

Application for COMPASS Program Center for Psychological Services

Application for • Fall 20 ____ • Spring 20 ____

Please return this form with the nonrefundable \$35 application fee, payable to FDU Center for Psychological Services.

Note: Completed applications to the COMPASS Program will be reviewed for admission to the program after notification of the student's acceptance to the University.

Please Print

I. Personal Information

Name _____
Last First Middle

Date of Birth _____
Month/Day/Year

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Day Phone (____) _____

Parent/Guardian _____

Your current school _____
Name Location

Your guidance counselor _____ Phone (____) _____
Name

School, athletic or community activities/clubs in which you have been involved during high school:

II. Related Application Information

1.) What is most exciting to you about attending FDU and the COMPASS program?

2.) What is most anxiety-provoking about attending FDU and the COMPASS program?

3.) Briefly describe your strengths and your plan to use them to be successful at FDU:

4.) Briefly describe your area(s) of difficulty:

5.) When you experience distress what resource(s) do you usually rely upon to feel better?

6.) Which accommodation(s) do you feel you'll need in order to succeed at FDU?

7.) What special interests do you have?

8.) With whom have you comfortably spoken about having Asperger's Syndrome?

- Friends
- Family
- Peers/Acquaintances
- Teachers
- Counselors/Doctors
- Other Individuals with AS
- No One

9.) How comfortable are you when talking about your AS?

- Extremely uncomfortable
- Pretty uncomfortable
- Comfortable
- Very comfortable
- Other _____

10.) What resources other than those provided by the program* do you believe you'll need to access in order to succeed at FDU? (i.e. psychiatrist, tutor, coach, speech therapist)

**Two hours of individualized academic support, one hour of individual therapy, and one hour of group therapy.*

11.) What is your plan for getting the services that you need which are not provided by FDU/COMPASS (i.e. medication, speech therapy, occupational therapy)?

12.) Please list your current medications: _____

13.) Are you interested in a: single room double room not sure yet

14.) What is your intended major? _____

15.) Have you ever been:

- Psychiatrically hospitalized? yes no; If yes, when?: _____
- Referred for residential treatment? yes no
- Violent? yes no
- If yes to any of the above, please describe: _____

16.) Which other college-based support programs are you considering at this time? _____

Please list mental health professionals who we may contact to determine whether COMPASS can meet your needs. (Optional)

Name	Phone
_____	_____
_____	_____
_____	_____

I give consent for the COMPASS Program staff to contact my guidance counselor and other mental health professionals listed to aid in the application process.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(Required if applicant is under 18)

III. Applicant Signature

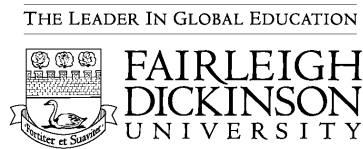
I hereby declare that the information reported above is true, correct and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(Required if applicant is under 18)

Complete and mail with FDU acceptance letter, transcripts, SAT scores, IEP and relevant evaluation reports to:

COMPASS Program
Center for Psychological Services
Fairleigh Dickinson University
131 Temple Avenue
Hackensack, New Jersey 07601



Phone: (201) 692-2645