Application for COMPASS Program
Center for Psychological Services

Application for • Fall 20____

Please return this form to FDU Center for Psychological Services.

Note: Student should complete this application. Completed applications to the COMPASS Program will be reviewed for admission to the program when all of the supplemental materials have been received and after notification of the student’s acceptance to the University. Please print.

I. Personal Information

Name:  __________________________________________________________________________

Last                                              First                                              Middle

Date of Birth (Month/Date/Year)

________________________________________ Ethnicity (optional):

☐ White
☐ Black or African American
☐ Hispanic/Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other: ____________________________

Gender:

☐ Male
☐ Female
☐ Non-binary/third gender
☐ Prefer to self-describe: __________________________
☐ Prefer not to say

Permanent Address: ________________________________________________________________

City ___________________________ State _________ Zip ________________

Home Phone (____) ____ - ______ Day Phone (____) ____ - _______

Email Address: _________________________________________________________________

Parent(s)/Guardian(s):
____________________________________________________

Your current school:

Name __________________ Location __________________

Your guidance counselor:

Name __________________ Phone __________________

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.) What accommodation(s) do you feel you will need in order to succeed at FDU?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

7.) What special interests do you have?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
8.) With whom have you comfortably spoken about having an Autism Spectrum Disorder (or Asperger’s Syndrome)?

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

9.) How comfortable are you when talking about having an Autism Spectrum Disorder (or Asperger’s Syndrome)?

- Extremely uncomfortable
- Moderately uncomfortable
- Slightly uncomfortable
- Slightly comfortable
- Moderately comfortable
- Extremely comfortable
- Other __________________________

10.) What resources other than those provided by the program* do you believe you will 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 per week.

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

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12.) What is your intended major?

___________________________________________________________________________

13.) Are you interested in a: single room   double room   not sure yet
14.) Please list your current psychiatric medications, doses, and length of time at current doses. For each, indicate the psychiatric condition(s) for which you are taking the medication.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

15.) Please tell us what other emotional or psychiatric difficulties or diagnoses you currently have:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

16.) 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.

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<th>Name</th>
<th>Type of Provider/Title</th>
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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)

Please mail completed application form along with letter of acceptance to FDU, transcripts, SAT or ACT scores, psychological evaluation stating diagnosis of Asperger’s Syndrome or other Autism Spectrum Disorder (dated within 24 months of the application), and high school psychosocial/psychoeducational evaluation and Individualized Education Program (IEP) (if applicable) to the following address:

COMPASS Program
Center for Psychological Services
Fairleigh Dickinson University
131 Temple Avenue
Hackensack, New Jersey 07601
Phone: (201) 692-2645

Please visit www.fdu.edu/compass for additional information about the COMPASS Program.

Due to a generous grant contribution, all COMPASS students for the 2019-2020 academic year will receive scholarships.