



BROOKDALE
COMMUNITY COLLEGE

CENTER FOR ADULT TRANSITION

Center for Adult Transition

Choosing Autonomy Today!

Two-Year Certificate Program Application Fall 2026

Application Deadline

Completed applications must be **received by Friday, May 1**.
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



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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. Spring & Fall 12 Week Semesters
DDD payment accepted
Payment plans available for private pay

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 meaningful 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.

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

Guardian(s)

Mother

Other: _____

Father

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.

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

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

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

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



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:



Employment History

Please note; Prior work experience is not a requirement for acceptance into the 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: _____

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?



Disability/Medical History

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

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:

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

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