

Project TAP

(Transition Autism Program)

Application





Thank you for applying to Project TAP

The *goals of Project TAP* are

- To create a multilayered approach to bolster success in academics, improve interpersonal relationships, and ultimate credential completion at Harper.
- Direct alignment with college initiatives to improve on-boarding and retention of students in their first year of studies.
- Direct alignment with departmental priorities to continue improving services for students on the Autism Spectrum.

An *application to the TAP program is considered complete and will only be accepted* if it includes:

- Completing the Project TAP application
- Completed and Accepted into Harper College for the Fall term
- An Intake on file with the Access and Disabilities Office
- A Psychological evaluation showing an Autism Spectrum diagnosis or the most recent IEP or 504 plan with autism diagnosis
- ACT scores or Harper College Placement Scores
- Transcript from High School; must have 2.75 out of 4.0 GPA
- Parent Supplement

Once you submit your application, you will receive confirmation of receipt from Project TAP. Further confirmation will be sent as supporting materials are received. Once your application is complete, it will be reviewed and an invitation extended to you to interview if it is felt our program is a good match. An in-person interview is required.

Please **mail** all application requirements to:

Project TAP/Access and Disability Services
Harper College
1200 W. Algonquin Road
Palatine, IL 60067-7398

Or **fax** to 847.925.6267, Attention: Project TAP

Or **scan and email** to: projecttap@harpercollege.edu

If you have questions or need assistance, please call 847.925.6266 during our normal business hours: Monday through Thursday, 8 am until 7 pm; Fridays, 8 am until 4:30 pm.

Project TAP Applicant Information

Today's date: _____ Status: Student Parent Education Professional

First Name _____ Last Name: _____

Email _____ @ _____

Street Address: _____

City: _____ ST: IL Other: _____ ZIP _____

Home Phone _____ Cell Phone _____

Gender: Male Female Primary Language: English Other _____

Date of Birth: _____ Age: _____

Feeder School:

- | | | |
|--|--|---|
| <input type="checkbox"/> Barrington | <input type="checkbox"/> Fremd | <input type="checkbox"/> Schaumburg |
| <input type="checkbox"/> Buffalo Grove | <input type="checkbox"/> Hersey | <input type="checkbox"/> Schaumburg Christian |
| <input type="checkbox"/> Christian Liberty | <input type="checkbox"/> Hoffman Estates | <input type="checkbox"/> St. Viator |
| <input type="checkbox"/> Conant | <input type="checkbox"/> Home School | <input type="checkbox"/> Wheeling |
| <input type="checkbox"/> D211 | <input type="checkbox"/> Palatine | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> D214 | <input type="checkbox"/> Prospect | |
| <input type="checkbox"/> Elk Grove | <input type="checkbox"/> Rolling Meadows | |

GPA: _____

Application Complete for Harper: Date _____

ADS Intake Complete Yes No Essay Complete Yes No

Funding Sources: DHS Fin Aid

Concurrent with another program: Pathways? Distinguished Scholar?

Other _____

APPLICANT INFORMATION

Please answer all questions

LIST YOUR SPECIFIC LEARNING DIFFERENCES AND/OR AUTISM SPECTRUM DISORDERS:

LIST ANY MEDICAL CONDITIONS: _____

EDUCATIONAL INFORMATION

Please list all schools attended from 9th through 12th grades.
Also include colleges or other relevant educational programs.

CURRENT SCHOOL OR PROGRAM

NAME _____

CURRENT GRADE _____

ADDRESS _____

START DATE _____

CITY, STATE, ZIP _____

END DATE _____

MAIN PHONE _____

ADVISOR/GUIDANCE COUNSELOR AT CURRENT SCHOOL

NAME _____

CURRENT GRADE _____

ADDRESS _____

START DATE _____

CITY, STATE, ZIP _____

END DATE _____

MAIN PHONE _____

PREVIOUS SCHOOL OR PROGRAM

NAME _____

CURRENT GRADE _____

ADDRESS _____

START DATE _____

CITY, STATE, ZIP _____

END DATE _____

MAIN PHONE _____

STUDENT STATEMENT

Please answer all questions.

1. WHAT ARE YOUR BEST SUBJECTS AT SCHOOL? _____

2. WHAT ARE YOUR MOST CHALLENGING SUBJECTS AT SCHOOL? _____

3. DESCRIBE YOUR PERSONAL INTERESTS, INCLUDING HOBBIES AND SPORTS _____

4. WHY SHOULD YOU BE CONSIDERED FOR PROJECT TAP? _____

5. WHY WOULD YOU LIKE TO BE IN PROJECT TAP? _____

6. LIST THREE GOALS YOU WOULD LIKE TO ACHIEVE WHILE IN TAP:
A) _____
B) _____
C) _____
7. LIST YOUR STRENGTHS: _____

8. LIST YOUR CHALLENGES: _____

I agree, by signing up for Project TAP, that I will attend all required meetings and activities or I understand that I may be asked to leave the program.

Signature _____ Date _____

FAMILY INFORMATION

Family with whom the student resides.

Parent/Guardian #1
FIRST NAME _____

LAST NAME _____

HOME MAILING
ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL: _____

PARENT/GUARDIAN
OCCUPATION _____

Parent/Guardian #2
FIRST NAME _____

LAST NAME _____

HOME MAILING
ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

EMAIL: _____

PARENT/GUARDIAN
OCCUPATION _____

PRIMARY CONTACT PERSON (FROM ABOVE) _____

Notes: _____

PARENT STATEMENT

Please answer all questions.

1. LIST THREE GOALS YOU WOULD LIKE YOUR STUDENT TO ACHIEVE WHILE PARTICIPATING IN PROJECT TAP:

- 1) _____
- 2) _____
- 3) _____

2. PLEASE EXPLAIN ANY SPECIAL CONSIDERATIONS THAT TAP SHOULD BE AWARE OF IN REGARD TO YOUR STUDENT:

I Understand that by agreeing to have my son/or daughter be a part of project TAP, I also agree to attend two meetings throughout the semester, as well as any family activities sponsored by TAP.

Signature _____ Date _____

HOW DID YOU HEAR ABOUT PROJECT TAP?

Check all that apply.

- WORD OF MOUTH
- PROFESSIONAL REFERRAL
- HIGH SCHOOL
- ADVERTISEMENT

OTHER / PLEASE EXPLAIN: _____