

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

Please complete the attached application, and return it, with any supplemental documentation to:

Susan Kabot, Ed.D., CCC-SLP
Access Plus
Nova Southeastern University
Mailman Segal Center for Human Development
3301 College Avenue
Ft. Lauderdale, FL 33314

If possible, complete the application in your own handwriting. If handwriting presents a challenge, you may type your responses.

Please note: Acceptance into Access Plus is contingent upon acceptance and registration in an NSU undergraduate program.

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: _____

_____.

Please share accomplishments that you are most proud of: _____

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: _____