

**Bridges Program Application**

**Instructions**

Application deadline for the fall semester is August 1.

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

Tessa Stinnett, Bridges Program Coordinator

LeTourneau University, O143 Glaske Building

P.O. Box 7001

Longview, TX 75607

[tessastinnett@letu.edu](mailto:tessastinnett@letu.edu)

(903) 233-3307

Contact the Coordinator if you need assistance with the application or have questions.

**Note**

Application to LETU’s Bridges Program does not indicate a request for accommodations based on disability. If you want to formally request 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 information**

Student Name: Click or tap here to enter text.

LETU Student ID# (issued upon acceptance to the University): Click or tap here to enter text.

Nickname/Preferred Name (if different): Click or tap here to enter text.

Check your preferred method of contact:

Phone call (Enter number): Click or tap here to enter text.

Text (Enter number): Click or tap here to enter text.

Email (Enter LETU email address): Click or tap here to enter text.

**SECTION 2: DIAGNOSTIC INFORMATION (NOTE: Attach any relevant reports/documents that you wish to share.)**

Autism Spectrum Disorder diagnosis: Click or tap here to enter text.

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

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

Diagnostician is a: Licensed Psychiatrist

Licensed Psychologist

Licensed Medical Doctor (Type: Click or tap here to enter text.)

Other (Explain: Click or tap here to enter text.)

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

Additional diagnosticians: Click or tap here to enter text.

Other information you’d like Bridges staff to know about your diagnosis/diagnoses: Click or tap here to enter text.

**SECTION 3: ACADEMIC INFORMATION (NOTE: From here forward, the information will be used for program planning, not determining your eligibility for the program. Attach any relevant school-related documents you wish to share.)**

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.

What do you think your areas of academic need/more challenging subjects are? Click or tap here to enter text.

Describe how you think you best learn/understand/retain 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, if any: Click or tap here to enter text.

Describe your current supports for academics/school work, if any (e.g. checking homework, planner/calendar or other organizational aids, etc.): Click or tap here to enter text.

Which of these accommodations and/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’ve 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, if any: 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 do 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.

Describe current free time activities: Click or tap here to enter text.

**SECTION 5: COLLEGE INFORMATION**

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

What personal goal(s) would you like to accomplish during your time at LeTourneau? Click or tap here to enter text.

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

What do you think your strengths are 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 SKILL INFORMATION**

Do you (elaborate as needed):

YES NO

Have and use a cell phone?   Click or tap here to enter text.

Have and use a computer?   Click or tap here to enter text.

Have and use an email account?   Click or tap here to enter text.

Use a personal paper calendar?   Click or tap here to enter text.

Use a personal electronic calendar?   Click or tap here to enter text.

Independently manage hygiene?   Click or tap here to enter text.

Independently manage laundry?   Click or tap here to enter text.

Independently manage banking?   Click or tap here to enter text.

Perform basic cleaning tasks?   Click or tap here to enter text.

Have a driver’s license?   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 at LeTourneau? 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? Yes No

If yes, please explain: Click or tap here to enter text.

If you’re over the age of 18, does anyone old legal guardianship of you? Yes No

If yes, please explain: Click or tap here to enter text.

If someone other than the prospective student completed this application, please share the following information:

Name of person who completed 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 here to enter text.

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