

**Access Plus: College Support Program of  
Nova Southeastern University  
for Students with Autism Spectrum Disorder**

**Please complete the attached application, and return via mail or scan and  
email, with any supplemental documentation to:**

Maribel Del Rio-Roberts, Psy.D  
Access Plus  
Nova Southeastern University  
Abraham S. Fischler College of Education  
& School of Criminal Justice  
3301 College Avenue  
Ft. Lauderdale, FL 33314  
[mdelrio@nova.edu](mailto:mdelrio@nova.edu)  
(954) 262-8529

I am applying for the  Fall  Winter  Summer semester of 20\_\_\_\_(year).

**Biographical Information:**

Applicant First and Last Name: \_\_\_\_\_

Nickname or the name you prefer to be called: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's email: \_\_\_\_\_ Mother's email: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Family address, if different than yours:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Diagnostic Information:**

Please check off the autism spectrum diagnosis (ASD) you have received that makes you eligible for the Access Plus program:

- Asperger's Disorder
- Autistic Disorder
- Pervasive Developmental Disorder-Not Otherwise Specified (PDD NOS)
- Autism Spectrum Disorder

Please list any additional diagnoses that have been formally assessed:

- ADHD
- Depression Disorder
- Other (please explain):
- Bipolar Disorder
- Anxiety

Please list the name and contact information of the licensed professional who provided the ASD diagnosis, along with the date the diagnosis was given.

Licensed professional's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

- The diagnostician is a (check one)
- Psychologist
  - Neurologist
  - Psychiatrist
  - Physician
  - Other (write-in): \_\_\_\_\_

Do you currently receive support services? (For example: tutoring or special services for autism spectrum disorder, learning disabilities; speech and language therapy; occupational therapy)

- Yes (If "Yes," please explain briefly what services you receive)

No

Current services include: \_\_\_\_\_

\_\_\_\_\_

**Personal Statements:**

(attach additional sheets if required)

Please describe your learning style: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My academic strengths include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My academic challenges include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I require assistance with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I am interested in attending Nova Southeastern University because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



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Please share accomplishments that you are most proud of: \_\_\_\_\_

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**Consent:**

**I agree to allow the Access Plus staff at Nova Southeastern University to provide my name, and the fact that I am applying to the Access Plus program for support, to the University's Admissions Office and Office of Student Disability Services.**

Signature: \_\_\_\_\_

**Parent/Guardian Signature if applicant is under 18 years of age.**

Signature: \_\_\_\_\_

Print: \_\_\_\_\_