



# Admission Application

Chattanooga State Community College

4501 Amnicola Highway

Chattanooga, TN 37406

## Dear Prospective Student and Family:

We are delighted that you are interested in furthering your education at Chattanooga State in the Tiger Access Program. This packet includes preliminary information you must complete to be considered for the program. You will do the following:

- Complete the application
- Provide a copy of health insurance
- Provide a copy of state-issued picture ID
- Provide 3-non family references
- Provide a copy of your last IEP/IEA from High School
- Provide proof of eligibility as an individual with a disability (this can be your High School
- Psychological Evaluation or a medical statement from your doctor).

After these are received, CAADS staff will meet with you and your family to complete the overall college application and any applicable financial aid requests.

We appreciate your interest in the program.

Best,

*Mrs. Rebecca Aslinger, Co-Program Director & Asst. Professor, Education*

*Dr. Kristi Strode, Co-Program Director of CAADS*

*Mrs. Tina Gower, Program Coordinator*

## The Tiger Access Program

**Tiger Access** is an inclusive higher education program at **Chattanooga State Community College** for students diagnosed with intellectual or developmental disabilities (IDD).

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Students enrolled in **Tiger Access** will take **College Success** as their first class in this two-year program. This class will focus on career explorations, classroom etiquette, self-advocacy, and life skills.

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Based on each student's career interest, they will **audit 1-2 classes each term in their chosen fields**. At the end of two years of **audited classes, students will earn a Tiger Access Certificate of Completion**. Their capstone project will be having workplace experiences in the community in their chosen fields.

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Tiger Access also incorporates classes from both **Orange Grove** and the college's Workforce Development. **Orange Grove** focuses on assisting students in **finding their voices to advocate** and enrichment activities. Our Workforce Development will offer certification programs for the students such as Skills That Pay the Bills.

## **Purpose of Tiger Access:**

The purpose of Tiger Access is to provide students with Intellectual/Developmental Disabilities with continued academic, career, and independent living instruction that will provide them with opportunities for independence and gainful employment.

## **MISSION:**

The Mission of the Tiger Access Program is to assist neurodivergent students in the acquisition of skills needed to optimize inclusive and lifelong community opportunities, including employment. This is conducted in conjunction with the limitless learning environments provided by Chattanooga State Community College, its students, faculty, and engaging culture.

## **Application Selection Process:**

Applications will be open through March of each year. Applicants will go through a screening process. The Advisory Council will go through each component (recommendation letters, transcripts, IEP...) using a scoring rubric. Applicants who pass the screening will be invited to participate in an assessment day (they will tour campus, interview, and participate in a skills assessment).

## **Admission will be based on the following:**

- Active student participation throughout the application/interview/assessment process.
- Must have a phone
- Must be between the ages of 18-28 at the start of the program.
- Can use technology (cell phone, tablet, laptop, etc.) at a basic level
- Must have a documented intellectual and/or developmental disability.
- The applicant must have sufficient emotional and independent stability to participate in all aspects of Tiger Access coursework and the campus environment.
- Must be able to sit through 90-minute courses and function independently for 2-hour blocks of time.
- Must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
- Must have the desire and motivation to complete a postsecondary education program
- Must be able to work appropriately with groups and/or peers.
- Must demonstrate understanding of basic literacy in reading and writing.
- Must demonstrate basic math understanding and be able to use a calculator.
- No severe behavior or emotional problems. Physical violence of any kind is grounds for immediate termination from the program.
- Ability to be successful in competitive employment situations
- Demonstrates ability to communicate with others.

## Sample Schedule:

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Semester 1	Semester 2	Semester 3	Semester 4
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Fall Term 1: Life Skills 1 Audit 1-2 classes on-campus internship	Spring Term 1: Life Skills 3 Audit 1-2 classes On-campus internship	Fall Term 1: Life Skills 5 Audit 1-2 classes Off-Campus Internship	Spring Term 1: Skills to Pay The Bills (Life Skills 7) Audit 1-2 classes Off-Campus Internship
Fall Term 2: Life Skills 2 Audit 1-2 classes on-campus internship	Spring Term 2: Life Skills 4 Audit 1-2 classes On-campus Internship	Fall Term 2: Life Skills 6 Audit 1-2 classes Off-Campus Internship	Spring Term 2: Life Skills 8 Audit 1-2 classes Office Campus internship

\*NOTE: Students will also have study time with peer mentors on campus as schedules allow. They may study in the designated study room for Tiger Access, in the cafe, outside, in the library, or wherever they feel most comfortable.\*

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# Applicant Information

Applicant Name: \_\_\_\_\_  
(First Name) (MI) (Last Name)

Nickname: \_\_\_\_\_

Applicant Home Phone: \_\_\_\_\_

Applicant Cell Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

If applicable, for those who have reached the age of majority (21), indicate legal conservator(s) and/or Power of Attorney: \_\_\_\_\_  
(Please provide a copy of proof of conservatorship and/or power of attorney).

Applicant Email Address: \_\_\_\_\_

Gender:  M  F  
 Transgender  Non-binary/non-conforming  
 Prefer not to respond

Please select your pronouns:  she/her/hers  he/him/his  
 they/them/theirs  ze/hir/hirs  
 no pronoun  no preference  
 not listed

Ethnicity:  Latino  Non-Latino

Race:  Asian  American Indian or Alaska Native  
 Black or African-American  Native Hawaii or Pacific Islander  
 White  Unknown



# Family Information

## Applicant resides with:

Self  Both Parents  Mother  Father  Guardian(s)

Group home (if the applicant lives in a group home please provide the group home name, contact person, and phone number) \_\_\_\_\_

\_\_\_\_\_

Other ( \_\_\_\_\_ )

## Mother/Guardian:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Father/Guardian:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

With whom do you currently live: \_\_\_\_\_

## Emergency Contacts:

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

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

# Education History

High School Diploma(s) received (and school/year received):

- Special Education ( \_\_\_\_\_ )  
 Alternate Academic ( \_\_\_\_\_ )  
 Occupational ( \_\_\_\_\_ )  
 Regular Education ( \_\_\_\_\_ )  
 Other ( \_\_\_\_\_ )

Which of the following best describes the education setting you experienced in High School?

- Fully included (no special education classes)  
 Special Education classes only  
 spent the majority of my time in an inclusive setting  
 Spent the majority of my time in a special education setting  
 Other \_\_\_\_\_

Under what category (-ies) were you eligible to receive special education services in high school?

- Autism  
 Deaf-blindness  
 Deafness  
 Emotional Disturbance  
 Hearing Impairment  
 Other Health Impairment  
 Orthopedic Impairment  
 Intellectual Disability  
 Multiple Disabilities  
 Specific Learning Disability  
 Speech/Language Impairment  
 Traumatic Brain Injury  
 Visual Impairment  
 Other \_\_\_\_\_

# Employment/Volunteer Background

List all paid jobs, work-based learning, and volunteer work you do or have done in school and/or the community.

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Employment Opportunity: \_\_\_\_\_

Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

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paid  
unpaid/volunteer  
work-based learning

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Job Duties: \_\_\_\_\_

\_\_\_\_\_

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Employment Opportunity: \_\_\_\_\_

Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

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paid  
unpaid/volunteer  
work-based learning

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Job Duties: \_\_\_\_\_

\_\_\_\_\_

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Employment Opportunity: \_\_\_\_\_

Dates: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

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paid  
unpaid/volunteer  
work-based learning

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Job Duties: \_\_\_\_\_

\_\_\_\_\_

## Service Agencies

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Did you participate in Pre-Ets as a high school student? \_\_\_\_ . If yes, and you are between the ages of 18-22, you are still eligible for Pre-Ets at Chattanooga State. Do you wish to continue services? \_\_\_\_\_

Are you a client (and/or receiving services) from any of the following?

\_\_\_ Department of Intellectual and Developmental Disabilities

\_\_\_ ECF Choices

\_\_\_ Division of Rehabilitation Services (VR)

\_\_\_ The Chattanooga Autism Center

\_\_\_ The Orange Grove Center

\_\_\_ Other: \_\_\_\_\_

NOTE: If eligible, All Tiger Access students must be clients of the Division of Rehabilitation Services (VR) by the time they begin their first day of class.

Are you a VR client? \_\_\_\_ Yes \_\_\_\_ No

If so, VR Service Coordinator Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

# Independent Living

Please list any medication that may need to be administered during school or work:

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Are you independent in taking your medication? \_\_\_\_\_

List any health or medical issues that may affect a successful college experience and job placement: \_\_\_\_\_

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Please list any limitations that may affect an internship, externship, and/or classes:

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Please list any sensory issues that might impact you in participating in classroom, campus, and/or work activities. Please list any accommodation, interventions or protocols that have been effective in mitigating outcomes.

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# Transportation

What mode of transportation will you use to get to school and internships/externships?

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- Friends/family
- Carta Bus (I already know how to ride the Carta)
- Carta Bus (please assist me in getting travel training)
- Carta Van (423-698-9038)
- Sethra (423-775-4010)
- I will drive myself
- Other \_\_\_\_\_

In your own words (and your own writing), why do you desire to be a part of Tiger Access?

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Chattanooga State Community College does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, sexual orientation, gender identity/expression, disability, age (as applicable), status as a protected veteran, genetic information, nor any other category protected by federal or state civil rights laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. See full EEO statement at:

*[chattanoogastate.edu/eoo-statement](http://chattanoogastate.edu/eoo-statement)*

# Reference Form #1 (Please give to your references.)

Prospective Student Name: \_\_\_\_\_

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This prospective student is applying to take part in Chattanooga State's new Tiger Access program. This educational opportunity is for those who have intellectual and/or developmental disabilities. Your input for the below is appreciated.

Reference Name: \_\_\_\_\_

Reference Email Address: \_\_\_\_\_

How Long Have You Known the Applicant? \_\_\_\_\_

How Do You Know the Applicant?

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Please list the top three strengths that you believe will make this student a success in Tiger Access:

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Do you recommend that this prospective student be admitted to the program?

\_\_\_ Yes or \_\_\_ No

Please return this reference form to the prospective student so that he/she may add to their application packet.

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# Reference Form #2 (Please give to your references.)

Prospective Student Name: \_\_\_\_\_

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This prospective student is applying to take part in Chattanooga State's new Tiger Access program. This educational opportunity is for those who have intellectual and/or developmental disabilities. Your input for the below is appreciated.

Reference Name: \_\_\_\_\_

Reference Email Address: \_\_\_\_\_

How Long Have You Known the Applicant? \_\_\_\_\_

How Do You Know the Applicant?

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Please list the top three strengths that you believe will make this student a success in Tiger Access:

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Do you recommend that this prospective student be admitted to the program?

\_\_\_ Yes or \_\_\_ No

Please return this reference form to the prospective student so that he/she may add to their application packet.

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# Reference Form #3 (Please give to your references.)

Prospective Student Name: \_\_\_\_\_

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This prospective student is applying to take part in Chattanooga State's new Tiger Access program. This educational opportunity is for those who have intellectual and/or developmental disabilities. Your input for the below is appreciated.

Reference Name: \_\_\_\_\_  
Reference Email Address: \_\_\_\_\_  
How Long Have You Known the Applicant? \_\_\_\_\_

How Do You Know the Applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the top three strengths that you believe will make this student a success in Tiger Access:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Do you recommend that this prospective student be admitted to the program?

\_\_\_ Yes or \_\_\_ No

Please return this reference form to the prospective student so that he/she may add to their application packet.

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