



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 15th - Early Action for students with an Intellectual disability.

We must receive your **complete application** (by that we mean your admission application and all required materials) by midnight (EST) on November 15 if you wish to be considered for Early Action. By meeting the early action deadline, you'll get an admission decision no later than end of December.

For students without an Intellectual disability, a decision will be deferred to our regular deadline pool of February 1st.

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

Phase One: Application

The purpose of the Application for Admission is to identify applicants who may be potential students for TOPS. This is accomplished through the submission of an application, including 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) Full - Scale **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; more information is included.

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 31st. Remaining payment for the COTA program must be received no later than May 1st.

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 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
- **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.





TRANSITION OPTIONS IN POSTSECONDARY SETTINGS

FOR STUDENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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.





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| | |
|---|--------------|
| Applicant Name Click here to enter text. | |
| 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.

If admitted to the program the participant is agreeing to the release of records from or the ability for program staff to make contact with medical professionals, government agencies or business for internship and employment needs related to services provided by being part TOPS on an as needed basis.

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 child'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.

If my child is admitted to the program, I am agreeing to the release of records from or the ability for program staff to make contact with medical professionals, government agencies or business for internship and employment needs related to services provided by being part TOPS on an as needed basis on behalf of my child.

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 _____



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Education

Date of high school graduation: _____

(If applicant has not yet graduated high school, please specify the expected graduation date above.)

Did you/are you receiving:

- ☐ Diploma
☐ Certificate of Completion
☐ Other: _____

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 _____

Job Title _____ Tasks Completed _____

Start Date _____ End Date _____ Average hours per week _____

Supervisor _____ Phone#/Email _____

☐ Paid ☐ Unpaid ☐ Stipend ☐ Volunteer

Employer/Internship/Volunteer Location _____

Job Title _____ Tasks Completed _____

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Employer/Internship/Volunteer Location _____

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Start Date _____ End Date _____ Average hours per week _____

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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, but needs support to do so (describe support needed).

☐ Applicant is able to use the restroom independently.

☐ Applicant needs support in the restroom (describe support needed).

☐ 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).

☐ Applicant is able to cook and prepare meals independently.

☐ Applicant needs support in cooking and preparing means (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).

☐ 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 Expressive Work

- ☐ Please create a Work of expression 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 Video 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 |
|---|----------------------------|---------------------------|-------------------------|-----------------|
| Social Skills | | | | |
| Participates in small groups successfully | | | | |
| Respects others' opinions | | | | |
| Sensory | | | | |
| Manages own sensory needs appropriately | | | | |
| Time Management | | | | |
| Is prompt to class or appointments | | | | |
| Meets deadlines | | | | |
| Creates and follows schedules | | | | |
| Self-Advocacy | | | | |
| Seeks assistance when unsure or confused | | | | |
| States opinions and relays needs clearly | | | | |
| Thinking Style | | | | |
| Handles constructive criticism well | | | | |
| Knows how he or she learns best | | | | |
| Organization | | | | |
| Breaks large tasks into small, workable parts | | | | |
| Other | | | | |
| 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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