



**The University of Tennessee  
FUTURE Program**

**Application Packet**

**Fall 2016**

**All Complete Application Packets Will Be Reviewed**

## The FUTURE Program at the University of Tennessee

### Application for Admission

Applications will be accepted as of October 1, 2015 for program selection for the following fall semester. NOTE: Applications will not be considered unless ALL requested information is present at the time of the review. The Deadline to submit an application is 5 p.m. April 18, 2016.

Include all information. Letters of recommendation must be included in a sealed envelope with a signature across the seal. Student assessments may be scheduled by FUTURE Program Staff prior to an invitation to participate in admissions board interviews.

### APPLICATION CHECKLIST

1. \_\_\_\_ Student application and \$30.00 application fee payable to The University of Tennessee
2. \_\_\_\_ Parent/Guardian Information to be completed by parent/guardian
3. \_\_\_\_ Emergency Contact/Medical Information Form
4. \_\_\_\_ Release/Exchange of Information Form
5. \_\_\_\_ High School Transcript
6. \_\_\_\_ Copy of applicant's IEP
7. \_\_\_\_ Educational Evaluation conducted within the past three years, such as:
  - a. Peabody Individual Achievement Test (PIAT)
  - b. Kaufman Test of Educational Achievement (KTEA)
  - c. Woodcock Johnson III or Revised Test of Achievement
8. \_\_\_\_ Current Psychological/Behavioral Evaluation
9. \_\_\_\_ Results of a current Physical Examination (within last 12 months)
10. \_\_\_\_ 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent 3 of the following areas:
  - a. Education
  - b. Vocational/Employment
  - c. Community Involvement; and
  - d. Personal

NOTE: Family members are not to complete letters of recommendation. FUTURE staff will return the application if reference letters are missing. Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes as directed on the form.

12. \_\_\_\_ Inventories completed by parent/guardian
13. \_\_\_\_ A personal interview with the applicant and parent, family, guardian, or support person will be scheduled as determined by Application Screening Committee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Application for Admissions Procedure

The **FUTURE** Program is a comprehensive program of study for unique learners who are highly motivated young adults whose “disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.” \*(AAIDD, 2011)

In order to be sure that the **FUTURE** Program at the University of Tennessee is the best match for our applicants, we require an application packet be completed for each student. Documentation of intellectual disability as well as reading and math levels are required. Upon application, it is expected that students will demonstrate the following minimal requirements:

- Active student participation throughout the application/interview process
- Have proof of eligibility for IDEA while in school
- At least 3rd grade reading level, preferably 4th and above,
- Basic mathematics understanding and ability to use a calculator,
- 3rd grade math level or above,
- Ability to function independently for a sustained period of time,
- No severe behavior or emotional problems,
- Can handle and adapt to change; not overly stressed when schedules or people change,
- Ability to be successful in competitive employment situations,
- Desire and motivation to complete a postsecondary education program,
- Have health insurance (Medicaid, Medicare, private),
- Be between the ages of 18-29 at the start of the program, and
- Demonstrate ability to communicate with staff, faculty, and mentors.

Applicants will have typically received special education services in their secondary schools and would have considerable difficulty succeeding in a traditional college degree program.

The **FUTURE** Program is a certificate program (not an accredited college degree program) and exiting students will receive a vocational certification, **NOT** a degree from the University of Tennessee.

Note: Due to space limitations, not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the **FUTURE** Program.

Please email Tom Beeson, Program Coordinator, at [futureut@utk.edu](mailto:futureut@utk.edu), or call 865-974-9176 if you have other questions.

Please send **all** admissions materials to:

**University of Tennessee FUTURE Program**  
**Attn: Tom Beeson**  
**1122 Volunteer Blvd.**  
**431 Claxton Complex**  
**Knoxville, TN 37996-3452**

Checks for application fee need to be payable to The University of Tennessee.

\*American Association on Intellectual and Developmental Disabilities (AAIDD)  
Definition of Intellectual Disability

## Application Process

- STEP 1** \_\_\_\_\_ Download a Student Application from our web page [futureut.utk.edu](http://futureut.utk.edu) or email Tom Beeson at [futureut@utk.edu](mailto:futureut@utk.edu) for an electronic copy of the application.
- STEP 2** \_\_\_\_\_ Complete and submit the Student Application Packet, including a non-refundable check of \$30.00 payable to The University of Tennessee
- \_\_\_\_\_ Submit High School Transcripts
- \_\_\_\_\_ Submit Educational and Psychological Evaluations from last three years
- \_\_\_\_\_ Submit Letters of Recommendations (three total; see checklist and evaluation forms for details)
- \_\_\_\_\_ Submit results of a current (within 1 year) physical examination
- STEP 3** \_\_\_\_\_ Upon receipt and review of the completed application packet; the applicant may be contacted to schedule a personal assessment. Finally, applicants meeting eligibility requirements will be asked to complete an interview along with a parent/family/ guardian/support person. A tour of campus will be scheduled at this time.

## Application Selection Process

An Application Screening Committee will review applications and select students for admission. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. If accepted to the program, you will receive an email, phone call, or letter of admittance. *Note: A limited number of applicants will be admitted each year.*

The decision to offer or deny admission to the program will be made by the Application Screening Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the ages of 18-29 at the start of the program.
- Applicants must have been eligible or remain eligible for IDEA services in school.
- The applicant must have a significant intellectual and/or developmental disability that interferes with their academic performance and be able to provide documentation of this disability (AAIDD definition).
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the **FUTURE** Program coursework and campus environment.
- The applicant should be able to sit through 90 minute courses and function independently for 2 hour blocks of time (including navigating campus independently).
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: **FUTURE** Program does not have the personnel to 1) supervise students with difficult and challenging behaviors, 2) to dispense medications or 3) to provide a personal assistant.
- The applicant must demonstrate the desire to attend **FUTURE** Program and adhere to the **FUTURE** Program policies regarding attendance and participation in coursework and University of Tennessee classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the **FUTURE** Program's context and setting.

Please complete all sections of this application. It is requested that the applicant complete the application as much as possible. You may attach additional information and pages for writing space, if needed. All information is confidential and will not be shared with any outside agencies unless permission to refer for continued services is received.

### Academic Honesty Policy

1. An essential policy of the University of Tennessee, Knoxville, is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the university, I pledge that I will not knowingly give or receive any inappropriate assistance in academic work or violate the university's policy on misuse of copyrighted material, thus affirming my own personal commitment to honor and integrity. Put simply, parents or family members are not to complete student's work.
2. Tennessee state law stipulates that all students who are required to register for the federal draft must do so before enrolling in the university. My signature below certifies that either I have registered for or I am not required to register for the federal draft.
3. I understand that withholding information requested in this application or giving false information will make me ineligible for admission to, or continuation in, the University of Tennessee, Knoxville. I furthermore pledge to submit any future changes, including those related to grades or discipline issues, to the **FUTURE** Program office and understand that an offer of admission maybe rescinded based upon updated information. I certify that the information given is correct and complete.
4. I have read, I understand, and I agree to the above statements.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

### Student Information

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

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

Address \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Gender.

- Male
- Female

What is this Ethnicity? Choose one.

- Hispanic or Latino
- Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be.

- White
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander

What disabilities do you have? Check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> None of these disabilities | <input type="checkbox"/> Multiple disabilities                  |
| <input type="checkbox"/> Autism                     | <input type="checkbox"/> Orthopedic impairment                  |
| <input type="checkbox"/> Deaf-blindness             | <input type="checkbox"/> Other health impairment                |
| <input type="checkbox"/> Deafness                   | <input type="checkbox"/> Specific learning disability           |
| <input type="checkbox"/> Developmental delay        | <input type="checkbox"/> Speech or language impairment          |
| <input type="checkbox"/> Emotional disturbance      | <input type="checkbox"/> Traumatic brain injury                 |
| <input type="checkbox"/> Hearing impairment         | <input type="checkbox"/> Visual impairment, including blindness |
| <input type="checkbox"/> Intellectual disability    |   |

What types of benefits do you receive? Check all that apply.

- None
- SSI (Supplemental Security Income)
- SSDI (Social Security Disability Insurance)
- Unemployment Insurance
- TANF (Temporary Aid to Needy Families)
- Other (please specify:\_\_\_\_\_)

What types of health insurance do you have? Check all that apply.

- None
- Medicaid
- Medicare
- Private health insurance
- Student health insurance
- Other, please specify:\_\_\_\_\_

Which of the following best describes the curriculum and educational setting you experienced in high school? Check one.

- Fully included in general education curriculum in general education classes
- Partially included in general education curriculum with majority of classes in general education
- Student spent half of their time in general education and half of their time in special education
- Partially included in general education curriculum with majority of classes in special education
- Not included in general education curriculum or classes/only in special education classes (e.g., life skills)
- Other, specify:\_\_\_\_\_

What, if any, type of statewide assessment did you take while in high school? Choose one.

- Regular with or without accommodations
- Alternate
- Waived
- None
- Other (Please specify:\_\_\_\_\_)

Were you ever employed for pay at or above minimum?

- Yes
- No

## Family Information

Student lives with:

\_\_\_\_\_ Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian(s) \_\_\_\_\_ Other

**Mother/Guardian:** (Please add names of step-parents, if applicable.)

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 \_\_\_\_\_

Siblings: Name	Age
_____	_____
_____	_____
_____	_____

**Emergency Contact Information: In Case of Emergency, Please Contact**

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

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

## EDUCATION HISTORY

Schools (Name/ City/State) and years attended:

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Did you receive a general education high school diploma? (Circle one)    No    Yes

From (school and address) \_\_\_\_\_ Date \_\_\_\_\_

In a few words, please describe your academic strengths and weaknesses.

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In a few words, how do you think you learn best? (for example: small groups, extra time)

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In the following areas, describe what skills you would like to learn:

- Independent living: \_\_\_\_\_
- Academics: \_\_\_\_\_
- Social/recreational/leisure: \_\_\_\_\_
- Employment: \_\_\_\_\_

Have you participated in general education classes in your home school?    Yes    No

If yes, list subjects \_\_\_\_\_

Were any accommodations used?    Yes    No

If yes, what kind? \_\_\_\_\_



## **EMPLOYMENT HISTORY**

Please complete the following.

Note: prior work experience is not a requirement for admission into this program.

Name of Employer/Business, Job Responsibilities, Dates Employed, Reason for Leaving:

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Are you currently participating in a work experience, paid or unpaid?    Yes    No

Which of the above jobs? \_\_\_\_\_

Are you currently participating as a volunteer? \_\_\_\_\_ If yes, please list details:

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What work experiences do you have an interest in or enjoy?

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## **TRANSPORTATION**

The **FUTURE** Program uses public transportation to and from campus, as well as other activities.

Are there any limitations, support needs, or other related issues to public transportation? (Please list)

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# FUTURE Program

## Release and Exchange of Information Form

The University of Tennessee treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of Tennessee faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name \_\_\_\_\_

I give permission to exchange information about me with the offices/individuals checked below:

- School District(s) \_\_\_\_\_
- School Personnel \_\_\_\_\_ (list schools)
- Division of Rehabilitation Services
- Department of Intellectual and Developmental Disabilities
- Admissions Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar's Office
- Tutor/Mentor
- Other (Specify) \_\_\_\_\_

\_\_\_\_\_ I agree, as part of the application process, to waive my right to access the student recommendation form.

Additionally, I hereby give permission for the **FUTURE** Program at the University of Tennessee the right to use my photograph and/or quotes and videotapes of me for public relations and /or training purposes. I am aware that I am participating in a pilot program funded by the United States Department of Education and that aggregate data (data about entire group) from this program will be collected and disseminated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

# PERSONAL SUPPORT INVENTORY

**To be filled out by: Parent/Family/Guardian/Support person**  
**Completed By:** \_\_\_\_\_  
**Relationship to Applicant:** \_\_\_\_\_

## PERSONAL SUPPORT INVENTORY

**To be filled out by: Parent/Family/Guardian/Support person**  
Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your student.

<b>Independent Living Skills</b>	Requires Complete Assistance	Needs Moderate Assistance	Needs Minimal Assistance	Needs Occasional Assistance	Completely Independent
	1	2	3	4	5
Negotiating/Finding way around campus environment					
Ordering or Purchasing from restaurant/cafeteria or store					
Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Use of judgment skills in an emergency					
Emotional: Copes with stress					
Asks for help, clarification, or questions					
Adjusts to new situations					
<b>Social Skills and Communication</b>	Requires Complete Assistance	Needs Moderate Assistance	Needs Minimal Assistance	Needs Occasional Assistance	Completely Independent
	1	2	3	4	5
Communicating needs in and appropriate manner					
Engaging in appropriate social interaction					
Using pay phone, cell phone, email					

<b>Academic Skills</b>	Requires Complete Assistance	Needs Moderate Assistance	Needs Minimal Assistance	Needs Occasional Assistance	Completely Independent
	1	2	3	4	5
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: <b>Approximate Grade Levels:</b> _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading and writing skills: <b>Approximate Grade Levels:</b> _____ Reading _____ Writing _____ Listening comprehension					
Computer Skills: Word processing, Internet					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

What do you hope for the applicant to accomplish in the **FUTURE** Program?

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From what activities does the applicant derive self-confidence?

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What are the applicant's strengths and weaknesses? (Please comment on social characteristics: e.g., self-reliance, sense of humor, ability to mix, shyness, assertiveness, etc.)

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Include any particular concerns of which the **FUTURE** Program should be aware: e.g., Has the applicant experienced any difficult challenges or personal setbacks in recent years?

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Does the applicant's health limit or interfere with the performance of everyday campus activities, including class work, athletics, or other duties?

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

If yes, please explain:

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Has the applicant utilized any assistive technology? \_\_\_\_\_ If yes, what?

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Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience. (Please Attach an Additional Sheet of Paper).

## STUDENT QUESTIONNAIRE

**This section is to be filled out by the applicant and may include additional pages. Please complete this section without assistance if possible. If assistance is required we ask that you explain how the student was assisted and why. Applicants who meet the entrance requirements should be able to complete this section independently.**

## STUDENT QUESTIONNAIRE

Why do you want to attend the **FUTURE** Program?

What would you like to learn about in a college class?

What do you want to learn that you have not learned in high school?

What kind of jobs do you want to do after you leave school?

What do you do in your free time?

What is your favorite hobby or sport?

What is your favorite musical group or favorite singer?

Do you spend time with friends outside of school? (Circle one) YES NO

If yes, what do you like to do with your friends?

Tell us two goals you will work on during this program.



If you need more space you can use this page.

## LETTERS OF RECOMMENDATION FORM

Please submit three Letters of Recommendations (verification of actual abilities) from persons who have known the applicant for one year or longer. The recommendations should represent **three** of the following:

- (1) education
- (2) vocational/employment
- (3) community involvement, and
- (4) personal

Make three copies of pages 19-21 and give one copy to each person of whom you are requesting a recommendation. For teachers, make one copy of pages 22-23.

Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator's signature across the flap.



## FUTURE Program

Student Recommendation Form for

\_\_\_\_\_ (applicant's name)

Completed by \_\_\_\_\_

Date \_\_\_\_\_

**FUTURE Program  
Recommendation Form**

**Check type of recommendation:**

\_\_\_\_\_ **Education**    \_\_\_\_\_ **Vocational**    \_\_\_\_\_ **Community Involvement**    \_\_\_\_\_ **Personal**

Recommendation for \_\_\_\_\_ (applicant's name)

The above named individual is applying for admission to the **FUTURE** Postsecondary Education Program at the University of Tennessee. This program is designed to prepare students with cognitive and intellectual disabilities who desire a postsecondary experience on a college campus and require a strong system of supports. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree programs. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and with accurate descriptions of the student's current ability levels. Attach additional pages as needed. NOTE: Teachers should complete the Personal Support Inventory. Please return this form to the applicant in a sealed envelope with your signature across the seal. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your name \_\_\_\_\_

Address \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from a postsecondary education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the **FUTURE** Program?

\_\_\_\_\_ Unlikely    \_\_\_\_\_ Likely    \_\_\_\_\_ Quite Likely    \_\_\_\_\_ Highly likely



**REQUIRED for TEACHER ONLY Recommendation**

**Personal Support Inventory  
To be filled out by: Teacher**

Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate this by using U for Unknown.

<b>Independent Living Skills</b>	<b>Requires Complete Assistance</b>	<b>Needs Moderate Assistance</b>	<b>Needs Minimal Assistance</b>	<b>Needs Occasional Assistance</b>	<b>Completely Independent</b>
	1	2	3	4	5
Negotiating/Finding way around campus environment					
Ordering and Purchasing from a restaurant/ cafeteria/ store					
Handling personal affairs: laundry, light cooking, cleaning, managing personal belongings					
Interpersonal Skills: Ability to relate to others					
Asks for help, clarification, or questions					
Use of judgment skills in an emergency					
Emotional: ability to cope with stress					
Adjusting to new situations					
<b>Social Skills and Communication</b>	<b>Requires Complete Assistance</b>	<b>Needs Moderate Assistance</b>	<b>Needs Minimal Assistance</b>	<b>Needs Occasional Assistance</b>	<b>Completely Independent</b>
	1	2	3	4	5
Communicating needs in an appropriate manner					
Engaging in appropriate social interaction					
Using pay phone, cell phone, email					

<b>Academic Skills</b>	Requires Complete Assistance	Needs Moderate Assistance	Needs Minimal Assistance	Needs Occasional Assistance	Completely Independent
	1	2	3	4	5
Handling money: counting change/bills, understanding values, using checkbook, staying within budget					
Math skills: Approximate Grade Levels: _____ Addition _____ Subtraction _____ Multiplication _____ Division					
Reading and writing skills: Approximate Grade Levels: _____ Reading _____ Writing _____ Listening comprehension					
Computer Skills: Word processing Internet					
Motivation to learn and persist on new tasks					
Knows and can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow verbal directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					

Has applicant utilized any assistive technology? \_\_\_\_\_ If yes, what?

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

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***My signature indicates that the information provided above is an accurate assessment of the applicant.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FUTURE Program  
Academic Transcript Request**

To the applicant:

*Use this form to request that a copy of your high school transcripts be sent to the **FUTURE** Program at the University of Tennessee.*

To the registrar/counseling office:

\_\_\_\_\_

High School

\_\_\_\_\_

Street Address

City

State

Zip

Please send one (1) copy of my high school transcript to:

**ATTENTION: Tom Beeson**  
**FUTURE** Program  
The University of Tennessee  
430 Claxton Complex  
1122 Volunteer Boulevard  
Knoxville, TN 37996-3452

Amount enclosed: \$ \_\_\_\_\_ (Please telephone high school to determine transcript fee prior to mailing this form.)

\_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_

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

Dates of Attendance: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_