



Nicholls State University  
Bridge to Independence

## **Bridge to Independence- Diploma Program Admission Procedure**

The Bridge to Independence **Diploma** program at Nicholls State University is an optional academic and support service for degree seeking students with Autism Spectrum Disorder (ASD).

### **Criteria**

- Student has been accepted to Nicholls through the regular admissions process
- Age 18-28
- Student has a diagnosis of Autism Spectrum Disorder(ASD) as indicated on a current (within three years) psychological evaluation
- Personal motivation for success
- Personal accountability
- Openness to receive support
- Ability to maintain personal safety



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## **STEP #1**

### **Initial Criteria**

If the **initial criteria** are met, the applicant may apply directly. The application instructions and forms can be accessed online at [www.Nicholls.edu/BridgetoIndependence](http://www.Nicholls.edu/BridgetoIndependence) or by emailing:  
Dr. Mary Breaud at [mary.breaud@nicholls.edu](mailto:mary.breaud@nicholls.edu)

### **The Application Packet includes:**

- Bridge Degree program Application
- Personal Statement Instructions
- Reference Letter (Print 2 of these forms)
- Reference Letter - Waiver form
- Authorization to Release Student Information form
- Applicant's Skill Inventory
- Graff Parent Readiness Scale (GPRS)
- Scope of Services

## **STEP #2**

### **Program Tour:**

The applicant and family must attend a Bridge program Tour. During the tour, all aspects and goals of the program will be reviewed and discussed. A tour of the campus and residence halls will take place with an opportunity for questions and answers by the staff. The tours are scheduled throughout the year and attending is mandatory before being considered for the Bridge Program. Call the Nicholls Admissions Office at 985-448-4507 to schedule a tour.

### **Admission Packet:**

All required documents must be submitted together to complete the process for admission consideration to Bridge. It is important that the **most current information** is submitted in order to ascertain that the Bridge Program is an appropriate placement and that the student has the combination of desire, motivation, skill, and experience to be successful in the program.

### **Documents and completed forms required at time of submission:**

1. Bridge to Independence Application
2. Recent 5" X 7" photograph
3. Authorization to Release Student Information form - signed & dated
4. Bridge to Independence Skill Inventory
5. Personal Statement. This is the applicant's opportunity to state reasons for wanting to attend Bridge and provide additional personal information. Be creative! This can be handwritten or typed by the applicant, a portfolio, video recorded onto a flash drive (no DVD/CD's as they will crack in the mailing process), etc. The maximum allowed time for video recorded personal statements is 5 minutes



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8. Current 1508 special education evaluation or evaluation from private provider with full assessment data and exit IEP from High School if student attended public school

**Submission requirements:**

- Submit all required materials in one packet
- All of the materials must be thoroughly completed
- Incomplete applications will not be processed

**STEP #3**

Once the completed admission packet has been submitted and reviewed by the Bridge staff, notification letters will be mailed to all applicants.

The letter will state either:

- The applicant and parent(s) or guardian(s) will be contacted to set up the next step in the process, which are the interviews,

**STEP #4 – Applicants who are selected to be interviewed**

The applicant will be interviewed separately from their parent(s)/guardian(s). The interview process will ascertain:

- That the student has the desire, ability and motivation to participate in the program
- That the student's individual needs can be appropriately served by the program staff and/or community and university resources.
- The student is prepared to enter the program.
- The student meets the entrance requirements.

**Results Notification**

Upon completion of the interviews, notification will be sent to each applicant in a timely manner. Please be patient. This is a daunting process. We are weighing our decisions carefully.

Please mail completed packets to:

**Bridge to Independence at Nicholls State University  
Attention: Dr. Mary Breaud, Ed.D  
College of Education  
P.O. Box 2053  
Thibodaux, LA 70310**



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## Bridge to Independence Application

To ensure that the application is processed, applicant and/or parent/guardian must complete all information (Race & ethnicity tracking is optional).

Date attended a Nicholls tour and program overview: \_\_\_\_\_

IDENTIFYING INFORMATION					
Applicant Name:		Birthdate:			
Street Address:					Age:
City:		State:			
Phone: ( )		Applicants Cell Phone: ( )	Male/Female		
Applicant's Email Address:		Driver's License:	Yes/No		
U. S. Citizen:	Yes/No	Country of Citizenship:			
Languages Spoken in the Home:		Are you Conserved:	Yes/No		
Areas Conserved:					
Conservator's Name:		Relationship to Applicant:			
PARENT INFORMATION					
Parent #1 or Guardian Name:					
Address:					
Email Address:					
Primary Phone # ( )		Email Address:			
PARENT #2					
Parent #2 :					
Address:					
Email Address:					
Primary Phone # ( )		Cell Phone#: ( )			
SIBLING INFORMATION					
Name of Sibling(s)	Age	Lives at Home			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			



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EDUCATION & SERVICES		
	Name of Institution	Diploma
High School:		
College or Program:		
High School Completion or Projected Date:		
<b>Subject Strengths:</b>		
<b>Subject Weaknesses:</b>		

Does the applicant have a <b>Louisiana Medicaid waiver?</b>		Yes/No	
If yes, Case Management Agency Name:		Phone #:	( )
Address:		Case Manager's Name:	
Email Address:		Fax #:	
Direct Services Provider:	Yes/No	Direct Service Provider Agency Name:	
Address:		Phone#:	( )
Email Address:		Fax#:	( )
<b>Is a client of Louisiana Rehab Services:</b>			
		Yes <input type="checkbox"/>	No <input type="checkbox"/> In Process <input type="checkbox"/>
Address:			
LRS Counselor Name:		Phone #:	( )
Email:		Fax #:	( )
<b>Do you receive SSI:</b>			
		Yes <input type="checkbox"/>	No <input type="checkbox"/> In Process <input type="checkbox"/> Will apply <input type="checkbox"/>
If Yes, Name of Payee:		Amount Per Month:	\$



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<b>VOLUNTEER &amp; COMMUNITY SERVICE</b>			
Organization	Description of Activity and Duties		Hours/ Per Week
<b>WORK EXPERIENCE</b>			
Business/ Organization	Duties	Dates Employed	Hrs/Wk



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<b>MEDICATION INFORMATION</b>		
Do You Take Medication(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Needs Assistance With Medications: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:
<b>Medication(s)</b>	<b>Times of Day/Week</b>	<b>Purpose</b>



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<b>BEHAVIOR</b>		
	<b>YES</b>	<b>NO</b>
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Consistently follows verbal directions		

**If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):**





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<b>RACE &amp; ETHNICITY TRACKING</b> OPTIONAL	
For purpose of data collection for Bridge to Independence funding, please mark the box that best describes the applicant's race/ethnicity category or which he/she identifies with:	

<b>A</b> ___	Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<b>B</b> ___	African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.
<b>H</b> ___	Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Latin Cultures, regardless of ethnicity.
<b>I</b> ___	Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<b>W</b> ___	Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

I have completed this Bridge to Independence Diploma program application truthfully and to the best of my knowledge all information is accurate.

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### **Personal Statement Instructions**

An important part of the admissions process is the personal statement. This is your opportunity to shine by telling why you want to come to the Bridge Program as well as something about you. This includes facts about your background, goals, and any other information that you think will help us learn more about YOU. BE CREATIVE. The personal statement can be handwritten or typed, a portfolio, video recorded, etc. Any electronic submissions must be on a flash drive, as a DVD/CD will easily break during the mailing process. The maximum allowed time for video recorded personal statements is 5 minutes. Materials submitted will not be returned.

**Your personal statement must include numbers 1 – 4 and 11 below. 5 - 10 are optional.**

1. Your name.
2. Why you want to participate in the Bridge to Independence Degree program.
3. Special interests.
4. Include specific areas or activities you would like participate in while in the program.
5. Describe 1-2 opportunities/trips you have taken without your parents/family. Include:
  - # of days
  - Destination
  - Purpose (e.g. vacation, conference, etc.)
  - How you felt about being away
  - Who you traveled with
  - Mode of transportation
6. Things you like to do in your free time.
7. In school, name your favorite subject(s) and your least favorite subject(s).
8. Your strengths.
9. Areas you would like to improve upon.
10. Describe what you learned and enjoyed about any paid and/or volunteer work experience.
11. Describe what you see as your ideal life in the future?
  - Where would you like to work?
  - Where would you like to live? A City, Apartment, condominium, home and would you like to live with a roommates, family or alone.



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### Case Management State Agency Referral Form (if applicable)

Please review admissions criteria before referring your client to the Bridge to Independence Program (Bridge) at Nicholls State University.

Attach the most current state report for this client.

