The Application Process includes the following guidelines:

1. Student and parent(s) review attached Program Eligibility Criteria and Program Overview.

2. Student and parent(s) should visit the Transition Program to observe the culture and meet the instructor prior to completing the application to the transition program.

3. Student and parent(s) requests an IEP Team meeting to consider Program Eligibility Criteria and complete IEP Team Application Eligibility Worksheet which must be submitted with application.

4. Completed application with support documentation must be received by January 29, 2021.

5. Students who meet the eligibility criteria per submitted application documents will be contacted to schedule an appointment for the Readiness Activities. The Activities are expected to be held on specific dates at the end of February 2021. There will be no additional dates scheduled. Details will be communicated to students who are eligible to attend Readiness Activity Days. Participation in Readiness Activities does not guarantee the applicant will be accepted into a District Transition Program.

6. Students will be notified of Readiness Activities results the week of March 29th, 2021. An IEP meeting will be scheduled as needed.

Please type or print the application in ink. The application may be completed by the student independently or with assistance. The applicant, his or her parent/guardian, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information.

Application Checklist

- Completed Application Packet
- IEP Team Application Rubric
- Current Individual Education Plan (IEP) including Transition Goals
- Vocational Assessment (if available)

PLEASE NOTE: ALL REQUIRED DOCUMENTS MUST BE COMPLETE AND SENT WITH THE APPLICATION IN ORDER TO BE CONSIDERED. A submitted application does not guarantee the applicant will be invited to attend Readiness Activities and/or be accepted into the Transition Programs.

All information contained in application will be kept confidential.
Court Guardianship Documentation (if applicable) to be submitted upon acceptance to program.
Government issued photo ID and Social Security Card/ Work Authorization must be presented upon enrollment in program.

School District of Palm Beach County Exceptional Student Education Department
Transition Programs for 18-22 Year Olds
Guidelines & Application

To be considered for the Transition Programs, a student must:

- Be an Exceptional Education Student who has an IEP with prescribed transition services, has met graduation requirements (with a Special Diploma or a deferred Standard Diploma), and resides within the School District of Palm Beach County boundaries.
- Be between the ages of 18-21.
- Demonstrate the ability to conduct oneself responsibly in social, private, and/or personal settings without staff assistance. Exhibit socially responsible behavior when unsupervised.
- Have a Transition Individual Education Plan (TIEP), with paid employment as a goal/student desire.
- Be motivated to work and learn the vocational/academic skills necessary for paid employment.
- Be independent in the areas of personal hygiene, toileting, grooming and dress in appropriate school or work attire.
- Possess the ability, physically or with adaptive equipment, to move from one location to another without staff assistance or supervision.
- Possess the ability, physically or with adaptive equipment, to feed oneself independently.
- Present a means to independently communicate and is able communicate name/ emergency contact information in a form comprehensible to strangers.
- Function independently without one on one supervision in all settings including transportation.
- Function without therapeutic and/or mental health services during program hours.
- Be independent in self-administering medication(s) as prescribed, as necessary.
- Demonstrate consistent school attendance and punctuality.
- Be able and willing to utilize transportation independently to and from program sites.
- Have the ability to cross streets at major intersections safely with no supervision or assistance.
- Have a state ID and Social Security Card or Work Authorization in order to obtain employment by date of enrollment in program.
- Able to pass a background check or drug test as required by potential employer.

Current School District Program Locations
Boynton Beach - Jim Dack 561-707-5957
Delray Beach - Natalie Maloney 561-248-0608
Lake Worth - Patricia Beck 561-248-9665
Palm Beach Gardens - Danielle Morris 561-209-4344
Royal Palm Beach - Brandon Keene 561-800-7927
West Palm Beach - Jim Proctor 561-352-7985

If you are interested in applying for the Transition Programs, please contact one of the program teachers listed above to schedule a visit.
School District of Palm Beach County Exceptional Student Education Department
Transition Programs for 18-22 Year Olds
Guidelines & Application

Mission

The Transition Programs provide students an opportunity to interact with peers through transition instructional activities, integrated job training and activities in an age appropriate setting while working toward the goal of gainful employment and community independence.

Program Goals for Students

- Increase level of independence
- Become contributing and integral members of their local community
- Develop skills to obtain competitive employment in their field of choice
- Prepare to suitably interact with age appropriate peers
- Increase social and communication skills across all settings
- Improve self-determination skills
- Increase confidence level
- Develop age appropriate leisure and recreation interests
- Engage the support of adult service agencies before exiting the program

Work Experience:

- **Non-paid job training**: Students will receive career exploration and training from School District staff and jobsite supervisors at various work sites such as, but not limited to, maintenance, clerical or food service.
- **Job Shadowing Experiences**: Students will be given the opportunity to job shadow in their job interest area.
- **Competitive Employment**: District Transition staff and/or adult agencies will guide the student in obtaining competitive employment after the career experience. Job training will be provided as needed.

Instruction:

- Students will receive instruction in life skill curriculum areas.
- Instruction takes place in various areas designated for program use within the community.
- Instructor, Job Trainer and other district staff, along with job site supervisors, work collaboratively to provide job-training instruction at rotating job sites.

Community Involvement Orientation and Assimilation:

- Students will interact with age appropriate peers in employment and recreational activities
- Students and families will be linked with outside agencies.
- Students will participate in Community Based Instruction to access social and leisure/recreation activities in the community.
- Students will receive support from other School District program and curriculum staff as needed.

Curriculum Areas Based on Individual Student Needs May Include:

<table>
<thead>
<tr>
<th>Self-Determination and Self-Advocacy</th>
<th>Computers &amp; Technology</th>
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</thead>
<tbody>
<tr>
<td>Employability Skills</td>
<td>Career Exploration</td>
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<tr>
<td>Financial Literacy</td>
<td>Public Transit System Travel Training</td>
</tr>
<tr>
<td>Interpersonal Communication and Social Skills</td>
<td>Essential Life &amp; Daily Living Skills</td>
</tr>
<tr>
<td>Orientation and Assimilation into Community Activities</td>
<td>Functional Skills</td>
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</tbody>
</table>
School District of Palm Beach County Exceptional Student Education Department
Transition Programs for 18-22 Year Olds

PERSONAL INFORMATION:

Name: ___________________________ Date of Birth: ___________ □ Male □ Female
         Last              First            M.I.

School Currently Attending: ___________________ Student # ___________ Graduation Year: ___

Home Address: ____________________________
               Street                   City                          Zip Code

Parent/Guardian Name: _______________________

Address (if different from student): _______________
               Street                   City                          Zip Code

Student Email: _____________________________ Student Phone: ______________________

Parent/Guardian Email: ________________________ Parent/Guardian Phone: ______________________

Alternate Phone: ___________________________

STUDENT’S LEGAL RIGHTS:

☐ Student makes his/her own legal decisions   ☐ Parent has guardianship or is guardian advocate
    (Court Documentation must be provided upon acceptance into program)

TRANSPORTATION AND FORM OF IDENTIFICATION:

How do you plan to get to the Transition Program?
☐ Palm Tran         ☐ Palm Tran Connection   ☐ Parent (or family member)   ☐ Drive Self
☐ Applied for Palm Tran Connection (Not yet Approved) ________________________ Date

Check which form of identification & employment authorization you have to provide potential employers:
☐ Florida Identification       ☐ Card Florida Driver Learner’s Permit
☐ Florida Driver License       ☐ I do not have a Florida Photo Identification card
☐ Social Security Card/Work Authorization ☐ I do not have a SS card or Work Authorization

SERVICE AGENCIES:

Are you eligible for services from The Agency for Persons with Disabilities?
☐ Yes       ☐ No       ☐ Have not applied       ☐ On wait list

Name of Support Coordinator ___________________________ Phone Number ____________________

Are you a client of Vocational Rehabilitation?
☐ Yes       ☐ No       ☐ Have not applied       ☐ On wait list

Name of VR Counselor: ___________________________ Phone Number ____________________
INDEPENDENT LIVING AND HEALTH CARE:
Medications/Dosage/Time of day taken by student: ☐ I do not take medication

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time of Day Taken</th>
<th>Student is able to take medications independently? Yes/No</th>
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</table>

BEHAVIORAL SUMMARY:
1) In the last year, have you had any discipline action for misconduct at school? ☐ Yes ☐ No
If yes, please explain: _________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2) Have you ever been convicted of and/or have charges pending for any criminal offense? ☐ Yes ☐ No
If yes, please explain: _________________________________________________________________
__________________________________________________________________________________

WORK EXPERIENCE BACKGROUND:
List work experiences you have in school or in the community. Additional space is available on the next page, if needed.

Employer: ______________________________________________________________________________
Job Title: _______________________________________________________ ☐ Paid ☐ Unpaid
Date: (month/year) from __________________________ to __________________________
Job Duties:
1.) _____________________________________________________________________________________
2.) _____________________________________________________________________________________
3.) _____________________________________________________________________________________
4.) _____________________________________________________________________________________
Supervisor’s Name: _____________________________________ Phone Number: _____________________

Employer: ______________________________________________________________________________
Job Title: _______________________________________________________ ☐ Paid ☐ Unpaid
Date: (month/year) from __________________________ to __________________________
Job Duties:
1.) _____________________________________________________________________________________
2.) _____________________________________________________________________________________
3.) _____________________________________________________________________________________
4.) _____________________________________________________________________________________
Supervisor’s Name: _____________________________________ Phone Number: _____________________
Employer: ____________________________________________

Job Title: ____________________________________________________

Date: (month/year) from __________________________ to __________________________

Job Duties:
1.) ___________________________________________________________________________________
2.) ___________________________________________________________________________________
3.) ___________________________________________________________________________________
4.) ___________________________________________________________________________________

Supervisor’s Name: ____________________________________________

Phone Number: ____________________________

Do you plan to work during the school year, in addition to being in the Program?  □ Yes  □ No

If yes, where? ____________________________  How many days/hours? ____________________________

Have you ever been fired from or quit a job?  □ Yes  □ No

If yes, please explain: ___________________________________________________________________________________

Do you like to work inside or outside? _____________  Do you like to work alone or with others? _____________

Do you work around the house? _________________

What kind of jobs do you do around the house? ____________________________

Do you like to work with your hands and build things? _________________

Do you think you would like to work in an office? _____________________

Is there any special job that you think you would be good at doing? ____________________________

Do you have a cell phone?  □ Yes  □ No  Do you send text messages?  □ Yes  □ No

Do you use a computer and send email?  □ Yes  □ No

Do you actively use Facebook, Twitter or any other social media accounts? Please list:

____________________________________________________________________________________

What is your career/employment goal after completion of Transition Program?  □ Full time  □ Part time

I would like to work in the ____________________________ career field.

I would like a job as ____________________________. 
STUDENT GOALS AND INTERESTS

List two of your goals for the future in each area:

Academics/Education:
________________________________________________________________________________________
________________________________________________________________________________________

Careers/Jobs:
________________________________________________________________________________________
________________________________________________________________________________________

Social/Personal:
________________________________________________________________________________________
________________________________________________________________________________________

Please answer the following questions to the best of your ability. Answers should be brief. Information you provide may be used during the interview. Discuss any activities, hobbies, and/or groups (for example, social, volunteer, civic organizations) in which you participate.

Do you have any special hobbies or projects that you like to do at home?
________________________________________________________________________________________
________________________________________________________________________________________

What activities do you do for fun? (for example, social, volunteer, or civic organization participation)
________________________________________________________________________________________
________________________________________________________________________________________

Please describe your academic strengths, interests and areas that need improvement.
________________________________________________________________________________________
________________________________________________________________________________________

How do you think you learn best and why? (Small groups, extra time, etc.)
________________________________________________________________________________________
________________________________________________________________________________________

Do you spend time with friends outside of school?  ☐ Yes  ☐ No

Why would you like to participate in one of the Transition Programs?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List some topics you would like to learn more about.
________________________________________________________________________________________
________________________________________________________________________________________
LIST THREE CURRENT TEACHERS:

<table>
<thead>
<tr>
<th>School</th>
<th>Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Subject Area</th>
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</table>

We will be contacting your current teachers for a reference.

By submitting my signed application:

- I give my consent to participate in the Readiness Activities process.
- I give my consent to contact my teachers for references.
- I understand that I will need to be able to pass a Pre-Employment background check or drug test as required by some potential employers.
- I understand that Government issued photo ID and Social Security Card/ Work Authorization must be presented upon enrollment in program in order to obtain employment.
- I certify that all information contained in this application is true and complete to the best of my knowledge and understand that any false statements or omissions may cause my application or enrollment status to be refused.

____________________________________________________________________________________________
Applicant’s Signature               Date

____________________________________________________________________________________________
Parent/Guardian’s Signature           Date

This application has been completed by (if other than applicant):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
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____________________________________________________________________________________________
Signature               Date

NOTE: During the Readiness Activities process, be prepared to discuss:

- Things you learned in school
- Things you do for fun
- Responsibilities at home
- Work experience
- Things you do in the community
- Career goals
- Job skills you would like to learn
- Things you need to learn to be more independent
School District of Palm Beach County

Non-Discrimination Statement
The School Board of Palm Beach County, Florida, prohibits discrimination in admission to or access to, or employment in its programs and activities, on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law. The School Board also provides equal access to the Boy Scouts and other designated youth groups.

Spanish
Comunicado sobre la No-Discriminacion
El Distrito Escolar del Condado de Palm Beach prohíbe la discriminación en la admisión, acceso o empleo en sus programas y actividades basándose en la raza, color, nacionalidad, sexo u orientación sexual, estado civil, edad, religión, discapacidad, información genética, identidad o expresión del género o cualquier otra característica prohibida por la ley. La Junta Escolar también provee acceso equitativo a Boy Scouts y a otros grupos juveniles designados.

Creole
Deklarasvon Kont Diskriminasyon
Lomita Dirijan Distri Lekol Rejyon Palm Beach, Florid, entediz diskriminasyon pandan admisyɔn oswa pou gen akse, oswa travay nan pwogram ak aktivite li yo, sou baz ras, koul, nasyonalite, seks oswa oryantasyon seksyel, kondisyon matrimonyal, laj, relijyon, andikap, enfomasyon jenetik, ekspresyon preferans oswa idantite seksyel, oswa nenpot lot karakteristik lalwa entedi. Komite Dirijan Distri Lekol la bay akse legal tou ak oganizasyon Eskout pou ti gason yo ak lot kalite gwoup jen yo idantifye.