

Application for the College Program's Employment Preparedness Workshop



WEST VIRGINIA
AUTISM TRAINING CENTER
AT MARSHALL UNIVERSITY

Employment Workshop sessions and skill development activities, including

- Writing workshops for cover letters and resumes
- Practice interviews
- Professional behavior and communication workshop
- Self-advocacy and disclosure workshop
- Establishing work relationships workshop
- Income and budgeting workshop

Eligible participants for the workshop a) should have a diagnosis of Autism Spectrum Disorder, b) should have attended college for a minimum of one year, and c) should possess a desire to further discuss and practice skills necessary for successful employment.

For an application to be considered complete, it must include the following documentation:

1. A complete application;
2. A clinical psychological evaluation conducted within the past three years;
3. An unofficial copy of your most recent academic transcripts.

Please mail your completed application to Bianca Bragg by **June 1st** at the following address:

The West Virginia Autism Training Center
Marshall University
Attn: Bianca Bragg
Old Main, Room 316
One John Marshall Drive
Huntington, WV 25755

You may also email the completed application to Hillary Adams at hynes@marshall.edu

Applicant Name:

Street or mailing address:

City: _____ State: _____ Zip code: _____

Home telephone: _____ Cell Phone: _____

Email: _____

Date of birth: _____ Age: _____ Gender Identity: _____

Citizenship _____

Parent/Closest Family Member Name(s):

Parent/Closest Family Member Email(s):

College Experience:

Please list all colleges/universities attended/graduated:

Please list your current major, if applicable:

Please circle your current academic standing, if applicable:

freshman sophomore junior senior graduate student

Diagnostic Information:

Please check off the diagnosis you have received that makes you eligible for services:

Asperger's Disorder

Autistic Disorder

Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS)

Autism Spectrum Disorder (Level _____)

Please list the name and contact information of the licensed professional who provided the ASD diagnosis, along with the date the diagnosis was given.

Diagnostician name:

Telephone number: _____ Date of diagnosis: _____

The diagnostician is a (check one): _____ Licensed psychologist; _____ Licensed psychiatrist; _____ Licensed medical doctor; _____ other (write-in): _____

Please list your reasons for wanting to participate in the Employment Workshop:

What topics do you hope to learn about and discuss as a participant in the Employment Workshop?

Please list any additional information you would like for us to know about you:

