

# 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:

- Completed and Accepted into Harper College for Fall 2016
- 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 Compass Placement Scores
- Transcript from High School; must have 2.75 out of 4.0 GPA
- Parent Supplement
- Answered essay question

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

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 \_\_\_\_\_

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 9<sup>th</sup> through 12<sup>th</sup> 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 I will attend all required meetings and activities or 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 ADDRESS \_\_\_\_\_

PARENT/GUARDIAN  
OCCUPATION \_\_\_\_\_

Parent/Guardian #2  
FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

HOME MAILING  
ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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 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: \_\_\_\_\_