

## Transition and Access Program Application for Admission

We are excited that you are interested in applying to the University of Cincinnati Transition and Access Program. The TAP admissions process occurs in five phases, which include Application, Document Review, Interview, Determination and Confirmation.

### **Application Due Date:**

Applications will be accepted beginning August 1 for academic fall semester admissions. Applications and Recommendations should be submitted along with a nonrefundable \$50 application fee made payable to the University of Cincinnati by mail to:

University of Cincinnati  
Transition and Access Program - TAP  
PO Box 210022  
Cincinnati OH, 45221

### **Phase One: Complete the Application**

The completed applications will be reviewed as received.

### **Application checklist:**

- Complete TAP application containing signature of the student and/or guardian as appropriate.
- Personal Essay
- An official transcript of the applicant's high school coursework
- An official copy of the applicant's IEP or 504 Plan. If statewide testing accommodations are not included in the IEP, a separate document is required. Must include discipline records if applies.
- Most current Evaluation Team Report (ETR) or up-to date psychological evaluation within past two years); must include IQ scores
- \$50 check made payable to University of Cincinnati
- (2) Recommendation Packets from non-family members who have known the applicant for at least 1 year.

Recommendations should include at least one from an educator and students are encouraged to include an employer or volunteer supervisor. The Recommendation Packet is located on our website at [cech.uc.edu/education/ats/tap/apply](http://cech.uc.edu/education/ats/tap/apply).

### **Phase Two: Document Review**

The purpose of the Document Review is to identify the applicant's potential for success as a University of Cincinnati college student. During this phase, the program director may contact the applicant, parents, and/or references for additional information or clarification. If it is determined that the applicant has met the threshold for admissions, the application documentation will be forwarded on to the Admission Committee.

### **Phase Three: Interview**

The admission committee will conduct individual interviews with applicants and their families.

### **Phase Four: Determination**

The determination of the admission decision is made in writing to the applicant. If the determination is that the applicant does not meet the admission requirements, the applicant will receive recommendations for growth.

### **Phase Five: Confirmation**

If selected for admissions, the applicant will submit paperwork and fee to confirm enrollment for the fall semester along with the deposit for the required TAP Summer New Student and Family Orientation Workshop.

The University of Cincinnati does not discriminate on the basis of disability, race, color, religion, national origin, ancestry, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status or gender identity and expression in its programs and activities.

Applicant's Name:

Preferred Name:

Address:

E-mail

Date of Birth

Phone Number

Cell Phone Number

Are you your own guardian?

Yes      No

If no, who is your guardian?

What type of guardianship do you have?

Parent/Guardian 1 Name:

Parent/Guardian 1 Address:

Parent Guardian 1 Phone Number:

Parent/Guardian 1 E-mail:

Relationship to Applicant:

UC Alumni?

Yes      No

Parent/Guardian 2 Name:

Parent/Guardian 2 Address:

Parent Guardian 2 Phone Number:

Parent/Guardian 2 E-mail:

Relationship to Applicant

UC Alumni?

Yes      No

## **Release of Information**

### **If the applicant is own guardian:**

By signing, I consent that members of the TAP admission committee can have access to my high school records, all content of this application, and may speak with and/or obtain relevant records from family member, stakeholders, references, school and agency personnel as a part of my application review. I agree to waive my right to access content of my information secured by the admission committee including recommendations.

Applicant Signature

Date

### **If the applicant is not own guardian:**

By signing, I agree that members of the TAP admission committee can have access to my daughter's/son's high school records, all content of this application, and may speak with and/or obtain relevant records from family members, stakeholders, school and agency personnel as a part of my daughter's/son's application review.

Parent/Guardian Signature:

Date

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## **Education**

Name of High School(s) Attended

Address(es) of High School(s) Attended

(Anticipated) Date of graduation or receipt of high school diploma/equivalent:

Did/Will receive:

High School Diploma

Equivalent Certificate

Post-High Schools Attended (please include official transcript):

Level of inclusive high school participation:

- Fully included (no special education classes)
- Special education classes only
- Spent majority of my time in inclusive setting
- Spent majority of my time in special education classes

List or attach accommodations used in general education classes according to IEP.

Have you completed a College Entrance Exam? If so, please share the ACT/SAT composite score(s).

Do you currently receive any emotional support services such as counseling?

Yes      No

Would you be willing to continue these services if accepted to the program?

Yes      No

What hobbies, clubs, sports or other leisure activities do you participate in?

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## **Employment and Volunteer Experiences**

Please provide information regarding any paid employment, unpaid employment, school-based employment training and internships. Attach a resume and references if applicable.

