



# Application for Admission

We are excited that you've decided to pursue the TOPS Program at The Ohio State University; we ask that you complete the following application for admission to our program. TOPS admission process occurs in four phases, which include Application, Document Review, Selection and Enrollment and additional paperwork.

## **Application Due Date:**

November 1<sup>st</sup> - Early Action

We must receive your **complete application** (by that we mean your admission application and all required materials) by midnight (EST) on November 1 if you wish to be considered for Early Action. By meeting the early action deadline, you'll get an admission decision no later than mid-January.

February 1<sup>st</sup> - Regular Decision

February 1 by midnight (EST) is the final date by which we must receive your complete application. You'll get an admission decision by the end of March.

Applications received after the February 1<sup>st</sup> up until May 31<sup>st</sup>, will be reviewed based upon availability of space in the program. Applications received after May 31<sup>st</sup>, will be saved for the following application year.

## **Phase One: Application**

The purpose of the Admission Application is to identify applicants who may be potential students for TOPS. This is accomplished through the submission of an application, including submission of items listed on the application checklist.

### **Application Checklist**

- Complete TOPS application containing signature of the participant and/or guardian as appropriate.
- An official transcript of the applicant's high school coursework (official transcripts have an embossed seal or signature from an authorized staff person from your school)
- An official copy of the applicant's IEP or 504 Plan. If statewide testing accommodations are not included in the IEP, a separate copy is required.
- Most current Evaluation Team Report (ETR) **or** Up-to-date psychological evaluation. Either needs to be within past two years and must include IQ scores
- Personal essay; Essay does not need to be a traditional essay. More information is included in the packet.
- Two letters of recommendation

## **Phase Two: Document Review**

The purpose of the Document Review is to identify the applicant's potential for success in TOPS. During this phase, program managers may contact the applicant, parents, and/or references for clarification or additional information. If it is determined that the applicant has met all of the admission criteria and all application documentation has been submitted, a recommendation for enrollment will be forwarded to the selection committee for consideration.

## **Phase Three: Selection**

Members from the interdisciplinary team will meet to review applications and conduct individual interviews with applicants and their families at the Nisonger Center.





## **Phase Four: Enrollment and Additional Paperwork**

If selected for enrollment, additional paperwork will be mailed for completion.

## **Residential College Orientation & Transition Assessment (COTA) Program**

If an applicant is selected for TOPS, a letter of acceptance, information about the required COTA summer program orientation, and TOPS scholarship application will be sent to the applicant. The summer COTA program will include the cost of the dorms, meals, supplies, technology, and facilitators. A non-refundable deposit of \$250.00 must be received by March 31<sup>st</sup>. Remaining payment for the COTA program must be received no later than May 1<sup>st</sup>.

After a successful summer experience, a person-centered planning (PCP) meeting will be conducted in conjunction with the beginning of the fall semester. The purpose of the PCP meeting is to coordinate services among adult agencies and Ohio State, set goals, develop a Transition Action Plan and determine the level of needed supports. In addition, we will discuss a list of potential internships along with the minimum number of hours students will spend engaged in work experiences per week. The student's program of study will be developed, which will list the required and potential courses the student may be interested in auditing.

## **Submitting applications (note due dates on page 1)**

- **Email materials to:** [transitions@osumc.edu](mailto:transitions@osumc.edu)
- **Fax materials to:** 614-366-6373
- **Mail or Drop-off materials to:**  
OSU Nisonger Center  
Transition Services-TOPS Program  
257 McCampbell Hall  
1581 Dodd Drive  
Columbus, OH 43210

For more information, or an alternative format of this application, please contact office by phone at 614-685-3185 or e-mail [transitions@osumc.edu](mailto:transitions@osumc.edu).

### **Non-Discrimination Policy**

The Ohio State University is committed to building a diverse faculty and staff for employment and promotion to ensure the highest quality workforce, to reflect human diversity, and to improve opportunities for minorities and women. The university embraces human diversity and is committed to equal employment opportunity, affirmative action, and eliminating discrimination. This commitment is both a moral imperative consistent with an intellectual community that celebrates individual differences and diversity, as well as a matter of law.

Discrimination against any individual based upon protected status, which is defined as age, ancestry, color, disability, gender identity or expression, genetic information, HIV/AIDS status, military status, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited.





**Applicant is referred to TOPS by self, parent, teacher, or stakeholder. Please complete the following information.**

Applicant Name	
Name of Person Making Referral	Phone Number
Relationship to Applicant	E-mail

By signing below, the applicant and/or guardian agree that:

- Applicant meets the admission criteria to enroll in the TOPS program.
  - Applicant, family, or stakeholders are able to provide the \$60.00 admissions application fee to The Ohio State University, Office of Distance Education & eLearning once admitted to the program.
- Applicant, family, or stakeholder is able to provide or willing to seek financial support to purchase textbooks, materials, university and program fees, if applicant is accepted into the TOPS program each semester.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Release of Information

### **If the applicant is own guardian:**

By signing, I consent that members of the TOPS selection committee can have access to my high school records, all content of this application, and may speak with and/or obtain relevant records from family members, stakeholders, school, and agency personnel as a part of my application review.

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

\_\_\_\_\_  
Date

### **If the applicant is not own guardian:**

By signing, I agree that members of the TOPS selection team can have access to my daughter's/son's high school records, all content of this application, and may speak with and/or obtain relevant records from family members, stakeholders, school, and agency personnel as a part of my daughter's/son's application review.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## ***TOPS Application Part One: Personal Information***

### **Applicant Information**

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State ZIP Code

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you your own Guardian  Yes  No

### **Parent/Guardian/Stakeholder 1**

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State ZIP Code

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # (optional) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### **Parent/Guardian/Stakeholder 2**

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State ZIP Code

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # (optional) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_



## Education

Date of high school graduation: \_\_\_\_\_  
(If applicant has not yet graduated high school, please specify the expected graduation date above.)

Level of school participation (please choose one):

- Fully included in regular courses
- Partially included in regular courses
- Attended special education courses only
- Attended special facility

Does the applicant have previous post-secondary experience?  Yes (please specify)  No  
If yes, please provide official transcript.

Institution name: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Does the applicant currently receive any emotional support services, such as counseling?  Yes  No  
Would applicant be willing to continue these services if accepted to the program?  Yes  No

Applicant is interested in:  2-year program  4-year program

## Employment and Volunteer Experience

Employer/Internship/Volunteer Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Average hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone#/Email \_\_\_\_\_

Paid  Unpaid  Stipend  Volunteer

Employer/Internship/Volunteer Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Average hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone#/Email \_\_\_\_\_

Paid  Unpaid  Stipend  Volunteer

Employer/Internship/Volunteer Location \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Average hours per week \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone#/Email \_\_\_\_\_

Paid  Unpaid  Stipend  Volunteer



## General Skills

**Although participants are not required to be independent in all aspects of their life in order to be eligible for TOPS, increasing overall independence is an area of emphasis for participants to become integrated within campus life. Please check all that apply:**

- Applicant takes medication and is able to do so without supervision.
- Applicant takes medication, but needs support to do so (describe support needed).

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- Applicant is able to use the restroom independently.
- Applicant needs support in the restroom (describe support needed).

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- Applicant is able to manage stress and adapt to changing environments on his or her own.
- Applicant needs support in managing stress and/or navigating changing environments (describe support needed).

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- Applicant is able to cook and prepare meals independently.
- Applicant needs support in cooking and preparing meals (describe supports needed).

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- Applicant is able to do his/her own laundry independently.
- Applicant needs support in order to do his/her own laundry (describe supports needed).

