REFERRAL PACKET

TRANSITION PROGRAM

Adult and Community Education

LEON COUNTY SCHOOLS





Student's Name:	
Date of Birth:	
High School:	
Contact Number :	
Teacher Contact:	
Date of Referral:	

Revised: 11/23/19 KW

Transition Program at Adult and Community Education

(Updated Nov. 2019)

Many students with disabilities in Leon County's Exceptional Student Education Programs require ongoing support to maintain a life as employed, independent and active adults. When they leave the school system at age 22, they face an uncertain future unless there is careful planning, preparation, and connections to post-school supports. The post-school lives of transitioning young adults can be greatly improved when schools, adult service providers and families work together **well before** the young person exits the public school system. The Transition Program is one approach to ensuring a **seamless transition** from school to independent adult life for young people with disabilities. These students frequently need continuing employment and agency supports, as well as community and life skills training. Referrals take place through the IEP process in the schools and students must be eligible for services from Vocational Rehabilitation prior to entry.

The possibilities

- Students have real jobs in the community.
- Students develop independent living skills.
- Students have job coaches and agencies supporting these activities when they exit the program.

How it happens

- Referred to the program by parents, agencies, and/or self by completing a Referral Packet available through the Transition Program
- The District Transition Specialist will visit applicants at their High School. This visit will include a short questionnaire to gather information about the student's employment and post school interests.
- Intake committee reviews the Transition IEP and the Referral Packet to determine appropriateness for the program.
- A Transition IEP meeting takes place at the student's high school with a Transition Program representative in attendance.
- The student will be notified of the intake committee's decision by US Mail.
- Parent/guardian and the student are committed to actively participate in the program
- Teachers and employment specialists work with agencies to help young adults find and keep jobs
- Teachers and employment specialists work with students and family to develop and increase independent living skills.
- These jobs and other community activities are developed based on the Discovery Process
- Planning occurs throughout the last year in the Transition Program to ensure that all pieces are in place for a seamless exit.
- Parent/guardian and the student are committed to actively participate in the Program and follow the Leon County Schools' Attendance policy as well as the Leon County School Board Discipline Policy 7.08.

General Information

- The Leon County School calendar is utilized by the program.
- Lunch is available for purchase from the Lively cafeteria or students may bring a lunch. Students qualifying for a free or reduced cost lunch must complete the required forms.
- There is no clinic at ACE. Therefore, medication must be taken independently.
- Transportation to and from ACE is provided by the Leon County Schools. Students will be taught to utilize public transportation for training, employment and community participation as appropriate.

ACE Transition's Exit Options

- Student masters Transition IEP goals or
- Student has completed the semester in which he/she has reached the age of twentytwo <u>or</u>
- Student indicates that they no longer want to defer their diploma and would like to graduate <u>or</u>
- Student voluntarily withdraws or
- Student fails to comply with conditions agreed to in the ACE Student handbook or
- If the staff and/or parents feel as if the student is not benefiting from the program a meeting may be held to discuss other placement options
- Student violates the ACE Discipline Code

ACE Transition Program Mission Statement

The Transition Program ensures a **seamless transition** from school to independent adult life for young people with disabilities who need continuing employment and agency supports, as well as community and life skills training. It is our intent, not our guarantee, that students upon exiting the program, will have full or part time employment in a vocation of their choosing. They will function independently in the community and in the home to the best of their abilities and will contribute positively to their family and to their community.

Referral Requirements

The ACE Transition Program Applicant must meet the following criteria:

The Transition Program is a Leon Count Schools, K-12 Program

- Is a resident of Leon County
- 18-21 years of age and has deferred their Standard High School diploma with Access Points from a Leon County High School
- Is a client of Vocational Rehabilitation (VR) or is on their wait list and has employment as a goal on their Individual Plan for Employment (IPE).
- Is a client of additional agencies as appropriate (i.e. Agency for Persons with Disabilities-APD) so that support and funding continues after student exits the program at age 22
- Have employment, community participation and community living as goals on their Transition IEP

- Has participated in work experiences throughout high school and has the completed CBWE's (community based work experiences) or CBVAs (community based vocational assessments) as an indication of the student's strengths
- Is capable of mobility on an adult campus with minimal supervision
- Displays a level of social maturity conducive to an adult environment and employment
- Is able to maintain personal self-care and hygiene independently
- Incomplete packets will be returned to the student's high school and placement in the program will not be considered until a completed packet is received
- A referral packet may be obtained from one of the teachers in the ACE Transition Program or from the District Transition Specialist. Their information is below. An intake conference to determine the eligibility of the student and to determine what benefits the program can provide to the student will be held prior to the student's acceptance into the Transition Program. <u>Every student must apply to and be accepted by</u> <u>Vocational Rehabilitation</u>. Application to the Agency for Persons with Disabilities occurs as designated on the information in the packet.

Teachers: Amanda Lewis Email address: lewisa1@leonschools.net

Teacher: Abigail Hallett

Email address: <u>halletta@leonschools.net</u>

District Transition Specialist: Kristy Ward

Email address: <u>wardk@leonschools.net</u>

Phone: (850) 717-2073

Phone: (850) 717-2073

Phone: (850) 487-7323

ACE Transition Program Referral Packet

Please check off as completed

- O Cover page completion
- O Have read the program description and understand the purpose
- O Have completed the Registration Form
- O Three (3) recommendations completed (forms are included in packet) Teacher
 - ____Aide
 - Employment Specialist
 - Parent
 - Other
- O Copies attached:
 - ____current Individual Education Plan
 - most recent psychological and social evaluations
 - ____copy of last formal re-evaluation
- O All completed CBVA forms for non-paid work experience (attached)
- O Copies of employer evaluations for paid employment (attached)
- O A list of any medical needs (i.e. medications, seizures)
- O Records of alternative assessment level or FCAT scores (attached)
- O Number of discipline referrals received during the current school year
- O Agency Referral has taken place: ____VR ___APD ___Other-_____
- O Mutual Exchange of Information has been completed
- Return completed referral packet to the District Transition Specialist through the student's High School teacher. Once the District Transition Specialist receives the completed referral packet it will be marked as received by date and time.
 - * packets will be reviewed in the order received
 - * a waiting list from completed referral packets will be maintained once the openings have been filled

ACE Transition Program Registration Form

Last Name:	First	First Name:		
SS#:	DOB:	Male 🔵	Female 🔿	
Address:		Apt. #:	County:	
State: Zip	: Home Phone	. #:	Cell #:	
Emergency Contact:	Relatio	onship:	Phone #:	
High School:	igh School: Graduation Date:			
Vocational Rehabilitation (Counselor:			
APD client (yes or no) & na	me of contact:			
Medications:				
Does the student receive S	SI? (Employment purpo	oses)		
**Please attach a copy of t	the students FL ID and S	SS CARD (For Employ	yment Purposes) **	
Student or Guardian Signa	ture:			

ACE Transition Program

Recommendation Form

Student's Name	Date
High School	Person Completing Form
Relationship to Student	Signature

Please rate the following based on observed behavior on a job site (paid or non-paid). Give each area a 1, 2, 3, 4 or 5 with 5 being the highest score and 1 the lowest.

Attendance:	Maintains attendance record acceptable for school/industry guidelines
Punctuality:	Arrives on time to class/industry and from assigned breaks
	Displays loyalty, honesty, trustworthiness, dependability, reliability, initiative, self- discipline and self-responsibility
	Respects confidentiality and the rights of others; is a team player and displays a custome service attitude
Appearance:	Displays appropriate dress, grooming, hygiene and etiquette
	Responds in positive manner to work assignments in school/industry; appears self- confident; has realistic expectations of self
	Follows safety practices; keeps work area neat and clean; follows directions and procedures; makes up assignments punctually and conserves materials
	Has personal and time management skills; can prioritize; shows stress management skills deals well with change
	on: Displays appropriate nonverbal (eye contact, body language) and verbal (listening, telephone skills, grammar) skills in school/industry
	Displays leadership skills; handles criticism and complaints well; maintains appropriate relationship with supervisor and peers; follows chain of command
1	Deals appropriately with cultural/racial diversity; does not engage in harassment of any kind

Please answer the following questions by circling Y for yes and N for no:

- Y N Student rides the city bus independently
- Y N Student can learn to ride the city bus for specific destinations
- Y N Student will need to utilize the door to door bus option
- Y N Student is a candidate for supported living based on ability, desire to live semi-independently, and parental support
- Y N Student participates in leisure/recreation opportunities in the community; if yes, please list examples
- Y N Student practices study skills, i.e. can study for a quiz, answer questions from a chapter review, complete work sheets
- Y N Student has participated in Community Based Work Experience; if yes, attach completed CBVA forms

Please rate the student in the following areas:

	ts to unfamiliar enviror	nment		
Easily	Most of the ti	ime Has so	ome difficulty	Has great difficulty
Student com Always	fortably tolerates freque Most of the time	-	•	5.
	tains appropriate sexua Most of the time		Almost never	
	rstands and uses mone xact change Incon		Lacks money	concepts
	onstrates basic calculate Most of the time		Almost never	
Student can i Always	ndependently perform Most of the time	-		oming, toileting, feeding, female hygiene)
Student uses Always	appropriate judgment r Most of the time		-	e community and at home.
	ent's desire to participa interested Intere	-	y Transition Pro what interested	-

Please add any additional comments that you think would be helpful to understand the student's work habits, social skills, academic skills, and level of independence.

Leon County Schools

Exceptional Student Education CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

This Consent for Mutual Exchange of Information will be in force from this date through the student's graduation or exit from school, unless revoked in writing.

Student's Legal Name	DOB	Social Security Number

School

A vital component of successful school-to-work transition is the interagency collaboration that will be developed with every student who may require support services. This form may also be utilized for elementary or middle school students prior to the transition age. I hereby authorize the mutual exchange of records regarding the above named student between the Leon County School System and the agencies that are checked below. 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 the student with educational and/or transition services. Note: The Family Educational Rights and Privacy Act (FERPA) allows schools to disclose records, without consent, to specific parties (see back of form).

Date

The following information and records may be released:

Psychological Reports	Written Agency Plans
Speech/Language Reports	OT/PT Reports
Health/Medical Records (Including	Staffing Reports
vision/hearing records)	Evaluation results (formal and informal)
Social/Development History	Individual Educational Plans (Previous)
School Records	Social Security Administration Records
Other information and records that are	
relevant in terms of the student including vocation	ional experience documentation forms
Agencies authorized to exchange information:	
Agency for Persons with Disabilities	Leon Advocacy and Resource Center
Children's Medical Services	Social Security Administration
Division of Vocational Rehabilitation	One Stop Centers/Workforce Plus
Division of Blind Services	Easter Seal
Department of Children and Families	United Cerebral Palsy
Personnel Development Services	Other agencies or providers (i.e. physicians,
Center for Autism and Related Disabilities	psychologists that have significant contact with
AmeriCorp through Volunteer Florida	student)-Please specify:
Ability 1 st	

PARENT/LEGAL GUARDIAN/SURROGATE/STUDENT (AGE 18 & ABOVE)	DATE	
For adult students with legal rights, please check one box: I give permission for		_to share in my
education. yes no	(Parent or design	ee)

If you have any questions regarding this notice or the attached Procedural Safeguards, (Rule 6A-6.3311, FAC) you may contact the ESE District office at 487-7160 or the Florida Department of Education at 245-0475. Additional copies of the Procedural Safeguards are available upon request. Leon County Schools, Consent for Mutual Exchange of Information Page 2

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In general, schools must have written permission from the parent or eligible student in order to release any information from the student's education record. However, the provisions of 34 CFR Section 99.31, the Family Educational Rights and Privacy Act (FERPA) allow schools to disclose those records, without consent, to the following parties or under the following conditions:

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Therefore, records could be disclosed to other school districts, Area Technical Centers, Florida Community Colleges, and Florida Colleges/Universities, without consent.

A student's State Vocational Rehabilitation information and/or records may not be released pursuant to FERPA. Vocational Rehabilitation student/client records may not be released without consent of the parent/legal guardian/surrogate/student (age 18 & above) in strict compliance with 34 CFR 361.38, 413.021 and 413.341, Florida Statutes.

Information about FERPA is available at the following website: http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.