Client Name: UCI #: Age: Diagnosis: Fax: ( ) Address: Name of Service Coordinator: Phone #: ( )

Email: Number of Months or Years the Applicant has been your Client:

Client Name:					
ID/Case#:		AGE:			
Diagnosis:					
Name of Agency:		Fax#:	( )		
Address:					
Name of Case Manager:					
Phone #:		Email:			
Number of months or years the applicant has been your client?:					

1. What are the client's most exemplary traits?

2. What are some areas for improvement?

3. State any factors/characteristics/behaviors of this client that would be a concern for Bridge?  
Please be very specific.

4. State reasons why you feel the client is or is not appropriate/ready for Bridge at Nicholls State?



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5. Is your client ready to move out of the house? Explain why or why not.

6. Do you feel the client's parents/guardian, are supportive of their son/daughter participating in the Bridge Degree program? Explain.

7. Generally, how often would you say this client's parent's contact you?

7a. When you're contacted by this client's parents, what types of negative or positive situations are you addressing?

8. Do you feel the client's rights and choices as an adult are being respected and supported by his/her parents/guardians? Please give examples.

9. Does the client have a strong support system? State who they are and how they support the client.



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**Check the box for all that apply to the client's history of:** \_\_\_\_\_

	YES	NO
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Consistently follows verbal directions		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Resentment towards parent(s)		
If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):		



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**Certification:**

I have completed this application truthfully, and to the best of my knowledge all information is accurate.

Case Management Agency Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature Submission of Regional Center Referral Form:**

Your client's current Annual/Quarterly report **MUST** be submitted with this form.

This referral **MUST** accompany the Bridge Degree program application when it is received by the program's office for review.

Return all 3 documents to your client in an envelope sealed as directed below.

**Envelope Sealing Instructions:**

Once completed, please place this referral in an envelope, seal the envelope completely, write your name across the overlap of the flap/envelope body. Finally, place a generous amount of clear tape over your signature.



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### Authorization to Release Information

<b>Name(s) of Agency, High School, Professional, Medical (all that apply)</b>	
Applicant name:	
DOB:	Today's Date:

Bridge to Independence at Nicholls State University requests the following information regarding the aforementioned person to aid in providing quality services:

<b>Medical information:</b> <ul style="list-style-type: none"> <li>• Diagnostic Information</li> <li>• Current Medications</li> <li>• Treatment History</li> <li>• Assessments/Evaluations</li> </ul>	<b>Psychological Information:</b> <ul style="list-style-type: none"> <li>• Diagnostic information</li> <li>• Current Medications</li> <li>• Treatment history</li> <li>• Assessment/Evaluations</li> </ul>
<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Individual Transition Plan for Employment
<input type="checkbox"/> Educational Assessments/1508 Evaluation	<input type="checkbox"/> Social Assessment Information
<input type="checkbox"/> Employment Assessment (Louisiana Rehab. Services)	<input type="checkbox"/> Case Management Agency Reports/Plan
<input type="checkbox"/> Other (describe):	

By signing below, I understand that Bridge to Independence at Nicholls State University shall share information with the referring agency and any other agencies as it pertains to the program services rendered to the aforementioned person and his/her health and welfare. I authorize Bridge to Independence to request information from the referring agency, school and other pertinent health care providers that is deemed pertinent to services provided. I also authorize the release of information from the referring agency to Bridge to Independence to aid in providing such services only until I complete the program or for three years from signature date (whichever comes first).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bridge Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **Applicant Skill Inventory**

Applicant Name: \_\_\_\_\_

Person assisting or rating applicant: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Use this rubric to rate the applicant with the attached Skill Inventory**

<b>With No Assistance</b>	Applicant is able to accomplish the task without assistance
<b>Little Assistance</b>	Applicant requires 25-50% assistance to accomplish the task
<b>Significant Assistance</b>	Applicant requires 50-75% assistance to accomplish the task
<b>With No Reminders</b>	Applicant is able to accomplish the task without reminders
<b>Few Reminders</b>	Applicant is able to accomplish the task with reminders on 25-50% of the steps
<b>Many Reminders</b>	Applicant is able to accomplish the task with reminders on 50-75% of the steps
<b>Is Still learning</b>	Applicant is able to accomplish the task with reminders on 50-75% of the steps
<b>N/A</b>	This particular task is not applicable to this Applicant

Place a mark in the appropriate box indicating the Level of Assistance AND the Level of Reminders needed to accomplish the skill. See example on the next page. Please follow the example provided at the top of the next page.





