

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 next academic fall semester admissions. Early action deadline for submission will be November 1 and regular decision submission will be February 15. 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

www.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 an interview, 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

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?

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:

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:

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:

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

What type of benefits do you receive?

None SSI SSDI Other (please specify) _____

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.

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 what or me 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?

You may provide us with any additional information about yourself that you wish to share

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ordering and purchasing from a restaurant cafeteria or store | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Able to do laundry, light cooking, cleaning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Able to stay alone at home or in community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knows, handles and takes medication | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Able to use email to communicate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Communicates needs in an appropriate manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Engages with peers socially – personal space, conversation, respect | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Copes with conflict | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Distinguishes between friend and stranger | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Handling money; counting change/bills, using checkbook, budgeting, ATM | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Computer Skills: word processing, typing, internet search | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knows how she/he learns best | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motivation to learn and persist on new tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knows and can verbalize and/or write personal information: name, address, birthdate, phone, SSN, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Takes initiative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sets obtainable goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Uses good judgment skills in an emergency | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Able to safely cross intersections that have pedestrian signals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Initiates and completes homework | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments on any of the selections above:

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

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Uses social media safely and respectfully | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Persists when faced with a challenging task | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to follow verbal directions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to follow written directions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to keep a daily schedule with due dates and assignments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Manages own leisure time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 www.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:

Name:

Relationship:

Address:

E-mail:

Phone:

E-mail: