transition (PCAST)

## Information Gathering Packet

Full Name of person completing this packet: \_\_\_\_\_

Name of person with whom you are planning: \_\_\_\_\_

Date the packet was completed: \_\_\_\_\_

Please place an "X" the box that best describes who you are:

<input type="checkbox"/>	Person (this is my plan)	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Staff (Home/Community)
<input type="checkbox"/>	Family	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Staff (School/Employment)

We ask that each student complete this document with support as needed. Those who are close to her/him are also asked to complete it from their perspective. The information will inform this person-centered plan.

### Who are the people closest to the person now?

Who are the people who are closest to the person now? This includes **FAMILY** (people related to the person), **FRIENDS** (people they identify as a friend), **HOME & COMMUNITY** (people who are not family that provide support to in the home or community), and **WORK/SCHOOL/DAY SERVICE** (people who provide support where the person spends their days).

Please write the name along with the relationship (i.e. – Bob Smith, brother).

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### What people like and admire about the person?

What are some great things about the person? What do people like or admire about the person? What are some things the person is good at or proud of in their life (interests, employment, relationships, etc.)? What compliments do people pay the person?

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Likes	Dislikes
What things does the person like to do at school? Home? Work? For fun? Around town? On vacation? (Classes, Activities, Music, Hobbies, Movies, Food)	What are things that the person avoids and makes for bad days? At school? At work? Around town? On vacation? At home?
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Positive Rituals and Routines
Does the person have any specific things that need to happen or be done to feel happy, calm and comfortable? Think about times of transition from home to school? Between classes? At lunch? Are there rhythms, patterns or routines that make things work best for them?
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Best Day	Worst Day
What would make for a perfect day? What happens when everything goes right? Where are they? Who is there? What are they doing? What things happen that really help the person have a wonderful day?	What would make for the worst day possible? What happens when everything goes wrong? Where are they? Who is there? What are they doing? What things really bug the person?
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Looking Back (My Story)	
What are the pivotal experiences in the person’s life that have helped define who they are as a person. These can be happy, sad or otherwise impactful events that helped shape what is most important to the person.	
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Looking Forward (My Vision for the Future)	
What does the best possible future look like? If no barriers existed, what job or activity would the person want to have during the day? Where would they live? Who would they live with or be nearby? What groups and activities would they be involved with in the community? What relationships would they have?	
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### How the person communicates

*All people communicate feelings without using words. Please share how the person communicates feelings in various situations and offer advice on how others can best support them at those times.*

What is happening?	What does the person do?	What we think it means?	What should we do?
What is happening around the person?	What does the person do (expressions, behavior)?	What is the person trying to communicate?	How do we support the person to feel better?


The Person-Centered Approaches in Schools and Transition (PCAST) is a collaborative project among the New Jersey Department of Education’s Office of Special Education, the Boggs Center on Developmental Disabilities and local school districts. This packet includes person-centered concepts, principles, and materials used with permission from The Learning Community for Person-Centered Practices. For questions or further information, please contact [Michael.steinbruck@rutgers.edu](mailto:Michael.steinbruck@rutgers.edu), [valentina.arango@rutgers.edu](mailto:valentina.arango@rutgers.edu), or [somerlee.mcmahon@rutgers.edu](mailto:somerlee.mcmahon@rutgers.edu).



# Person-Centered Approaches in Schools and Transition (PCAST)

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Full Name of person completing this packet: \_\_\_\_\_

Name of person with whom you are planning: \_\_\_\_\_

Date the packet was completed: \_\_\_\_\_

Please place an "X" the box that best describes who you are:

<input type="checkbox"/>	Person (this is my plan)	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Staff (Home/Community)
<input type="checkbox"/>	Family	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Staff (School/Employment)

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Please write the name along with the relationship (i.e. – Bob Smith, brother).

•	•
•	•
•	•
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•	•
•	•

### What people like and admire about the person?

What are some great things about the person? What do people like or admire about the person? What are some things the person is good at or proud of in their life (interests, employment, relationships, etc.)? What compliments do people pay the person?

•	•
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Likes	Dislikes
What things does the person like to do at school? Home? Work? For fun? Around town? On vacation? (Classes, Activities, Music, Hobbies, Movies, Food)	What are things that the person avoids and makes for bad days? At school? At work? Around town? On vacation? At home?
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Positive Rituals and Routines
Does the person have any specific things that need to happen or be done to feel happy, calm and comfortable? Think about times of transition from home to school? Between classes? At lunch? Are there rhythms, patterns or routines that make things work best for them?
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Best Day	Worst Day
What would make for a perfect day? What happens when everything goes right? Where are they? Who is there? What are they doing? What things happen that really help the person have a wonderful day?	What would make for the worst day possible? What happens when everything goes wrong? Where are they? Who is there? What are they doing? What things really bug the person?
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Looking Back (My Story)	
What are the pivotal experiences in the person’s life that have helped define who they are as a person. These can be happy, sad or otherwise impactful events that helped shape what is most important to the person.	
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Looking Forward (My Vision for the Future)	
What does the best possible future look like? If no barriers existed, what job or activity would the person want to have during the day? Where would they live? Who would they live with or be nearby? What groups and activities would they be involved with in the community? What relationships would they have?	
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### How the person communicates

*All people communicate feelings without using words. Please share how the person communicates feelings in various situations and offer advice on how others can best support them at those times.*

What is happening?	What does the person do?	What we think it means?	What should we do?
What is happening around the person?	What does the person do (expressions, behavior)?	What is the person trying to communicate?	How do we support the person to feel better?


The Person-Centered Approaches in Schools and Transition (PCAST) is a collaborative project among the New Jersey Department of Education’s Office of Special Education, the Boggs Center on Developmental Disabilities and local school districts. This packet includes person-centered concepts, principles, and materials used with permission from The Learning Community for Person-Centered Practices. For questions or further information, please contact [Michael.steinbruck@rutgers.edu](mailto:Michael.steinbruck@rutgers.edu), [valentina.arango@rutgers.edu](mailto:valentina.arango@rutgers.edu), or [somerlee.mcmahon@rutgers.edu](mailto:somerlee.mcmahon@rutgers.edu).