Employer/Internship

Start Date:

End Date:

Average hours per week:

Supervisor Name:

Phone:

E-mail:

Job Title:

Job Type:

Paid

Unpaid/Volunteer

How did you obtain this job?

Responsibilities:

What did you need help with?

What did you enjoy the most?

Reason(s) for Leaving:

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Employer/Internship

Start Date:

End Date:

Average hours per week:

Supervisor Name:

Phone:

E-mail:

Job Title:

Job Type:

Paid

Unpaid/Volunteer

How did you obtain this job?

Responsibilities:

What did you need help with?

What did you enjoy the most?

Reason(s) for Leaving:

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Employer/Internship

Start Date:

End Date:

Average hours per week:

Supervisor Name:

Phone:

E-mail:

Job Title:

Job Type:

Paid

Unpaid/Volunteer

How did you obtain this job?

Responsibilities:



What did you need help with?

What did you enjoy the most?

Reason(s) for Leaving:

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### **Services and Support**

Do you currently or have you received services from Vocational Rehabilitation services?

Yes      No

Do you receive a Medicaid waiver for services or support?

Yes      No

Do you have a personal care attendant that helps you?

Yes      No

If yes, explain what service(s) they provide.

Please describe how your disability or medical/health needs impact your activities of daily living.

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## **Student Goals for Future**

(To be completed by applicant)

Please create a personal essay that answers the following questions. Applicants may submit essays using multimedia (e.g. Power Point, video etc.) electronic or written formats accepted. This is an excellent opportunity to show your writing and critical thinking skills, as well as your creativity.

1. What are my goals for the future and how would attending the University of Cincinnati Transition and Access program help me fulfill my goals?
2. What type of job would I like after graduation and how would participating in TAP and being a UC student help me achieve my goals?
3. What courses interest me or what would I like to learn that will help me meet my goals?
4. What type of clubs or activities would I like to participate in as a college student that will help me meet my goals?
5. What are some areas in my life that I need to grow in to be more independent and how will attending TAP help me to do this?

Please use this space to provide us with any additional information about yourself that you wish to share.

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## Skills Inventory

(To be completed by Applicant/Parent/Family/Guardian/Support Person)

Applicant Name:

Person Completing Form:

Please fill in the appropriate circle for each skill.

	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent
Negotiating/finding way around campus environment					
Ordering and purchasing from a restaurant cafeteria or store					
Able to do laundry, light cooking, cleaning					
Able to stay alone at home or in community					
Knows, handles and takes medication					
Able to use email to communicate					
Communicates needs in an appropriate manner					
Engages with peers socially – personal space, conversation, respect					
Copes with conflict					

Comments on any of the selections above:

	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent
Fosters healthy relationships with peers - dating, communication, etc.					
Distinguishes between friend and stranger					
Handling money; counting change/bills, using checkbook, budgeting, ATM					
Computer Skills: word processing, typing, internet search					
Knows how she/he learns best					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, birthdate, phone, SSN, etc.					
Takes initiative					
Sets obtainable goals					
Uses good judgment skills in an emergency					
Able to safely cross intersections that have pedestrian signals					
Initiates and completes homework					

Comments on any of the selections above:

	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent
Accepts constructive feedback					
Manages and keeps up with personal items. (i.e. phone, backpack, keys)					
Able to cross intersections that do not have pedestrian signals					
Copes well with stress					
Copes well with change					
Uses a calming routine/strategies to manage emotions					
Manages own sensory needs					
Gets up independently, goes to bed independently					
Takes care of personal hygiene					
Able to use public transportation					
Ability to relate to others					
Asks for help, clarification, or questions					

Comments on any of the selections above:

	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent
Able to use phone to communicate with others call or text					
Uses social media safely and respectfully					
Persists when faced with a challenging task					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					
Manages own leisure time					

Comments on any of the selections above:

Has applicant utilized any assistive technology?

Yes      No

If yes, what?

Additional remarks: Please list/discuss any physical, intellectual, social or emotional conditions that may need to be considered when planning a postsecondary experience.

## Recommendations and Release

All applicants must submit at least two letters of recommendation packets. Recommendations should not be from a family member and at least one should be from an educator. Please visit [cech.uc.edu/education/ats/tap/apply](http://cech.uc.edu/education/ats/tap/apply) to download the Recommendation Packet.

The following people will be submitting a recommendation packet for the applicant:

Name:

Relationship:

Address:

E-mail:

Phone:

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Name:

Relationship:

Address:

E-mail:

Phone:

E-mail: