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Seneca's Summer Transition Program - Application Form

Name: _____ Birth Date: _____
Street Address: _____ City: _____ Province: _____ Postal Code: _____
Phone numbers: Home: _____ Cell: _____
Email address: _____
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:** _____

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 ext. 2933, 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 ext. 2828 to arrange an appointment for assessment.

Have you used any of the following? Check ALL that you have used:

- Speech to text software: Dragon, SpeakQ, Vista Speech Recognition
- Word prediction software: WordQ, Kurzweil, Read & Write Gold 8.1, Other _____.
- Reading software such as, Kurzweil, Read & Write Gold 8.1, Other _____.
- Organizational software such as Inspiration, Smart Ideas, Other _____.
- A person writing for you A person who reads to you A digital recorder

Before sending in your application do you have in the envelope?

- This application filled **in completely!**
- A copy of your Psychoeducational Assessment
- A copy of your IPRC
- A copy of your IEP
- A letter of reference from a teacher or staff from your school that recommends you for the Summer Transition Program based on your motivation, interest, and any other relevant points. If you are not currently attending school a letter of reference from an employer, clergy, social worker, youth worker, etc.
- A recent photograph – to be returned, if requested, at the end of the program

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 416-491-5050 x2828

Personal information is collected for the administrative and statistical purposes of the College under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, and Regulation 34/03 as well as the Freedom of Information and Protection of Privacy Act, specifically sections 21, 39 and 49.

If you have any questions regarding the collection and uses of personal information, please contact the Freedom of Information and Privacy Protection Officer at (416) 491-5050, ext. 2078.