**BRIDGES PROGRAM APPLICATION**

**INSTRUCTIONS**

Please fill out this application thoroughly. Email (or print and mail) the completed application and supporting documentation to

LeAnne McClure-Oliver, M.A., ACAS

LETU Bridges Program Coordinator

P.O. Box 7001

Longview, TX 75607

leannemcclureoliver@letu.edu

903-233-4478

Contact the coordinator if you need assistance or have any questions.

**NOTE**

Application to LETU’s Bridges Program does not indicate a request for accommodations based on disability. To request disability accommodations, please review the Students with Disabilities section of the LETU Official University Catalog, found online at <https://catalog.letu.edu> and follow the procedure for providing documentation to the Director of Student Achievement at least 60 days prior to the beginning of your first semester at LETU. Accommodations are determined on an individual basis.

**CONFIDENTIALITY**

The Bridges Program application and accompanying documents constitute protected information under the Family Educational Rights and Privacy Act (FERPA). Information contained herein will not be released except on a necessary basis to LETU faculty and/or staff for valid educational purposes and/or as otherwise required by law, and/or as requested by the student.

**SECTION 1: CONTACT AND DEMOGRAPHIC INFORMATION**

Student Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Home Address: Click or tap here to enter text.

Phone Number:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Preferred method of contact Choose an item.

Enrollment Status: Choose an item.

**SECTION 2: DIAGNOSTIC INFORMATION (Please attach any relevant reports/documents.)**

Autism Spectrum Disorder Diagnosis: Choose an item.

Date of diagnosis (approximate): Click or tap here to enter text.

Diagnostician’s name: Click or tap here to enter text.

Diagnostician’s credentials: Choose an item.

Additional diagnoses (e.g. ADHD, learning disabilities, anxiety, other emotional disorders):Click or tap here to enter text.

Do you have sensory sensitivities? Choose an item.

Describe:Click or tap here to enter text.

Other information you’d like Bridges staff to know:Click or tap here to enter text.

**SECTION 3: ACADEMIC INFORMATION (Used for program planning and not to determine eligibility for Bridges services. Attach any relevant school-related documents)**

What academic areas interest you most? Click or tap here to enter text.

What do you think your academic strengths/best subjects are? Click or tap here to enter text.

Describe how you think you best learn/understand new information? Click or tap here to enter text.

Describe your study skills/habits? Click or tap here to enter text.

List your current classroom accommodations: Click or tap here to enter text.

Describe your current supports for academics/schoolwork, if any: Click or tap here to enter text.

What accommodations or supports do you find most helpful? Click or tap here to enter text.

Describe the transition services (e.g. referral to Department of Rehabilitation services, etc. you have received, if any): Click or tap here to enter text.

**SECTION 4 SOCIAL EXTRACURRICULAR INFORMATION**

Describe your hobbies and/or extracurricular activities: Click or tap here to enter text.

Describe your participation in church or faith-based activities: Click or tap here to enter text.

Describe an accomplishment that makes you proud:Click or tap here to enter text.

Describe non-academic support services you receive, if any (social skill groups/support, peer mentoring, occupational therapy, speech-language therapy, counseling, etc.): Click or tap here to enter text.

Which of these services did you find most helpful? Click or tap here to enter text.

What do you think your social strengths are? Click or tap here to enter text.

What do you think your areas of social need are? Click or tap here to enter text.

Describe current social activities you enjoy: Click or tap here to enter text.

How do you currently spend your free time? Click or tap here to enter text.

**SECTION 5 COLLEGE INFORMATION**

Why do you want to attend LeTourneau University? Click or tap here to enter text.

What personal goals would you like to accomplish during your time at LETU? Click or tap here to enter text.

What major(s) are you considering? Click or tap here to enter text.

What strengths do you have that will lead to college success? Click or tap here to enter text.

What do you think your college challenges might be? Click or tap here to enter text.

**SECTION 6 DAILY LIVING SKILLS**

Do you

Have and use a cell phone Choose an item. Comment:Click or tap here to enter text.

Have and use a computer Choose an item. Comment:Click or tap here to enter text.

Have and use an email account Choose an item. Comment:Click or tap here to enter text.

Use a personal paper calendar Choose an item. Comment:Click or tap here to enter text.

Use an electronic calendar Choose an item. Comment:Click or tap here to enter text.

Independently managing hygiene Choose an item. Comment:Click or tap here to enter text.

Independently manage laundry Choose an item. Comment:Click or tap here to enter text.

Independently manage banking Choose an item. Comment:Click or tap here to enter text.

Perform basic cleaning tasks Choose an item. Comment:Click or tap here to enter text.

Have a driver’s license Choose an item. Comment:Click or tap here to enter text.

Use an alarm clock/phone alarm Choose an item. Comment:Click or tap here to enter text.

Need reminders for daily living tasks Choose an item. Comment:Click or tap here to enter text.

Describe your strengths with daily living and independence: Click or tap here to enter text.

Describe your challenges with daily living and independence: Click or tap here to enter text.

**SECTION 7: OTHER INFORMATION**

Why do you hope to participate in the Bridges program?Click or tap here to enter text.

Is there anything else you’d like Bridges staff to know about you? Click or tap here to enter text.

**SECTION 8: LEGAL AUTHORITY/SIGNATURES**

Does anyone hold power of attorney for you? Choose an item. Comment: Click or tap here to enter text.

If you are over the age of 18, does anyone have legal guardianship of you? Choose an item. Comment: Click or tap here to enter text.

Name of person completing the form: Click or tap here to enter text.

Relationship to prospective student: Click or tap here to enter text.

Date application completed: Click or tap to enter a date.

Please email or print and mail this form and supporting documentation to the Bridges Program Coordinator. Contact information is on the first page.