



Tallahassee State College  
444 Appleyard Drive  
Tallahassee, FL 32304

## **Eagle Connections Program**

# **Student Application Package**

## **Due May 1**

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## Eagle Connections Application

A completed online TSC application, program application, and appropriate documentation must be submitted.

Student Information	
First Name:	Last Name:
Preferred Name:	Address: City: State: Zip Code:
Cell Phone Number:	Email:

**I currently live...**

- With family and/or guardians  
  Group Home  
  With roommates  
  Independently  
  Other \_\_\_\_\_

**I get around town...(select all that apply)**

- with my family  
  using public transit/city bus  
  by walking/biking  
  by driving myself  
  Other \_\_\_\_\_

**Student's Legal Rights:**

- Makes own legal/medical decisions/gives consent  
 Has legal guardian (Must submit court documentation.)  
 Works in collaboration with advocate (Must submit court documentation.)  
 Other:

**Student receives support services from (select all that apply):**

- |   |   |
|---|---|
| <input type="radio"/> Able Trust<br><input type="radio"/> Agency for Persons with Disabilities (APD)<br><input type="radio"/> Career Source<br><input type="radio"/> Center for Autism and Related Disabilities (CARD)<br><input type="radio"/> Division of Blind Services (DBS)<br><input type="radio"/> Future Pathways | <input type="radio"/> Keys to Exceptional Youth Success (KEYS)<br><input type="radio"/> Medical Assistance /Medicaid<br><input type="radio"/> Service Source<br><input type="radio"/> Social Security Disability Insurance (SSDI)<br><input type="radio"/> Supplemental Security Income (SSI)<br><input type="radio"/> Vocational Rehabilitation (VR)<br><input type="radio"/> Other: |
|---|---|

**Contact Person Information 1 (Guardian / Parent / Emergency Contact Person)**

First Name:	Last Name:
Relationship to Student:	Address: City: State: Zip Code:
Cell Phone Number:	Email:

**Contact Person Information 2 (Guardian / Parent / Emergency Contact Person)**

First Name:	Last Name:
Relationship to Student:	Address: City: State: Zip Code:
Cell Phone Number:	Email:

**Student Education Information**

Have you received a standard high school diploma or GED? **Yes** \_\_\_ **No** \_\_\_  
Have you received a high school diploma *with access points*? **Yes** \_\_\_ **No** \_\_\_  
Graduation Date or Date of Diploma/Certificate \_\_\_\_\_ (month/year)

What types of academic format best describes how you experienced high school? (Select One).

Fully Included Classrooms                       Special Education Classes Only

Spent Majority of time in Inclusive Settings                       Spent Majority of time in Special Education classes

In a few words, please describe your strengths.

In a few words, please describe your weaknesses.

Were any accommodations used in previous educational setting? If yes, what types of accommodations were used?

Complete if you have any work or volunteer experiences.

<b>Work/Volunteer Information</b>			
<b>List work/volunteer experiences in chronological order from most recent.</b>			
<b>Dates</b>	<b>Employer/Volunteer Site</b>	<b>Responsibilities/Tasks</b>	<b># hours per week \$ paid per hour</b>
From: To:			
From: To:			
From: To:			

<b>Student Interest Information</b>
<p>List at least two of your job interests or future career goals:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>What classes would you like to take or topics that you would like to learn more about to help you with your career goals? Check any of the programs you may be interested in.</p> <p><input type="checkbox"/> <b>Business</b></p> <p><input type="checkbox"/> <b>Childcare/Preschool</b></p> <p><input type="checkbox"/> <b>Graphic Design</b></p> <p><input type="checkbox"/> <b>Office Support/Microsoft Office</b></p> <p><input type="checkbox"/> <b>Social Sciences</b></p> <p><input type="checkbox"/> <b>Other:</b></p>
<p>Why would you like to participate in the Eagle Connections program?</p>

**Media Release**

**Tallahassee State College: Office of Communications and Marketing**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

The undersigned, being of legal age, does hereby consent and authorize TALLAHASSEE STATE COLLEGE to use and reproduce their name and or photographic image in connection with the production described herein, and to circulate the same for any and all purposes, including publication and advertising for print, radio, television or non-broadcast medium. The rights herein granted shall accrue to the benefit of all persons, firms and corporations who may acquire from TALLAHASSEE STATE COLLEGE the right to distribute, transmit, exhibit, advertise and/or exploit the production described herein.

Student's Signature: \_\_\_\_\_

**Research Consent**

**Tallahassee State College**

It is important for future funding and program improvement to document the success of the students during and after exiting the program. Students may participate in various surveys or studies. By signing this document, the student and family/guardian agrees to the participation in on-going research both during enrollment and following graduation.

Student's Signature: \_\_\_\_\_

**Mutual Release and Exchange of  
Information Tallahassee State College**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

I authorize the mutual exchange of my records between TSC and the agencies listed below. This could include but is not limited to academic and employment records, information related to my disability, my involvement with Student Conduct cases, and/or any records relating to the Eagle Connections program. All information shared between the agencies shall be used for legitimate purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. I also understand that all information will be used only for the purpose of assisting me with educational and/or occupational services.

- Agency for Persons with Disabilities
- Local County School Districts
- Florida Center for Students with Unique Abilities and the University of Center Florida
- FSU ALEC (Adult Learning Evaluation Center) and Center for Autism and Related Disabilities (CARD)
- Future Pathways, LLC.
- TSC Faculty and Staff
- Think College
- Vocational Rehabilitation
- Others as Specified:

\_\_\_\_\_  
Student's Signature: \_\_\_\_\_

## Memorandum of Understanding

Eagle Connections and TSC administrators determine acceptance, continuance, and exiting of students. Eagle Connections students are college students and are viewed and treated as such.

The program provides the following to students:

- Students Transitioning to Adult Roles Person-Centered Planning (STAR PCP)
- Course modifications established through the Academic Agreement
- Academic advising, support, and monitoring
- Career awareness and development
- Mentorship and social engagement experiences
- Campus inclusion and membership

To foster an authentic college experience, Eagle Connections does not provide the following:

- 24/7 supervision, one-on-one companionship, or personal care support
- Transportation
- Behavioral support, healthcare, or health insurance
- Reports to family regarding student progress
- Guaranteed placement in exact student-chosen courses
- Guarantee of successful completion of Employment Credential
- Guarantee of paid employment during or upon exiting the program

In addition, Eagle Connections is not responsible for the following:

- Students' personal belongings
- Personal finances and monies
- Diet, food choices, or medications
- Student decisions and conduct

Parents/legal guardians should understand the expectations and agree to the limitation of the Eagle Connections program. The program also will expect a high level of parental/legal guardian support regarding the mission, philosophy, and goals of Eagle Connections. This includes but is not limited to the following:

- Arranging transportation and securing funding for student participation
- Respecting student's scheduled time on campus
- Participating in STAR meetings and other activities requested by staff
- Balancing the desire to support/guide with the necessity of allowing students the opportunity to demonstrate independence
- Staying in communication with staff (emails, newsletters)
- Following policies and procedures of Eagle Connections and TSC

I (we) understand that if \_\_\_\_\_ is accepted into the Eagle Connections program at TSC we will provide the necessary parental/legal guardian support. There are risks associated with any program provided in the community, and I (we) are willing to accept those risks and do not hold Eagle Connections or TSC or their employees liable.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO RELEASE RECORDS

### Student Accessibility Services

444 Appleyard Drive Tallahassee, Florida 32304 (850) 201-8430 [sas@tsc.fl.edu](mailto:sas@tsc.fl.edu)

Student ID: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) prohibits the release of information from a student's education record without prior written consent from the student. By signing below, I understand that I am giving permission to TSC officials to release my student education record information to the recipients listed below. This information could include but is not limited to disability records, academic information, information related to my disability, my involvement with Student Conduct cases, and/or any records relating to the Eagle Connections program. This authorization may be cancelled at any time upon written request.

#### Release to (Recipient) #1

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address

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

#### Release to (Recipient) #2

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

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Address

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

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### CANCELLATION OF PERMISSION TO RELEASE RECORDS

I hereby rescind my permission for TSC officials to release my education record information to the following individuals effective this date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ All names listed above.



In addition, the applicant must submit the following required documentation as applicable. Please submit to the Eagle Connections office in order to complete the application:

1. Documentation of an Intellectual Disability (ID) and any co-occurring disabilities. **ID must be clearly stated.**
2. Copy of most recent educational evaluation or summary of performance (SOP) and may also include most recent Vocational Rehabilitation employment plan
3. Court guardianship or power of attorney paperwork
4. Three reference letters from teachers, school staff, supervisor, or other non-relatives.

Also, submit the following to the various TSC departments:

1. TSC online application for admission as a non-degree seeking student including proof of residency: <https://www.tsc.fl.edu/admissions/apply/non-degree-seeking-student/>
2. Proof of graduation/completion (i.e. official high school transcript or GED) with the type of diploma received to the TSC Admissions and Records Office
3. Student Accessibility Services (SAS) application and documentation for academic accommodations: <https://www.tsc.fl.edu/student-life/student-services/student-accessibility-services-sas/#d.en.2263>