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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 Ms. or Mr. Last First Middle

Present address Street Apt #

City State Zip

County/ Province County

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 from 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?

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 _____

Temporary address information, if applicable (For summer residence, etc.)

Street _____ Apt # _____

City _____ State _____ Zip _____

County/Province _____ Country _____

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

Effective Dates (indicate of regular/vacation residence, etc.) _____

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? _____

In an effort to ensure that we are the most appropriate match for our applicants, we require specific educational and psychological tests for each admissions file. In addition to the submission of the required evaluations, please provide scores and grade equivalences below. Please refer to the application procedures listed on the last page of this document.

WESCHLER ADULT INTELLEGEENCE SCALE – THIRD EDITION (WAIS III)

I.Q. SCALE: _____ VERBAL _____ PERFORMANCE _____ FULL SCALE _____

WOODCOCK JOHNSON ACADEMIC TESTING: GRADE EQUIVELANT

READING _____ WRITING _____ MATH _____ LANGUAGE _____

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 form 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	School	Job	Home/Leisure
Ability to relate to:			
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		Dates	Reason for	Paid or
Name of organization	Job Title	(from-to)	termination	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 applicable, 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.