



**BROOKDALE**  
COMMUNITY COLLEGE

**CENTER FOR ADULT TRANSITION**

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## Center for Adult Transition

Choosing Autonomy Today!

### Two-Year Certificate Program Application Fall 2026

#### **Application Deadline**

Completed applications must be **received by Monday, June 1st**.  
Applications may be **scanned and emailed** or **mailed to our office**.

#### **Interviews**

Interviews will be scheduled **from mid-May through June 15**.

#### **Mail to:**

Brookdale Community College  
Center For Adult Transition, Atec  
c/o Ashley Benyola  
765 Newman Springs Road, Lincroft, NJ 07738

#### **Email:**

[abenyola@brookdalecc.edu](mailto:abenyola@brookdalecc.edu)



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*The establishment of the Center for Adult Transition at Brookdale was made possible in partnership with the Office of the Secretary of Higher Education through funding provided by the “County College-Based Centers for Adult Transition Grant.”*



## Our Mission

The **Center for Adult Transition** is dedicated to empowering young adults (18+) with intellectual and developmental disabilities by providing the support, programming, and resources necessary for a meaningful and successful transition from secondary school to adulthood. Our comprehensive programming creates pathways toward:

- Greater independence
- Career fulfillment
- Continued education
- Active Community Engagement

## Two-Year Certificate Program (48 Weeks)

For students ages 18–24

Tuesdays & Thursdays | 9:30 a.m. – 2:30 p.m.

**Tuition:** \$3,425 per 12-week semester

DDD payment accepted

Payment plans available for private pay

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## Year One – Laying the Groundwork (12-week Spring & Fall Semester)

Fall 2026 Semester, September 22 – December 17

Spring 2027 TBA

### Program Focus

Year One builds a strong foundation for autonomy, independent living, and future planning. Students develop essential life, social, and employment skills in a supportive and structured environment.

#### Independent Living & Personal Development

- Life & Social Skills
- Self-Advocacy
- Financial Literacy
- Nutrition & Wellness
- CPR Certification

#### Community & Citizenship

- Civics/Citizenship
- Community Engagement
- Volunteer Opportunities

#### Career & Vocational Preparation

- Career Exploration
- Interview Skills
- Job Readiness
- Vocational Skills
- Off-Site Workplace Visits

**Hands on Learning:** Horticulture & Hydroponics



## **Year Two** – Building a Future (12-week Spring Semester & Fall Semester)

**Prerequisite:** Successful completion of Year One

### Program Focus

Year Two reinforces and expands upon the skills developed in Year One. Through individualized assessments of interests, strengths, and goals, students prepare to pursue one of three personalized pathways:

- Continued Education
- Employment
- Community Life Engagement

### **Employment Pathway Support**

For students who are interested in working, we take a personalized, practical approach—looking at transportation options, distance from home, and what will feel manageable and supportive for each family. We guide students through the job search process and build connections with welcoming local employers who value the strengths of neurodiverse young adults in entry-level roles. While every job match depends on timing and fit, we are committed to walking alongside each student and opening real opportunities for success.

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### Eligibility Criteria

#### **Applicants must:**

- Be between the ages of 18-24 and have been diagnosed with an intellectual disability or developmental disability.
- Commit to full participation and consistent attendance throughout the duration of the program.
- Provide own transportation to and from campus.
- Maintain appropriate social and emotional behavior in the classroom, on campus, and in the community.
- Demonstrate the ability to accept and follow reasonable rules, behave respectfully towards others, and cannot require 1:1 assistance.
- Demonstrate the ability to manage personal hygiene/toileting and self-administer medications.



## Application Procedure

*All information requested must be fully completed. Any applications with missing information or documentation cannot be reviewed. Each applicant should complete the Application Checklist as independently as possible.*

Applications may be typed or neatly handwritten. Records submitted must support and clearly state that the applicant has an Intellectual or Developmental Disability to be considered.

Once all applications are reviewed, those found eligible will be contacted via email and provided information regarding next steps for scheduling an interview.

**Please note:** We will not be able to respond to any inquiries as to the status of an application during the process.

### Application Checklist (All sections must be completed)

- 1)  Applicant Information
- 2)  Parent/Guardian Information: to be completed by parent/guardian
- 3)  Emergency Contact Information
- 4)  Support Services Information
- 5)  Education History
- 6)  Applicant Questionnaire
- 7)  Employment History
- 8)  Disability/Medical History
- 9)  Individualized Education Plan (IEP) and (if applicable) most recent records from attended post-secondary program(s).
- 10)  Educational Evaluation – conducted no more than three to five years for school purposes and/or by an outside/private provider
- 11)  Psychological/Behavioral Evaluation – conducted no more than three to five years for school purposes and/or by an outside/private provider.

*By signing below, I certify that the information provided on this application is accurate and complete to the best of my knowledge.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Applicant Information

To be completed by the applicant as independently as possible

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB \_\_\_\_\_

In 3–4 sentences, describe the goal that matters most to you for becoming more independent in your life

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Age Group (years)

- 17 (will be 18 at the start of the program)
- 18-20
- 21-24

#### Gender

- Female
- Male
- Non-binary
- Other \_\_\_\_\_



### Parent/Guardian Information

Applicant lives with

Both Parents

Mother

Father

Guardian(s)

Other: \_\_\_\_\_

Parent(s)/Guardian(s)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## Emergency Contact Information

Applicant's Name: \_\_\_\_\_

Please list emergency contacts in call order (1 = first to call)

### Contact 1

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact 2

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact 3

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Contact 4

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## Support Services

Do you have a DDD Individualized Support Plan?

Yes

No

If **yes**, please provide the following information:

Support Coordinator's Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a Case Manager with the Division of Vocational Rehabilitation Services?

Yes

No

If **yes**, please provide the following information:

Case Manager's Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Transportation

What type of transportation will you use to attend the program?

\_\_\_\_\_



## Education History

If you received a high school diploma or equivalent, please provide the following information:

School Name: \_\_\_\_\_

Year of completion/graduation: \_\_\_\_\_

Did you attend a Transition Program?

Yes

No

If yes, please provide the following:

Program Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_

What topics of interest excite you most?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your preferred learning style?

Hands-on

Visual

Movement

Auditory

Please provide an example of your preferred learning style:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Applicant Questionnaire

Open Ended Questions (To be completed by the student)

1. Please list the reasons you are applying to the Center for Adult Transition at Brookdale Community College.

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2. What skills are you hoping to improve or develop during your time at Brookdale Community College?

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3. What type of job/career would you like to pursue?

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4. What do you enjoy doing in your free time? Any specific hobbies you enjoy?

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5. Please list anything else you would like us to know about you.

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Yes or No Questions

- 1. Do you need to take breaks during 1:1 or group classroom instruction?  
 Yes    No
- 2. Are you able to manage your time independently?  
 Yes    No
- 3. Do you need assistance with writing and organizing notes?  
 Yes    No
- 4. Are you able to adapt to changes in your environment or routine?  
 Yes    No
- 5. Are you able to work collaboratively with others to achieve a common goal?  
 Yes    No
- 6. Are you able to take constructive feedback and adjust your performance accordingly?  
 Yes    No
- 7. Do you understand your emotions and have the ability to identify them appropriately?  
 Yes    No
- 8.  Yes    No
- 9. Do you resolve conflict in a constructive and positive manner?  
 Yes    No
- 10. Do you have healthy coping skills for managing stress?  
 Yes    No
- 11. Do you have a positive attitude towards learning and trying new things?  
 Yes    No
- 12. Are there any specific behavioral challenges related to your disability?  
 Yes    No

If **yes**, please list your behavioral challenges below:

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## Employment History

**Please note:** Prior work experience is not a requirement for acceptance into this program.

1. Name of Business/Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Responsibilities/Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Name of Business/Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Responsibilities/Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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## Volunteer Experience

Are you currently participating as a volunteer or intern position?

Yes

No

If **yes**, please provide the name of the organization: \_\_\_\_\_

What kinds of volunteer or work activities do you like the most?

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## Disability/Medical History

Please give a brief description of your medical history including any disability diagnosis and/or triggers that you have:

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Please list any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including any known allergies:

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Please list/discuss any physical, intellectual, social or emotional conditions that may need to be considered:

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**Reminder:** If you take medicine while on campus, you need to be able to take it by yourself. Staff cannot give you your medication.