

# West Bergen's Asperger's Related Services is Offering:



## ***THE PROCESS OF SELECTING A COLLEGE WORKSHOP***

***FOR STUDENTS WITH  
ASPERGER'S SYNDROME, NVLD, HFA &, PDD-NOS***

***HIGH SCHOOL SOPHOMORES, JUNIORS AND SENIORS OR ADULT  
STUDENTS RETURNING OR STARTING COLLEGE AFTER A BREAK  
FROM HIGH SCHOOL***

A workshop designed to introduce the individual to the steps and process of selecting, applying and interviewing for college.

We offer a comprehensive look at the process of picking a college including:

- *Important criteria for the student to consider (proximity to home, commuting vs. campus housing, college size, 2-year vs. 4-year colleges, etc.)*
- *Diagnostic disclosure – pros and cons*
- *Special Services*
- *How to self-advocate*
- *Selecting a major*
- *The option of transferring*
- *The actual admissions process (including hands-on experience in filling out the application, requesting letters of recommendation and a mock admissions interview)*

**8-WEEK WORKSHOP BEGINNING 10/22/08 – 12/17/08**

**WEDNESDAY EVENINGS @ 5:00 p.m.**

**(No Session on 11/26)**

**COST IS \$300.00**

***Registration Deadline 10/16/2008***

***Checks payable to West Bergen Center for Children and Youth***

***Attn: Kelly Doyle***

***Asperger's Related Services***

***One Cherry Lane, Ramsey, NJ 07446***

**For further information call workshop leader:**

**MICHELA TRIPODI @ (201) 934-1160 EXT. 7319**

West Bergen Mental Healthcare and Center for Children and Youth's  
Asperger's Related Services

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**Session Schedule:**

October 22, 2008	Session 1
October 29, 2008	Session 2
November 5, 2008	Session 3
November 12, 2008	Session 4
November 19, 2008	Session 5
November 26, 2008	<b>No Session Thanksgiving Break</b>
December 3, 2008	Session 6
December 10, 2008	Session 7
December 17, 2008	Session 8 – Final Session

**ASPERGER'S RELATED SERVICES  
PROCESS OF SELECTING A COLLEGE WORKSHOP**

STUDENT'S NAME: \_\_\_\_\_

AGE / GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Circle one:    CURRENTLY ATTENDING                      GRADUATE

Educational Classification and/or diagnosis: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

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

How did you hear about this workshop? \_\_\_\_\_

*\*\*\*Student should bring the name of a college/university that he/she is considering attending for the first workshop (10/22/2008)\*\*\**

**REGISTRATION DEADLINE 10/16/2008**

***Payment of 300.00 is due at time of registration.***

***Checks payable to West Bergen Center for Children and Youth***

*Mail to:*

*Attention: Kelly Doyle*

*Asperger's Related Services*

*West Bergen Center for Children and Youth*

*One Cherry Lane*

*Ramsey, NJ 07446*

***For additional information or questions call the workshop leader:***

***Michela Tripodi @ (201)934-1160 ext. 7319***