



SUMMER TRANSITION PROGRAM - APPLICATION FORM

Application Must Be Received by June 10th 2011: Date Received:

Name:	Birth Date:	
Street Address:		
City:	Province:	Postal Code:
Phone numbers: Home:	Cell:	
Student Email:	Parent Email:	
If Seneca Student: Seneca Program in Fall:	Campus:	
Seneca Student ID if known:		

RELEASE of INFORMATION: I, _____, agree to the release and allow the discussion of information obtained during the Summer Transition Program with my parents.

Student Signature:	Date:
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Please note: The Summer Transition Program is NOT offered to students registered in the College Vocational Program (CVP). Please contact Aldith Carasquero at 416.491.5050 x2933, aldith.carasquero@senecac.on.ca for further information.

IDENTIFICATION OF LEARNING DISABILITIES

We require a copy of the most recent psycho-educational assessment that identifies a **learning disability** as the diagnosis. **We cannot process your application without a psycho-educational assessment.** Please obtain a copy of your report and include it with your application.

If you do not have a psycho-educational assessment please contact the Seneca Assessment and Brief Intervention Clinic at 416.491.5050 x2828 to arrange an appointment for assessment.

HAVE YOU USED ANY OF THE FOLLOWING? Check ALL that you have used:

<input type="checkbox"/> Speech to text software:	<input type="checkbox"/> Dragon	<input type="checkbox"/> SpeakQ	<input type="checkbox"/> Vista Speech Recognition
<input type="checkbox"/> Word prediction software:	<input type="checkbox"/> WordQ	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Read & Write Gold 8.1 <input type="checkbox"/> Other
<input type="checkbox"/> Reading software:	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Read & Write Gold 8.1	<input type="checkbox"/> Other
<input type="checkbox"/> Organizational software:	<input type="checkbox"/> Inspiration	<input type="checkbox"/> Smart Ideas	<input type="checkbox"/> Other
<input type="checkbox"/> A person writing for you	<input type="checkbox"/> A person who reads to you	<input type="checkbox"/> A digital recorder	

BEFORE SENDING IN YOUR APPLICATION DO YOU HAVE IN THE ENVELOPE?

- This application filled in completely
- A copy of your Psycho-educational Assessment
- A copy of your IPRC
- A copy of your IEP
- A recent photograph – to be returned, if requested, at the end of the program.

If you have any questions you can call 416.491.5050 x6137

SEND ALL OF THE ABOVE TO:

Counselling and Disability Services
Summer Transition Program, Seneca College of Applied Arts and Technology
1750 Finch Ave. East, North York, ON M2J 2X5 or Fax 416.491.1280