



**THRESHOLD PROGRAM APPLICATION
FOR ACADEMIC YEAR BEGINNING FALL _____ (YEAR)
A non-refundable \$50.00 fee is required with this form.**

Please fill out all items on this application. You may attach pages if additional writing space is needed. Your answers will help us determine the applicant's suitability for the Threshold Program and will help us better service the student if accepted for admission.

PLEASE PRINT OR TYPE LEGIBLY

Applicant name _____
 Present address _____
 Ms. or Mr. Last First Middle
 Street Apt #

City _____ State _____ Zip _____

County/ Province _____ Country _____

Home Phone (with area code) _____ Fax # (with area code) _____ E-mail _____

Birth Date _____ County of Birth _____

US Social Security Number _____ Sex Female Male

Name(s), which may appear on student, records (if different from above) _____

Permanent address if different form above _____
 Street Apt #

City _____ Zip _____ State _____

County/Province _____ Country _____

Home Phone (with area code) _____ Fax # (with area code) _____ E-mail _____

Is the applicant a US citizen? Yes No

If not a US Citizen, does he or she hold Permanent Resident (green card) Immigration status? Yes No

If yes, what is the country(ies) of citizenship? _____

If yes, what is the applicant's alien registration number? _____

If not a US Citizen or Permanent Resident, list country(ies) of citizenship. _____

What is the applicant's native/first language? _____

For required government reporting; please answer the following two questions:

- 1) Do you consider yourself to be Hispanic or Latino? Yes No
- 2) In addition, select one or more of the following racial categories to describe yourself:
 American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian/Pacific Islander White

APPLICANT'S FAMILY

Parent 1 Name _____

Address _____

Home phone _____

Home fax _____

Nature of employment _____

Position _____

Business name and address _____

Business Phone _____

Business fax _____

Business e-mail _____

Stepparent 1 Name _____

Address _____

Home phone _____

Home fax _____

Nature of employment _____

Position _____

Business name and address _____

Business Phone _____

Business fax _____

Business e-mail _____

Parent 2 Name _____

Address (If different) _____

Home Phone _____

Home fax _____

Nature of employment _____

Position _____

Business name and address _____

Business Phone _____

Business fax _____

Business e-mail _____

Stepparent 2 Name _____

Address (If different) _____

Home Phone _____

Home fax _____

Nature of employment _____

Position _____

Business name and address _____

Business Phone _____

Business fax _____

Business e-mail _____

Please list all siblings in chronological order (eldest first). Include ages of all biological, step and half siblings.

1.	2.	3.
4.	5.	6.

HOW WERE YOU REFERRED TO THE THRESHOLD PROGRAM?

Name _____ Phone Number _____

Address _____ City, State, Zip _____

Email _____

EDUCATIONAL INFORMATION

Please list all schools the applicant has attended from 9th through 12th grade. Also include colleges or other relevant educational programs.

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

School Name _____ Years Attended _____

Mailing Address _____ Phone _____

Grade Level Achieved or Diploma or Degree _____

Will this be the first program that applicant will have attended since high school? Yes No

If no, what other program(s) have been attended? _____

APPLICANT INFORMATION, CONTINUED

*Please list all counselors and therapists who have seen applicant.

Name _____ Nature Of Service _____

Address _____ Age Seen _____

Name _____ Nature Of Service _____

Address _____ Age Seen _____

Do you have any medical conditions? _____

List your specific LD diagnoses? _____

Why are you interested in the Threshold Program for the applicant?

Applicant's present place of employment, if any _____

Work Phone _____

Title and Occupation _____

Has he/she ever lived away from home? Yes No

If yes, when and where? _____

Please describe any adjustment difficulties _____

Is the applicant applying to any other programs? Yes No

If yes, which programs? _____

Please rate the applicant on the following characteristics on a scale of one to five (with one low five high). Enter your ratings under the categories to which you feel qualified to respond.

