



Student Support Services Special Populations Application

In order to determine appropriate services, please complete this needs assessment fully and honestly. Responses will be used to develop an individual support plan with the aim of fostering your success in your educational endeavors.

Name: _____ Student ID #: _____

Program of Study: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Student Email: _____

Personal Email: _____

Emergency Contact: _____ Phone: _____

Please check any that apply to your particular situation.

- | | |
|--|---|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Homemaker entering/re-entering workforce |
| <input type="checkbox"/> Single Pregnant Woman | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Non-Traditional Student | <input type="checkbox"/> Foster Care Experience |
| <input type="checkbox"/> Student with Disability | <input type="checkbox"/> Veteran |

Educational Background

Are you a first-generation college student? Yes No

Housing Status

Do you live in a stable home? Yes No

If no, are you currently without a place to stay? _____

Financial Aid

Please check any of the following forms of financial assistance you are receiving to attend Athens Technical College.

Pell Grant WIOA Work Study Position
 Veterans Benefits GA Vocational Rehab. HOPE Grant/Scholarship

Personal Income

Are you employed? Yes No

If no, are you interested in our Federal Work Study Program? _____

Are you receiving public assistance? Yes No

Please check any of the income sources that apply to you.

TANF Food Stamps/snap
 Work Wages SSI/SS
 WIA Veterans Benefits
 Unemployment Assistance Alimony
 Child Support Other:

Personal Situation

Which of the below might interfere with your academic success? Choose all that apply:

Book costs/Education expenses Homelessness
 Transportation Food Insecurities
 Childcare

What supports do you think you may need in order to be successful in college?

Tutoring/Academic Career Guidance
 Referrals to Resources Accommodations
 Counseling

Please indicate your level of agreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My family members are supportive of my educational endeavors.					
My family will be able to assist me in making my educational endeavors a priority.					
My family life may prevent me from making my education a priority.					
I worry that my health may affect my ability to be successful in college.					
I am generally in good health and able to function with typical daily tasks.					
I or those around me worry that my use of alcohol and/or drugs may affect my ability to be successful in college.					
My use of alcohol and/or drugs can sometimes be excessive.					
I have in the past or am currently getting treatment for the use of alcohol and/or drugs.					
My relationships with friends and family members are healthy.					
I have in the past or am currently struggling with mental illness.					
My romantic relationship(s) are healthy and supportive of me as a person.					
I have reliable and consistent transportation to attend college.					
I will frequently or always be using public transportation to attend college.					
I have difficulty paying all of my bills on time.					

I have completed this assessment to the best of my ability and with honest information.

Signature: _____ Date: _____

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Title VI, Title VII, and Title IX (Employees) – Courtney Mattox, Director of Human Resources, 706/583-2818, cmattox@athenstech.edu, Room K-514, Athens Campus, 800 U.S. Hwy 29 North, Athens, GA 30601; **Title IX (Students)** – Lenzy Reid, Vice President of Student Affairs, 706/355-5029, lreid@athenstech.edu, Room H-774, Athens Campus, 800 U.S. Hwy 29, North, Athens, GA 30601; **Section 504/Americans with Disabilities Act (ADA)** – Susan Fyffe, Director of Student Support Services, 706/583-2893, sfyffe@athenstech.edu, K-614, Athens Campus, 800 U.S. Hwy 29, North, Athens, GA 30601