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- Applicant is able to use his/her own telephone to communicate with others independently.
- Applicant needs support in using his/her own telephone to communicate with others (describe supports needed).  
\_\_\_\_\_  
\_\_\_\_\_
- Applicant is able to use email to communicate with others independently.
- Applicant needs support in using email to communicate with others (describe supports needed).  
\_\_\_\_\_  
\_\_\_\_\_
- Applicant is provided with alone time (either at home or in the community).
- Applicant does not receive any alone time for these reasons:  
\_\_\_\_\_  
\_\_\_\_\_

### **Transportation Checklist**

**Although participants are not required to be independent in community travel to be eligible for TOPS, increasing independent travel is an area of emphasis for participants to become integrated within campus life. Please check all that apply:**

- Applicant uses public transportation independently.
- Applicant is willing to learn how to use public transportation.
- Applicant uses door-to-door or Para-transit systems (e.g., Mainstream) and can independently make own reservations.
- Applicant uses door-to-door or Para-transit systems (e.g., Mainstream), however requires assistance in making reservations.
- Applicant has a family member or others who are able to provide ongoing transportation.
- Applicant is eligible for disability-related transportation assistance.
- Applicant is able to cross intersections with pedestrian signals safely and unassisted.
- Applicant is able to cross intersections that do not have pedestrian signals safely and unassisted.
- Applicant is able to move independently and safely in a parking lot or garage.



## ***TOPS Application Part Two: Essay and References***

### **Personal Essay**

- Please create a personal essay that answers each of the following questions.  
(Applicants may submit essays using multimedia (e.g., video, PowerPoint, etc.), electronic or written formats. Traditional essays, drawings, pictures, photos, poetry, songs, interviews, or other alternative means of expression may be used to answer the questions listed below.)
  - How would attending college help me fulfill my dreams or a goal I have for myself?
  - How would participating in the TOPS Program help me become more independent?
  - How would attending Ohio State make my life better? Answer this question by thinking of what resources are available to you through the TOPS program and Ohio State exclusively.

### **Optional**

- Up to 10 additional photos of you engaged in activities, school, work or community events, current or past, can be included
- A Student Portfolio DVD can also be included

### **Letters of Recommendation**

**All applications must include two letters of recommendation. Each person must complete the recommendation form and write a formal recommendation letter. Letters should not be from family members.**

- Two Letters of Recommendation

Letters of recommendation can be written by a teacher, employer, coach, friend, neighbor or any other person who has a primary personal or professional relationship with the applicant. The letter should specifically address the applicant's character, skills, motivation and potential to be successful on a college campus.

**Please limit letters of recommendation to a single page, Times New Roman, 12 point font and one-inch margins. Letters should be dated and signed and submitted with the application.**





**Recommendation Form — (Please submit with each Letter of Recommendation)**

Applicant's Name:

Recommender's Name:

Relationship to Applicant:

Length of Time Known:

E-mail:

Phone Number:

(Please check the appropriate box)

Skills	Does not perform the skill	A lot of prompting needed	Little prompting needed	Self-Sufficient
<b>Social Skills</b>				
Participates in small groups successfully				
Respects others' opinions				
<b>Sensory</b>				
Manages own sensory needs appropriately				
<b>Time Management</b>				
Is prompt to class or appointments				
Meets deadlines				
Creates and follows schedules				
<b>Self-Advocacy</b>				
Seeks assistance when unsure or confused				
States opinions and relays needs clearly				
<b>Thinking Style</b>				
Handles constructive criticism well				
Knows how he or she learns best				
<b>Organization</b>				
Breaks large tasks into small, workable parts				
<b>Other</b>				
Takes initiative				
Sets obtainable goals				
Adapts to a change of routine effectively				

Please attach any additional information you feel might be useful.



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Applicant's Name:

Recommender's Name:

Relationship to Applicant:

Length of Time Known:

E-mail:

Phone Number:

(Please check the appropriate box)

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