EXAMPLES

	School	Job	Home/Leisure
Initiative	<u>4</u>	<u>n/a</u>	<u>3</u>
Motivation	<u>4</u>	<u>n/a</u>	<u>3</u>

GENERAL

	School	Job	Home/Leisure
Initiative	_____	_____	_____
Motivation	_____	_____	_____
Reliability	_____	_____	_____
Perseverance	_____	_____	_____
General Attitude	_____	_____	_____

Comments: _____

INTERPERSONAL

Ability to relate to:

School

Job

Home/Leisure

peers with LD

peers without LD

teachers

work supervisors

young children

elderly people

people with handicaps

Comment on style of interaction and specific strengths and weaknesses in social interactions: _____

_____**JUDGEMENT/DECISION MAKING**

Ability to:

School

Job

Home/Leisure

make everyday decisions using good judgment

act in an emergency using good judgment

use people as a resource, (asking for help when necessary,
asking for questions/clarification)

Comments: (Use examples if possible.) _____

_____**EMOTIONAL ADAPTABILITY**

Ability to:

School

Job

Home/Leisure

cope with stress

adjust well to new situations

separate own problems from problems of others (avoid taking
everything personally)

Comments: (Be specific: what types of situations do
the applicant find stressful? What coping mechanisms are used?) __________

_____**TIME MANAGEMENT & ORGANIZATION**

School

Job

Home/Leisure

Ability to:

attend to daily schedule (arrives at places on time, etc.)

plan and carry out activities

prioritize

keep track of belongings

Comments: (Be specific: about the nature of any Difficulties and the kind of supervision required to cope) _____

WORK HISTORY

Please fill in the applicant's work history

Volunteer Name of organization	Job Title	Dates (from-to)	Reason for termination	Paid or position

RECOMMENDATION FORMS TO BE SENT TO THE THRESHOLD PORGRAM OFFICE FROM:

Three recommendations from people who have known the applicant for **six months or longer** are required. At least one reference should be an educator; another if possible, an employer or work supervisor. Other possible reference writers might be: psychotherapist, social worker or physician.

Please print or type legibly.

1. _____
Name Title

Address (city, state, zip county)

2. _____
Name Title

Address (city, state, zip county)

3. _____
Name Title

Address (city, state, zip county)

STATEMENT OF AUTHENTICITY

Name of person completing application _____

Address _____ City, State, Zip _____

Phone Number _____ Home _____ Work _____

If not applicant, relationship to applicant _____

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant Date Signature of Preparer Date

Lesley University is an Equal Opportunity/Affirmative Action institution. The University administers all its policies regarding admission, education, school activities, employment, and promotion without regard to race, color, sex, sexual orientation, religion, national origin, age, disability, or veteran status.

THRESHOLD PROGRAM APPLICATION PROCEDURES

PLEASE NOTE: In order to be sure we are the best match for our applicants, we require the following information for each admissions file. The particular educational and psychological tests mentioned below are necessary for the Threshold Program admissions procedure. Although additional testing is welcome, please note that where test names are specified, we ask that you do not substitute other tests for those requested.

In order to avoid confusion, we suggest that a copy of this form be given to all test administrators.

Our admissions deadline is April 1st for the following September. New students are admitted only in September.

Test administrators please see paragraph one, above.

Requirements for a complete admission file are:

1. **A completed application** (to be filled out by a parent/guardian), and a \$50 application fee.
2. **An official high school transcript, or certificate of completion.**
3. **An educational evaluation** conducted within the past year, including grade level equivalents obtained on:
 - a) Peabody Individual Achievement Test (PIAT); or
 - b) Kaufman Test of Educational Achievement (KTEA); or
 - c) Woodcock Johnson, achievement section; or
 - d) Other comparable adult achievement test.
4. Psychological tests administered within the past year, including:
 - a) Wechsler Adult Intelligence Scale (WAIS). A full protocol (all sub-test scores and verbal, performance and full scale scores) is required along with a written report; and
 - b) A personality assessment including a psychosocial history and a combination of projective tests (such as the Rorschach, Sentence Completion, Kinetic Family Drawing, etc.) and questionnaires (such as the MMPI-II if appropriate for the student's cognitive ability). Questionnaires alone are not sufficient. The assessment must be in narrative form and must include recommendations for any treatment (psychotherapy or medication) the psychologist finds necessary for the student to function independently in a campus setting. The goal here is to address emotional, behavioral, and social issues that might influence the fit between the student's needs and the program's ability to meet those needs. The choice of instruments (the tests listed above) depends upon the psychologist's knowing the student's cognitive abilities and using techniques appropriate for that student.
5. **Three recommendations** from people who have known the applicant for six months or longer (**Threshold recommendation forms must be used**). At least one reference writer should be an educator (teacher, principal, guidance counselor, etc.); another, if possible, an employer/work supervisor. Other possible reference writers might be a psychotherapist, or social worker.
6. **A personal interview** is required for qualified applicants. The Threshold Admissions Office will arrange this when all admission material has been received. We will contact you when the file is complete.

You may e-mail our office with any questions at threshold@mail.lesley.edu, or call us at:
617-349-8181 or toll-free at (800) 999-1959 X8181.