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<b>Academics: General</b>	<b>With No Assistance</b>	<b>Little Assistance</b>	<b>Significant Assistance</b>	<b>With No Reminder</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Is Still Learning</b>	<b>N/A</b>
Keeps track of assignments and due dates								
Brings proper supplies to class								
Completes multiple choice exams								
Completes written exams								
Gets up in the morning for school								









### **Graff Parent Readiness Scale (GPRS)**

This scale helps determine the families' readiness for the student with Autism Spectrum Disorder to attend a post-secondary program.

***Please circle the family/guardian's response.***

1=I strongly agree, 2= I agree, 3=I neither agree nor disagree, 4=I disagree, and 5=I strongly disagree.

1. I expect to know everything my students does at the university.

Strongly Agree 1 2 3 4 5 Strongly Disagree

2. I expect one-one support all day.

Strongly Agree 1 2 3 4 5 Strongly Disagree

3. I worry about my student talking to other students unsupervised.

Strongly Agree 1 2 3 4 5 Strongly Disagree

4. I worry about my student crossing the street.

Strongly Agree 1 2 3 4 5 Strongly Disagree

5. I need to know the homework assignment for each class.

Strongly Agree 1 2 3 4 5 Strongly Disagree

6. I need to know the calendar of activities offered to my student.

Strongly Agree 1 2 3 4 5 Strongly Disagree

7. I would like to speak with my student's support staff.

Strongly Agree 1 2 3 4 5 Strongly Disagree

8. I would like to attend classes to see my student interact with others.

Strongly Agree 1 2 3 4 5 Strongly Disagree

9. I trust my student's judgment.

Strongly Agree 1 2 3 4 5 Strongly Disagree

10. I trust my student's ability to handle small sums of money.

Strongly Agree 1 2 3 4 5 Strongly Disagree

11. I know my student, with support, will develop friendships.

Strongly Agree 1 2 3 4 5 Strongly Disagree



### Graff Parent Readiness Scale (GPRS) Continued

12. I know my student, with support, will try new opportunities.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
13. My student has the ability to handle frustration.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
14. My student has the ability to seek assistance.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
15. Often, I am in contact with my students more than 3 times a day.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
16. Often, I am telling my student what to do and say.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
17. I check up on my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
18. I check to see if my student has the correct facts.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
19. I believe, I know what is best for my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
20. I believe a postsecondary education is important for my student.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
21. I feel that my student knows what is best for him or herself.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
22. I feel that my student wants to attend the university.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
23. My student will live independent of our family after graduation.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
24. My student will have meaningful employment after graduation.  
Strongly Agree 1 2 3 4 5 Strongly Disagree
25. Person Centered Planning will help my student achieve their goals.  
Strongly Agree 1 2 3 4 5 Strongly Disagree



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## **Scope of Services**

The Bridge Program is designed to address the unique needs of students with Autism Spectrum Disorder

### **ACADEMICS**

Participants in the Bridge Diploma program at Nicholls State University are enrolled through the traditional admissions process as are all degree seeking students. The Bridge Degree program provides academic support services.

### **HEALTH SERVICES**

Bridge students have access to campus Student Health Center services. These services are for immediate first aid/onset care only. Bridge students need to make other medical arrangements for long term care issues. Likewise, counseling and psychological services provided by the Student Services are also for immediate emergency interventions only. Students with pre-existing/ongoing concerns should make the necessary arrangements for these known issues. Bridge does not endorse any physician or counselor and therefore does not make referrals. As part of the College of Education, individual and group counseling services may be available to Bridge students. These services are provided by graduate level counseling students supervised by a Ph.D. instructor. Once again Bridge does not endorse these services and participation is optional.

## **CODE OF CONDUCT**

All Bridge students will be expected to abide by the student code of conduct as outlined, <http://www.nicholls.edu/sja/files/2015/06/Code-of-Student-Conduct-Handbook.pdf>. Bridge students will follow policies of the judicial system and the recommendations of the Vice President of Student Affairs as well as the Bridge Accountability Policy. Any resulting disciplinary action will follow in accordance with Nicholls State and/or Bridge policies. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

### **PARENTS/GUARDIANS**

Parental involvement is crucial for student success in the Bridge Program. Parents will be incorporated in many important decisions that their student may make through Bridge Individual Planning Meetings.



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However, there may be times that Bridge is bound by confidentiality or judicial rulings, and may be unable to share information about the student without his/her permission. The Bridge Program goal is to support students in becoming independent adults, capable of self-advocacy and self-determination. Parents may not always agree with the decisions that their students make, but should maintain a positive and open relationship with all parties.

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature