



**Department of  
Education**

*Joel I. Klein, Chancellor*

# Operating Procedures Manual: Transition Services

District 75

**Bonnie Brown**  
Superintendent

Office of Transition Services



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## **LIMITATIONS ON USE OF THIS TRANSITION SOPM AND DISCLAIMER**

The purpose of this District 75 Office of Transition Services Standard Operating Procedures Manual is to provide support and guidance to the administration and staff of District 75, New York City Department of Education. Nothing in this manual is intended to create, nor does it create, any enforceable rights, remedies, entitlements or obligations. The District reserves its right to change or suspend any or all parts of this manual.

# Prologue

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The District 75 Office of Transition Services is committed to insuring that every student receives the services needed to achieve his or her desired post-secondary outcomes and to become productive members of the community. By working with the administration and staff of every school, we seek to insure that skills are developed and supports are provided so that every individual can become as independent as possible. The vision for this manual is to provide schools with access to a comprehensive set of protocols which governs and regulates the process of Transition Planning for our students.

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# INTRODUCTION

## Using this Manual

This manual is a guide for Transition Services in District 75. It serves as a planning and resource tool for students, parents, administration, teachers, and related service providers. The manual outlines the regulations, procedures and resources for providing optimal transition resources and services for students.

This Standard Operating Procedures Manual provides the following:

- Section 1 → Laws and Regulations Pertinent to Transition Services
- Section 2 → Role of School Personnel Relevant to the Transition Process
- Section 3 → District 75 and School Guide to Transition Services
- Section 4 → Vocational and Technical Instructions
- Section 5 → Student's Transition Individualized and Differentiated Data Driven Instruction
- Section 6 → Agency and Employer Collaborations
- Appendix A → Transition Forms
- Appendix B → Work-Based Learning
- Appendix C → Resources
- Appendix D → Index

## Explanation of Terms and Usage Objective

- **ADL** - Activities of Daily Living - Basic skills such as housekeeping, meal planning and preparation, money management, arranging social activities, use of public transportation and self-medication
- **Article 16 Clinic** - Outpatient clinics provide a variety of medical diagnostic and therapeutic services for people with developmental disabilities and their families (habilitation services).
- **Article 28 Clinic** - Outpatient clinics provide a variety of primary and specialty health care and rehabilitation services for people with developmental disabilities (medical services).
- **Assistive Technology** - Technology designed to improve the quality of life for a person with disabilities and the ability to function as independently as possible.
- **Commission for the Blind and Visually Handicapped** - The mission of the New York State Commission for the Blind and Visually Handicapped is to enhance employability, to maximize independence, and to assist in the development of the capacities and strengths of people who are legally blind.
- **Community Work-Based Learning** - Vocational instruction and work experiences in real life community settings which enable students to acquire the actual skills needed to do a particular job successfully as well as learn the “soft” universal work readiness skills

(oral and written communication, professionalism or work ethic oral and written communication, teamwork and collaboration skills, critical thinking or problem-solving skills) for successful employment.

- **Individualized Educational Program (IEP)** - The IEP is mandated by the Individuals with Disabilities Education Act (IDEA) for every student with a disability who is found to meet the federal and state requirements for special education. The IEP refers to the educational program to be provided to a child with a disability and to the written document that describes that educational program particularly as it relates to transition planning.
- **Independent Living Centers-** Non-residential, private, non-profit, consumer-controlled, community-based organizations providing services and advocacy by and for persons with all types of disabilities. Their goal is to assist individuals with disabilities to achieve their maximum potential within their communities.
- **Individual Transition Plan (ITP)/TransAction Plan-** Transition planning tools that facilitate planning in the areas of Legal/Advocacy, Personal Independence/Residential, Recreation/Leisure, Financial/Income, Medical/Health, Employment, Transportation, Vocational Training/Continuing Post-Secondary Education and Other Support Needs and Services.
- **Medicaid Service Coordination (MSC)** - Service provided by Office of Mental Retardation and Developmental Disabilities which assists persons with developmental disabilities in gaining access to necessary services and supports appropriate to the needs of the individual.
- **Level I Vocational Assessment**
  1. A structured process that takes place at each school starting in middle school (age 12)
  2. An annual review of existing student information to assess basic skills and determine a student's interests
  3. The structured collection of information about the student's interests and abilities outside the school environment that allow the student and family to work with the school in the career decision making process
- **Level II Vocational Assessment** - a formal assessment using a normed/standardized instrument which can be conducted at school level or by the vocational support agency. It has the following essential properties:
  1. Specialized vocational evaluation instruments that test for skills and abilities
  2. Three to five hours (minimum) of hands on evaluation activities
  3. Requires a trained educational professional
- **Level III Vocational Assessment** - (situational assessment) is a comprehensive career assessment that utilizes work, real or simulated, as the basis for assessment. It has the following essential properties:
  1. Performed by vocational support agencies

2. Ten days minimum
  3. Provides the opportunity to assess the student's social skills in the work environment
- **Office of Mental Health** – Responsible for promoting the mental health of all New Yorkers with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances. Eligibility requirements for OMH:  
Children (prior to age 18)
    1. Severity of problem presentation
    2. Immediate need based on the following:
      - a.) Psychosis
      - b.) ADHD/impulse control
      - c.) Depression/anxiety
      - d.) Oppositional behavior
      - e.) Anti-social behavior trauma
    3. Persistent home and school problems
      - a) Risk behaviors
      - b) Caregiver strength/needs
  - **Office of Mental Retardation and Developmental Disabilities (OMRDD)** – The mission of OMRDD is to support and provide assistance to people with developmental disabilities live richer lives by creating opportunities for them to access necessary supports and services they want and need. Eligibility requirements for OMRDD is documented developmental disability (Prior to age 22) such as:
    1. Mental Retardation
    2. Autism
    3. Epilepsy
    4. Neurological Impairment
    5. Closely related conditions that limit intellectual functioning
    6. Cerebral Palsy
  - **Person Centered Planning (PCP)** - Process-oriented approach to empowering people with disabilities. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.
  - **School-Based Career and Technology Education (CTE) Programs and Courses** – Emphasis on teaching skills that transfer directly to community work-based learning experiences or to competitive or supported employment.
  - **Summer Youth Employment Program** – Mission is to provide New York City youth between the ages of 14 and 24 with summer employment and educational opportunities.



Participants work in a variety of entry-level jobs at government agencies, hospitals, summer camps, nonprofits, small businesses, law firms, museums, sports enterprises, and retail organizations. (Contingent on NYC budget)

- **Supplemental Security Income (SSI)** - Federal income supplement program designed to help aged, blind, and disabled people, who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter.
- **Testing Accommodations**- The student with disabilities is entitled to take an exam with testing accommodations specified on the IEP. Examples of changes in testing conditions that may be available include, but are not limited to:
  1. Braille;
  2. Large print;
  3. Fewer items on each page;
  4. Tape recorded responses;
  5. Responses on the test booklet;
  6. Frequent breaks;
  7. Extended testing time;
  8. Testing over several sessions;
  9. Small group setting;
  10. Private room;
  11. Preferential seating; and
  12. The use of a sign language interpreter for spoken directions.
- **Travel Training** – Comprehensive program that teaches students with disabilities how to travel safely and independently on public transportation. Travel Trainers Teachers & Travel Trainers provide individualized, comprehensive, intensive instruction on a one-on-one basis in the skills and behaviors necessary for safe and independent travel on public transportation where appropriate. The student is taught the safest and most direct route to and from school or work site. Included is instruction in pedestrian skills, teaching and reinforcing appropriate and social behaviors, problem solving skills and use of alternate routes. Upon successful completion of the instructional program, students are expected to use public transportation independently.
- **Transition** - A coordinated set of activities for a child with a disability.
  1. Designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post secondary education, vocational education [training], integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation;
  2. Based on the individual child's needs, taking into account the child's strengths, preferences and interests; and

3. Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation."
- **Vocational and Educational Services for Individuals with Disabilities (VESID)** – Responsible for offering access to a full range of services that may be needed by persons with disabilities through its administration of special education, vocational rehabilitation and independent living programs.

**Eligibility Requirements for VESID:**

1. Physical or mental impairment
2. Impairment impedes employment
3. Ability to benefit from services
4. Services are necessary to overcome employment barriers

**Exceptions - Individuals who are legally blind are eligible through the Commission for the Blind and Visually Handicapped (CBVH)**

- **Working papers** – All NYC public intermediate/junior high and high schools are required to issue Employment Certificates. All public schools are also mandated to issue Employment Certificates to students who attend on-public schools (private, parochial and out-of-state). School principals must designate a person to issue working papers. The designated person tracks and monitors the Employment Certificate process.

## **Office of Transition Services**

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The mission of the office of Transition Services is to provide all students with sustainable 21st Century individualized & personalized pathways to self-advocacy, independence, and employment.

The Office of Transition Services provides support for District 75 schools:

- Staff development/training in best practices
- Informational student and parent meetings and workshops
- Parent support and assistance
- Coordination with city and state agencies
- Linkages to adult services
- Consultation during individual transition planning meetings
- Dissemination of information regarding new programs within each borough
- Participation at professional forums with agency representatives
- Representation at borough councils (MR & MH) and committees
- Advocacy for needed services from city and state agencies as well as service providers
- Preparation for supported or competitive employment through work-based learning and school-based career and technology education programs and courses

## SECTION 1

### **Education for All Handicapped Students Act (EHA) - Federal Law**

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The passage of Public Law (PL) 94-142, Education for All Handicapped Students Act (EHA), by Congress in November of 1975 was the end result of many years of litigation and state legislation to protect and promote the civil rights of all students with disabilities. This federal law required states to provide "a free, appropriate public education for every student between the ages of 3 and 21 (unless state law does not provide free, public education to students 3 to 5 or 18 to 21 years of age) regardless of how, or how seriously, he may be handicapped." PL 94-142 was the first law to clearly define the rights of disabled students to free appropriate public education.

→ **Reference:** <http://idea.ed.gov>

### **Individuals with Disabilities Education Act (IDEA) - Federal Law**

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The EHA was amended again in 1990 by P.L. 101-476, which, among other things, changed the name of the legislation to the Individuals with Disabilities Education Act, or IDEA. More importantly, PL 101-476 replaced the word "handicapped" with the word "disabled" and therefore, expanded the services for these students. IDEA reaffirms PL 94-142's requirements of a free, appropriate public education (FAPE) through an individualized education program (IEP) with related services and due process procedures. This act also supports the amendments to PL 94-142 that expanded the entitlement in all states to ages 3 to 21, designated assistive technology as a related service in IEPs, strengthened the laws commitment to greater inclusion in community schools (least restrictive placement), provided funding for infant and toddler early intervention programs, and required that by age 16 every student have explicitly written in the IEP a plan for transition to employment or post-secondary education.

→ **Reference:** <http://idea.ed.gov>

### **Individuals with Disabilities Education Act Amendments of 1997 - Federal Law**

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The IDEA was first amended in 1992 by P.L. 102-119. The newest amendments to this law were the Individuals with Disabilities Education Act Amendments of 1997 (P.L. 105-17). These amendments restructured IDEA into four parts: Part A addressed General Provisions; Part B covered the Assistance for Education of All Students with Disabilities; Part C covered Infants and Toddlers with Disabilities; and Part D addressed National Activities to Improve the Education of Students with Disabilities.

→ **Reference:** <http://idea.ed.gov>

### **Individuals with Disabilities Education Improvement Act of 2004 - Federal Law**

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On December 3, 2004, the Individuals with Disabilities Education Improvement Act of 2004 was enacted into law as Public Law 108-446. The statute, as passed by Congress and signed by the President George W. Bush, reauthorized and made significant changes to the Individuals with Disabilities Education Act.

The Individuals with Disabilities Education Act, as amended by the Individuals with Disabilities Education Improvement Act of 2004 (Act or IDEA), is intended to help students with disabilities achieve to high standards--by promoting accountability for results, enhancing parent/guardian involvement, and using proven practices and materials; and, also, by providing more flexibility and reducing paperwork burdens for teachers, states, and local school districts.

Enactment of the new law provides an opportunity to consider improvements in the current regulations that would strengthen the Federal effort to ensure every student with a disability has available a free appropriate public education that--(1) is of high quality, and (2) is designed to achieve the high standards reflected in the Elementary and Secondary Education Act of 1965, as amended by the No Student Left Behind Act of 2001 (NCLB) and its implementing regulations.

➔ **Reference:** <http://idea.ed.gov>

### **Section 504 of the Rehabilitation Act of 1973 - Federal Law**

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A student with a disability who does not need special education but who needs related services may be eligible for those services under a federal law, Section 504 of the Rehabilitation Act of 1973.

Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to 1) have a physical or mental impairment that substantially limits one or more major life activities; 2) have a record of such impairment; or 3) be regarded as having such an impairment. Section 504 requires that school districts provide a free and appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

➔ **Reference:** <http://www.section508.gov>

### **Family Educational Rights and Privacy Act (FERPA) - Federal Law**

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The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records.

➔ **Reference:** <http://www.ed.gov/policy/gen/reg/ferpa/index.html>

### **The Health Insurance Portability and Accountability Act of 1996 (HIPAA) - Federal Law**

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The Health Insurance Portability and Accountability Act of 1996 protects the privacy of individually identifiable health information.

➔ **Reference:** <http://www.hhs.gov/ocr/privacy/index.html>

### **State Performance Plan (SPP) - NYS Regulation**

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State Performance Plan is a plan created in response to Federal United States Government mandates included in the latest IDEA (2004) reauthorization regarding special education state performance measurement and accountability.

SPP Indicators relating to Post-secondary Transition:

- **Indicator # 1** - Graduation - percentage of youth with IEPs graduating with a regular diploma.
- **Indicator # 2** – Dropout - percentage of youth with IEPs dropping out.
- **Indicator # 13** - Secondary Transition IEP Goals- percentage of youth age 16+ with measurable annual IEP goals and transition services.
- **Indicator #14** - Secondary Transition/Post School Outcomes- percentage of youth who had IEPs, are no longer in secondary school and who have been employed, enrolled in post-secondary school or both, within 1 year of leaving high school.

➔ **Reference:** <http://www.vesid.nysed.gov/specialed/spp/plan/contents.htm>

## Part 100 Regulations - NYS Law

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Part 100 Regulations delineates specific general education and diploma requirements in accordance with regulations of the Commissioner of NYS Department of education.

➔ **Reference:** <http://www.emsc.nysed.gov/part100>

## CTE Standards - NYS Law

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The Learning Standards for Career Development and Occupational Studies (CDOS) include key ideas, performance indicators describing expectations for students, and sample tasks suggesting evidence of progress toward the standards.

- **Standard 1: Career Development**

Students will be knowledgeable about the world of work, explore career options, and relate personal skills, aptitudes, and abilities to future career decisions.

- **Standard 2: Integrated Learning**

Students will demonstrate how academic knowledge and skills are applied in the workplace and other settings.

- **Standard 3a: Universal Foundation Skills**

Students will demonstrate mastery of the foundation skills and competencies essential for success in the workplace.

- **Standard 3b: Career Majors**

Students who choose a career major will acquire the career-specific technical knowledge/skills necessary to progress toward gainful employment, career advancement, and success in pos-secondary programs.

➔ **Reference:** <http://www.emsc.nysed.gov/cte/>

## “Children First” Initiative – NYC Law

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The goal of Children First is to create a system of outstanding schools where effective teaching and learning is a reality for every teacher and child. The Chancellor believes that achieving this goal will require a common determination and effort by the Department and all New Yorkers. Children First includes a far-reaching engagement process to ensure widespread participation in the reinvention of the school system. Children First will involve listening to parents, teachers, principals, superintendents, students, community-based organizations, corporations, foundations, institutions of higher education, faith-based organizations, and public officials.

➔ **Reference:** <http://www.thechildrenfirst.org>

## Special Education Standard Operating Procedures Manual - NYC DOE Regulation

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Special Education Standard Operating Procedures Manual governs special education services in New York City public schools.

➔ **Reference:** <http://schools.nyc.gov/NR/ronlyres/5F3A5562-563C-4870-871F-BB9156EEE60B/0/03062009SOPM.pdf>

## Roles and Responsibilities of School District Staff

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**Superintendent**



**Deputy Superintendent**



**Director of Transition Services**

Oversees the Office of Transition Services, develops cohesive and congruent transition centers in five (5) boroughs with aligned goals and objectives



**District Transition Coaches and support staff**

1. Develop and schedule training of best practices for District 75 schools
2. Participate in informational parent meetings and workshops
3. Provide parent support and assistance
4. Coordinate with city and state agencies
5. Link to adult services
6. Consult on individual transition planning meetings
7. Disseminate information regarding new programs within each borough
8. Participate at professional forums with agency representatives
9. Represent District 75 at borough councils (MR & MH) and committees
10. Advocate for needed services from city and state agencies as well as service providers
11. Support schools in achieving increases in supported or competitive employment outcomes through work-based learning and school-based career and technology education programs and courses

## School Transition Staff Roles

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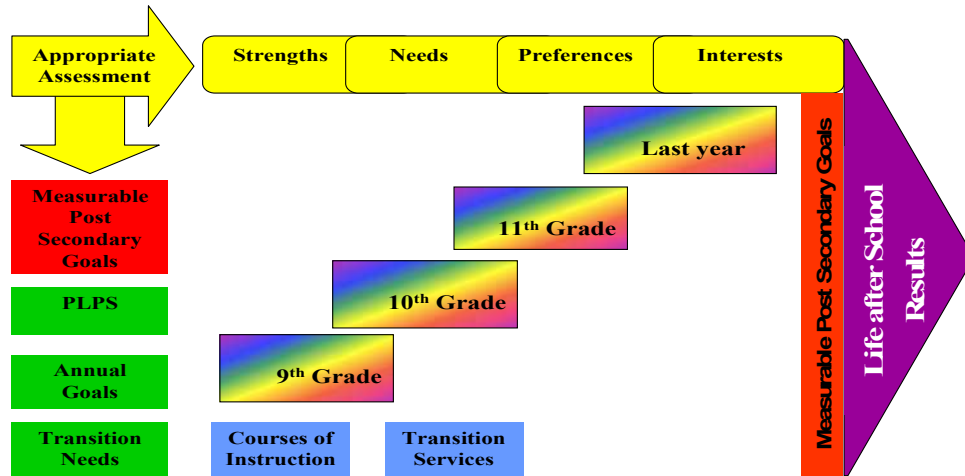
- **Transition Coordinator** – Collects and analyzes transition data, provides school based professional development, and ensures appropriate Transition Planning for students:
  1. Works closely with adult service agencies to determine most appropriate option for graduating students including college, continued education, competitive employment, supportive employment and day-habilitation
  2. Assists in the development of new and innovative agency programs and improvement of existing programs
  3. Promotes Medicaid Service Coordination for all students
  4. Assists with OMH/OMRDD/VESID eligibility
  5. Assists students and families in learning about and gaining access to services and supports
  6. Facilitates and documents individual student and school transition activities
  7. Ensures that each student’s transition folder is complete and up-to-date
  8. Serves as team leader to facilitate transition IEP and Exit Summary Team Meetings
  9. Any other responsibilities related to Transition as designated by the Principal
  
- **Job Developer** – Monitors the daily worksite operations, develops work-based learning opportunities for students, places students according to vocational assessments and interest inventories and plans and organizes end of year award celebrations. Job Developer provides students with opportunity to experience a variety of vocational options – through the rotation of students among available work sites. The Job Developer also processes VTEA, Training Opportunity Program (TOP), and Summer Youth Employment Program (SYEP) applications and stipends.
  
- **Job Coach** –Provides ongoing instruction and supervision at the work site:
  1. Vocational skills
  2. Academic skills
  3. Behavioral supports
  
- **Related Services Providers** – Counselors, Speech Therapists, Occupational Therapists, Physical Therapists, Paraprofessionals, ESL Teachers, and Bilingual Teachers provide additional support as part of the Transition Planning and Development Team.



## SECTION 3

### Sequence of Transition Services and CTE programs

- Transition Services Sequence in District 75



➔ **Reference:** [http://www.ilr.cornell.edu/edi/publications/TransitionResources/2006\\_TransitionWorkday.ppt#291,38,Slide 38](http://www.ilr.cornell.edu/edi/publications/TransitionResources/2006_TransitionWorkday.ppt#291,38,Slide 38)

- Age Sequence of Transition Services in District 75

**14-16 year olds** – pre-vocational skills within schools. Social skills, functional reading and mathematics, full range of related services, vocational assessments, etc.

**16-18 year olds** – community-based work experiences with job coaches, travel training referrals and related service delivery at school or job site with goal to phase out the services.

**18-21 year olds** - attend a “virtual school”, Transition Center, and go directly to work sites from home. Intensive Transition Planning begins with VESID, OMRDD, Commission for the Blind and Visually Handicapped, adult service agencies, parents, etc. Over three years students will have an opportunity for a minimum of 3-6 different work experiences and the design of a resume and employment portfolio.

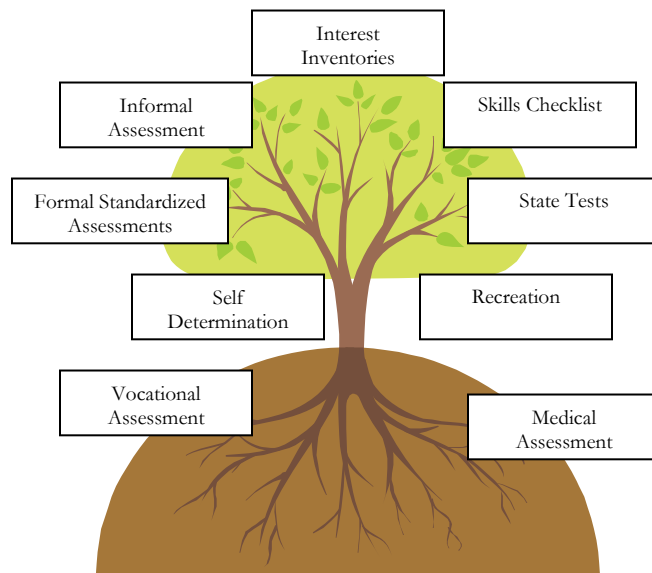
### Transition Components of the Intake Process

During the intake process, schools should insure that the documentation that will be needed for continued effective Transition Planning be obtained. Refer to “Appendix A” for list of required documents.



## Assessments

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**Formal** - Formal Transition Assessments have been tested for reliability and validity and may include standardized assessments.

**Informal** - Informal assessments are instruments that are not standardized and have generally not been tested for reliability and validity but can still help the IEP team clarify the student's post-secondary goals and needed transition services.

### Mandated District 75 Assessments

- **LEVEL I Vocational Assessment** - New York State Regulations require that LEVEL I Assessment is completed by age 12. Level II and Level III assessments are optional and can be outsourced to agencies.
- **Brigance Assessment/ABLIS** - District 75 requires that either the Brigance or ABLIS assessment are conducted for all students.
- **ELA Assessments**
- **MATH Assessments**
- **NYSAA**
- **Regents/RCT's**

**Vocational Assessments are conducted on an ongoing basis. It allows multiple levels of access, begins early in a person's education/career, and incorporates evaluation and testing results. Vocational Assessments are part of portfolio development and are essential to transition process.**

## **Student and Family Participation**

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For every student who is fourteen years of age or older, the annual review will include Transition Planning, which will help prepare him/her for life in the community, independent living, post-secondary education, and employment. Transition Planning is a collaborative effort and should include the family members, school staff, agency representatives and the Medicaid Service Coordinators as part of the planning team. The following includes the responsibilities of the student in planning transitional services.

- Look for information about occupational, educational and living options; talk with people; and try new experiences to develop awareness of his/her needs, preferences and interests for the future.
- Work with the school and the family to find ways to increase his/her academic, career, and personal independence skills.
- Make informed choices and set achievable goals.
- Develop the ability to communicate needs, preferences and interests to the family, school staff, and other professionals.
- Learn the kinds of things he/she can do independently and the kinds of things where assistance is needed.
- Develop the ability to explain to others the kinds of help which are useful.
- Participate actively in meetings with the school and other professionals.
- Learn to contribute ideas as well as to listen to the ideas of others.
- Follow through on plans that have been agreed upon.
- Ask questions or share information with the teacher or guidance counselor throughout his/hers educational program.

## SECTION 4

### **Community Work-Based Experience**

Community work-based learning is provided to students throughout the five boroughs. The job developer at each school develops a variety of job training sites, ensures that class work protocols are followed, and that participating students receive whatever instruction and support is needed to optimize the benefits from each work experience. Schools also work closely with vocational rehabilitation and adult service agencies to guarantee that students continue to be given any assistance that might be needed once they exit/leave from school and transition into supported or competitive employment. Many different community work based models are used by schools according to the needs of the student population.

### **School-Based Career Technology Education (CTE)**

School-based CTE programs and courses offered in New York City High Schools are designed to meet the needs of students with a wide range of abilities and include:

- Introductory career exposure for middle school and entry level high school aged students prior to their participation in community work-based learning;
- Intensive in-school career instruction for high school aged students who, because of their disability, are not yet prepared to participate in work-based learning; and
- Concentrated credit bearing courses of instruction for high school aged students in one or more career areas.

CTE programs, courses, and work-based learning opportunities currently offered in our schools include, but are not limited to, the following career cluster areas:

- Automotive Technology (including Automotive Maintenance and Repair and Bicycle Mechanics and Repair)
- Information Technology (including Data Entry)
- Fashion/Design Esthetics (Marketing, Retail, Cosmetology, Fashion Marketing, Visual Merchandising, and Barbering)
- Agriculture (Horticulture, Landscaping and Grounds Keeping)
- Arts and Communication (Commercial Photography, Digital Photography)
- Business and Administration (including Clerical and Print Shop)
- Building and Construction Technology (Building trades – Construction Technology, Carpentry, Building Maintenance)
- Education and Training (including Teaching Assistant)
- Health Services (including Nursing Aide and Home Health Care)
- Hospitality and Tourism (Culinary Arts, Housekeeping)
- Virtual Enterprise

## **Vocational Curriculum**

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Schools utilize individualized instructional guides specific to several CTE content areas. The District supports the schools with differentiated instructional tools and methodologies and coach support as needed. In order to maximize resources, schools can arrange for individual students to receive CTE instruction at other District 75 schools when the home school does not offer a particular program.

## **Transition Centers**

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Located in each borough, District 75 Transition Centers provide programs centered around intensive Transition Planning and vocational training for students (transferred from any District 75 schools or general education high school) who are between the ages of 18 and 21 and who are able to travel independently. Students spend 100% of their school day at their community-based vocational training site and receive additional functional academic instruction at that site for some portion of each day in accordance with Part 100 Regulations.

## **Funding Support**

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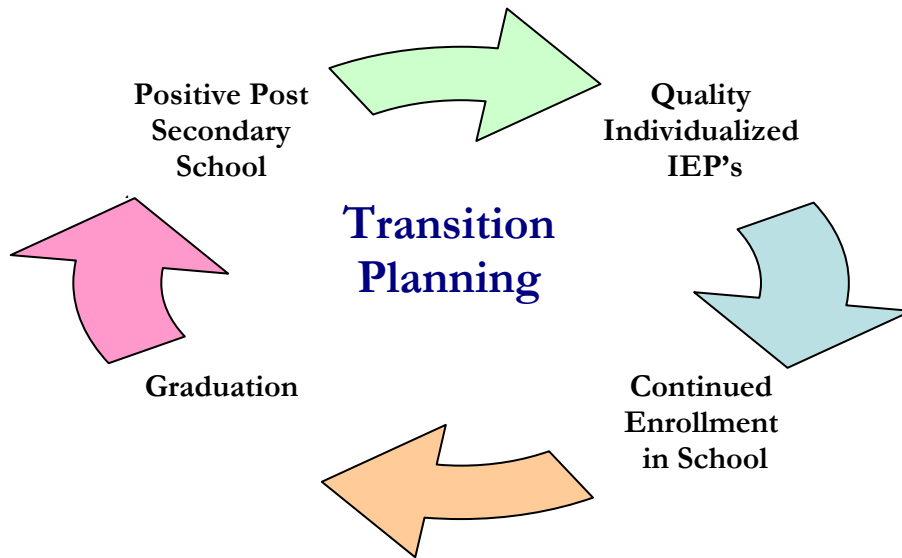
Carl D. Perkins VTEA/CTE Improvement Funds support Career and Technical Education programs. In District 75 these funds are used to provide financial support for schools to develop and improve CTE programs and courses. It is also used to provide students with stipend incentives for their community-based work experience. Additional funding is provided through the Training Opportunities Program (TOP) and Summer Youth Employment Program (SYEP). These programs lead directly to entry-level employment and post-secondary education/training.

## SECTION 5

### Transition Portfolios

Students, who are 14 years of age and older, must have a transition portfolio which includes all relevant transition documents. See Appendix A for checklist form which illustrates needed documentations.

### Transition Planning/Timeline



See Appendix A for Transition Timeline

- NYSED Requirements

For every student, age 12+	Level I Vocational Assessment
For every student, age 12+	Guidance Review Cards
For every student, age 14+	Annual Transition IEP (including page 10) is written in compliance with State Performance Plan (SPP), Indicator #13
For students leaving school system	Exit Summary

## **Student Exit Summary/Discharge Planning**

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The Student Exit Summary must be completed for public school students and students who are attending approved non-public schools whose eligibility for special education services terminate because they have reached the age of 21, or will receive a Regents, Local or IEP Diploma. The Summary should be completed during the final year of high school and be provided to the student prior to exiting. The Summary must be completed by a staff member who is familiar with the student's functional and academic levels, accomplishments, needs, necessary accommodations, and post-school goals. This individual may be the guidance counselor, the school psychologist, the school social worker, the student's teacher, or other school administrator designated by the school principal. Additionally, the Exit Summary must include input directly from the student, family and other school/agency personnel, as appropriate.

**For a copy of the Student Exit Summary, go to:**

**[http://schools.nyc.gov/documents/d75/transition/Exit\\_summary.doc](http://schools.nyc.gov/documents/d75/transition/Exit_summary.doc)**

**Planning Interview Instructions are located:**

**<http://schools.nyc.gov/NR/rdonlyres/DB30DA9F-D5CF-47E9-A83E-8A9F14A8814A/29796/PlanningInterviewProcedures20052007.pdf>**

For every student who leaves a Department of Education School, a Graduation/Discharge Code must be entered into the ATS system. Discharge codes most frequently used for District 75 students include:

- 22 Received Local Diploma
- 23 Received High School IEP Diploma
- 26 Received Local High School Diploma
- 34 Enrolled in a Business, Trade, Vocational or Other Training Program
- 39 Voluntary Withdrawal or Discharge After 20 consecutive Days of Non-Attendance

## **Post-Secondary Plans**

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ATS Entry Code

1. Transitioned to Competitive Employment
2. Transitioned to Supported Employment
3. Transitioned to Vocational Training
4. Transitioned to Day Habilitation
5. Discharged –No Know Agency Linkages
6. Transitioned to Post-Secondary Education
7. Transitioned to Continuing and/or Adult Education
8. Transitioned to Community Services

**NOTE: Pupil Account Secretary must enter Post-Secondary Code (1-8) when discharging the student in ATS.**

## Transition Data Collection

Schools generate Transition Outcomes data and submit the information electronically to the Office of Transition Services.

Transition Outcomes	Due date	NYS Regulations
<input type="checkbox"/> Report of student drop outs (ATS-RADP)	Oct , Jan, April, June	Indicator # 2 – Dropout
<input type="checkbox"/> Report of % students whose IEPs include specific, measurable, attainable, realistic and timely (SMART) Transition Goals and Services	Oct , Jan, April, June	Indicator # 13 - Secondary Transition with IEP Goals
<input type="checkbox"/> List of students who gained employment. Attached please indicate proof of employment for all students	Jan and June	Indicator #14 - Secondary Transition/Post School Outcomes
<input type="checkbox"/> List of students who were referred to VESID or Commission for the Blind and Visually Handicapped and placed	Oct , Jan, April, June	Indicator #14 - Secondary Transition/Post School Outcomes
<input type="checkbox"/> List of students who graduated	June	Indicator # 1 - Graduation

### District 75- Transition Outcomes include:

- Job placement will be increased by at least 10% year to year
- Each student will have an opportunity to participate in at least 3-6 job experiences

## Transition Quality Indicators

Transition Quality Indicators (TQI) is a checklist which is now available on-line. It assists schools in assessing the quality of their Transition Programs and services as a means of developing strategic plans for improvement. The following indicators are addressed:

- 1.0 Educational Program Structure
- 2.0 Inter-agency & Interdisciplinary Collaboration
- 3.0 Family Involvement
- 4.0 Student Involvement
- 5.0 Student Development

➔Reference: <http://www.vesid.nysed.gov/specialed/transition/tqi.htm>

## SECTION 6

### **Creating Collaborative Inter-agency Arrangements**

District 75 continuously collaborates with a variety of agencies. This provides students with a holistic approach to Transition Planning. It increases innovativeness and flexibility. The goals of inter-agency collaboration include:

- Coordinate services to ensure non-duplication and cost-effectiveness of service delivery. This includes combining resources to maximize funding.
- Share responsibility for assisting students through the maze of services.
- Provide a quality, local service delivery system that includes providing more effective services to students and families.
- Provide information on the services needed as predicted by aggregate data forms.
- Increase positive student outcomes in adult living, learning, and working roles.
- Develop a pool of adult service agency representatives who can attend meetings and act as resources regarding the variety of service options available from different systems to aid in the transition process.

### **Public/Private Employer Relations**

Community Work-Based Learning strongly relies on successful working relations with the school community, such as Community Boards, as well as not-for-profit and for profit businesses. District 75's Office of Transition Services and Transition Centers provide support to community employers by providing them information about employment laws and regulations, assistance with how to employ students with disabilities, job support, tax incentives, and work place accommodations.



























































## References

Domains	Description	Source
Education	NYS Standards	<a href="http://www.emsc.nysed.gov/nysatl/standards.html">http://www.emsc.nysed.gov/nysatl/standards.html</a>
	CTE Standards	<a href="http://www.emsc.nysed.gov/cte">http://www.emsc.nysed.gov/cte</a>
	New York State Alternate Assessment (NYSAA)	<a href="http://www.emsc.nysed.gov/osa/nysaa">http://www.emsc.nysed.gov/osa/nysaa</a>
	Special Education in New York State for Children Ages 3–21 A Parent’s Guide May 2002	<a href="http://www.vesid.nysed.gov/specialed/publications/policy/parentguide.htm">http://www.vesid.nysed.gov/specialed/publications/policy/parentguide.htm</a>
	Tool Kit on Teaching and Assessing Students with Disabilities	<a href="http://www.osepideasthatwork.org/toolkit/index.asp">http://www.osepideasthatwork.org/toolkit/index.asp</a>
	New York State Approved Ability to benefit tests	<a href="http://www.highered.nysed.gov/bpss/pg60201.htm">http://www.highered.nysed.gov/bpss/pg60201.htm</a>
Recreation/Leisure Community	Voter Registration	<a href="http://www.vote.nyc.ny.us/register.html">http://www.vote.nyc.ny.us/register.html</a>
	New York Parks and Receptions	<a href="http://www.nycgovparks.org">http://www.nycgovparks.org</a>
	YMCA	<a href="http://www.ymca.net">http://www.ymca.net</a>
	New York City Public Library	<a href="http://www.nypl.org">http://www.nypl.org</a>
	New York Online Virtual Electronic Library	<a href="http://www.novelnewyork.org">http://www.novelnewyork.org</a>
	Police Athletic League	<a href="http://www.palnyc.org/800-PAL-4KIDS/Home.aspx">http://www.palnyc.org/800-PAL-4KIDS/Home.aspx</a>
	NYS Service (Volunteer)	<a href="http://www.nycservice.org">http://www.nycservice.org</a>
	New York Restaurants	<a href="http://nymag.com/restaurants/">http://nymag.com/restaurants/</a>
I Love NY	<a href="http://www.iloveny.com/home.aspx">http://www.iloveny.com/home.aspx</a>	
Transportation/Independent Travel	Travel Training Readiness Curriculum “Public Transportation: A Route To Freedom	<a href="http://projection.easterseals.com/site/PageServer?pagename=ESPA_Route_to_Freedom_curriculum">http://projection.easterseals.com/site/PageServer?pagename=ESPA_Route_to_Freedom_curriculum</a>
	MTA GUIDE TO ACCESSIBLE TRANSIT	<a href="http://www.mta.info/mta/ada/">http://www.mta.info/mta/ada/</a>
	Accessible Service Providers	<a href="http://www.nyc.gov/html/tlc/downloads/pdf/wheelchair_accessible_service_providers.pdf">http://www.nyc.gov/html/tlc/downloads/pdf/wheelchair_accessible_service_providers.pdf</a>
	MTA	<a href="http://www.mta.info/">http://www.mta.info/</a>
	Access-A-Ride	<a href="http://www.mta.info/nyc/paratran/guide.htm">http://www.mta.info/nyc/paratran/guide.htm</a>
	NYS Driver License	<a href="http://www.nydmv.state.ny.us/license.htm">http://www.nydmv.state.ny.us/license.htm</a>
	Google Maps	<a href="http://maps.google.com/">http://maps.google.com/</a>
Medical/Health	New York City Department of Health and Public Hygiene	<a href="http://www.nyc.gov/html/doh/html/home/home.shtml">http://www.nyc.gov/html/doh/html/home/home.shtml</a>
	Lifenet	<a href="http://www.nyc.gov/html/doh/html/cis/cis_lifenet.shtml">http://www.nyc.gov/html/doh/html/cis/cis_lifenet.shtml</a>
	New York City Hospitals	<a href="http://www.nyc.gov/html/hhc/html/home/home.shtml">http://www.nyc.gov/html/hhc/html/home/home.shtml</a>
	Medicaid Information	<a href="http://www.health.state.ny.us/health_care/medicaid/">http://www.health.state.ny.us/health_care/medicaid/</a>
Personal Independence Residential	Housing and Urban Development (HUD- NY)	<a href="http://www.hud.gov/local/index.cfm?state=ny">http://www.hud.gov/local/index.cfm?state=ny</a>
	New York City Housing Authority	<a href="http://www.nyc.gov/html/nycha/html/home/home.shtml">http://www.nyc.gov/html/nycha/html/home/home.shtml</a>
	Section 8 Housing	<a href="http://www.hud.gov/offices/pih/programs/hcv/">http://www.hud.gov/offices/pih/programs/hcv/</a>
	Housing Lotteries	<a href="http://www.nyc.gov/html/hpd/html/apartment/lotteries.shtml">http://www.nyc.gov/html/hpd/html/apartment/lotteries.shtml</a>

Legal/Advocacy	Children's Aid Society	<a href="http://www.childrensaimsociety.org/">http://www.childrensaimsociety.org/</a>
	Birth Certificate Information	<a href="http://www.nyc.gov/html/doh/html/vr/vrbappl.shtml">http://www.nyc.gov/html/doh/html/vr/vrbappl.shtml</a>
	Social Security	<a href="http://www.ssa.gov/">http://www.ssa.gov/</a>
	Selective Service	<a href="http://www.sss.gov/">http://www.sss.gov/</a>
	Confidentiality and Release of Student Records; Records Retention	<a href="http://docs.nycenet.edu/docushare/dsweb/Get/Document-44/A-820%20%207-8-08%20%20FINAL.pdf">http://docs.nycenet.edu/docushare/dsweb/Get/Document-44/A-820%20%207-8-08%20%20FINAL.pdf</a>
	Vital Records	<a href="http://www.health.state.ny.us/vital_records/">http://www.health.state.ny.us/vital_records/</a>
	Legal Action Center	<a href="http://www.lac.org/index.php/lac/164">http://www.lac.org/index.php/lac/164</a>
	Foster Care Basics	<a href="http://www.ocfs.state.ny.us/main/fostercare/overview.asp">http://www.ocfs.state.ny.us/main/fostercare/overview.asp</a>
	New York Living Will Forms & New York Health Care Proxy Forms	<a href="http://www.nysba.org/Content/NavigationMenu/PublicResources/LivingWillHealthCareProxyForms/Living_Will_and_Heal.htm">http://www.nysba.org/Content/NavigationMenu/PublicResources/LivingWillHealthCareProxyForms/Living_Will_and_Heal.htm</a>
	NY Court Help – Guardianship Forms	<a href="http://www.courts.state.ny.us/courthelp/forms.html">http://www.courts.state.ny.us/courthelp/forms.html</a>
Employment	NYS Department of Labor	<a href="http://www.labor.state.ny.us/">http://www.labor.state.ny.us/</a>
	Career Zone	<a href="http://www.nycareerzone.org">http://www.nycareerzone.org</a>
	US Federal Jobs	<a href="http://www.usajobs.gov">http://www.usajobs.gov</a>
	NYS Civil Jobs	<a href="http://www.cs.state.ny.us">http://www.cs.state.ny.us</a>
	NYC Civil Jobs	<a href="http://www.nyc.gov/html/dcas/html/employment/employment.shtml">http://www.nyc.gov/html/dcas/html/employment/employment.shtml</a>
	Summer Youth Program	<a href="http://www.nyc.gov/html/dycd/html/jobs/summer_youth_employment.shtml">http://www.nyc.gov/html/dycd/html/jobs/summer_youth_employment.shtml</a>
	O*Net Center	<a href="http://www.onetcenter.org/">http://www.onetcenter.org/</a>
	Youth Connect	<a href="http://www.nyc.gov/html/dycd/html/youth_connect/youth_connect.shtml">http://www.nyc.gov/html/dycd/html/youth_connect/youth_connect.shtml</a>
	Working Papers Application	<a href="http://schools.nyc.gov/NR/rdonlyres/9784C69C-C126-4137-91C1-38010BEF4538/48384/A250ApplicationforEmploymentCertificate.pdf">http://schools.nyc.gov/NR/rdonlyres/9784C69C-C126-4137-91C1-38010BEF4538/48384/A250ApplicationforEmploymentCertificate.pdf</a>
	Working papers Physical Fitness Certification Form (students 14-18 years old)	<a href="http://www.emsc.nysed.gov/sss/pps/workingpapers/AT-16-1.pdf">http://www.emsc.nysed.gov/sss/pps/workingpapers/AT-16-1.pdf</a>
	Employees Guide	<a href="http://schools.nyc.gov/NR/rdonlyres/44DBEC39-E4DD-4F30-BECA-526FCCA0748D/0/EMPLOYERSSUPERVISINGINTERNSaguideforemployers.pdf">http://schools.nyc.gov/NR/rdonlyres/44DBEC39-E4DD-4F30-BECA-526FCCA0748D/0/EMPLOYERSSUPERVISINGINTERNSaguideforemployers.pdf</a>
	Intern Guide	<a href="http://schools.nyc.gov/NR/rdonlyres/9FBAED38-76CC-4F33-9146-5EEAF879B08F/0/MAXIMIZINGYOURWORKEXPRIENCEaguideforinterns.pdf">http://schools.nyc.gov/NR/rdonlyres/9FBAED38-76CC-4F33-9146-5EEAF879B08F/0/MAXIMIZINGYOURWORKEXPRIENCEaguideforinterns.pdf</a>
	Resume Templates	<a href="http://office.microsoft.com/en-us/templates/results.aspx?qu=resume&amp;av=TPL000">http://office.microsoft.com/en-us/templates/results.aspx?qu=resume&amp;av=TPL000</a>
	Cover Letter Templates	<a href="http://office.microsoft.com/en-us/templates/results.aspx?qu=cover+letter&amp;av=TPL000">http://office.microsoft.com/en-us/templates/results.aspx?qu=cover+letter&amp;av=TPL000</a>
	Job Application	<a href="http://office.microsoft.com/en-us/templates/TC060888281033.aspx?pid=CT101445751033">http://office.microsoft.com/en-us/templates/TC060888281033.aspx?pid=CT101445751033</a>
	Employing People with Disabilities	<a href="http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=13">http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=13</a>

<b>Post-Secondary Continuing Education</b>		
	<b>VESID</b>	<a href="http://www.vesid.nysed.gov/">http://www.vesid.nysed.gov/</a>
	<b>VESID Parent Brochure on Transition</b>	<a href="http://www.vesid.nysed.gov/specialed/transition/toolbox/brochures/parent.pdf">http://www.vesid.nysed.gov/specialed/transition/toolbox/brochures/parent.pdf</a>
	<b>VESID Parent Brochure</b>	<a href="http://vesid32.nysed.gov/specialed/publications/transition/parents.pdf">http://vesid32.nysed.gov/specialed/publications/transition/parents.pdf</a>
	<b>VESID Student Brochure</b>	<a href="http://vesid32.nysed.gov/specialed/publications/transition/students.pdf">http://vesid32.nysed.gov/specialed/publications/transition/students.pdf</a>
	<b>Commission for the Blind and Visually Handicapped</b>	<a href="http://www.ocfs.state.ny.us/main/cbvh/vocrehab_manual/">http://www.ocfs.state.ny.us/main/cbvh/vocrehab_manual/</a>
	<b>City University of New York</b>	<a href="http://www.cuny.edu">http://www.cuny.edu</a>
	<b>State University of New York</b>	<a href="http://www.suny.edu/">http://www.suny.edu/</a>
<b>Transition Services: A Planning and Implementation Guide</b>	<a href="http://www.vesid.nysed.gov/specialed/publications/transition/guide.htm#conf">http://www.vesid.nysed.gov/specialed/publications/transition/guide.htm#conf</a>	
<b>Financial Income</b>		
	<b>Bank Information</b>	<a href="http://www.bankrate.com/">http://www.bankrate.com/</a>
	<b>TD Bank Wow Zone</b>	<a href="http://www.tdbank.com/wowzone/wowzone.asp">http://www.tdbank.com/wowzone/wowzone.asp</a>

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## Appendix A-1 - Transition Planning Timeline Checklist

ACTION▶▶	12	13	14	15	16	17	18	19	20	21
Administer initial vocational assessment										
Discuss the following curriculum areas at IEP meetings: <ul style="list-style-type: none"> <li>▪ Academic</li> <li>▪ Social Language/communication</li> <li>▪ Occupational</li> <li>▪ Self-help skills</li> <li>▪ Self advocacy skills</li> </ul>										
Develop and implement strategies to increase responsibilities and independence at home.										
Introduce & discuss Transition Services										
Notify parents that transition services will be incorporated into the IEP beginning at age 15										
Assure that copies of work-related documents are available: <ul style="list-style-type: none"> <li>▪ Social security card</li> <li>▪ Birth certificate</li> <li>▪ Obtain working papers (if appropriate)</li> </ul>										
Obtain parental consent so that the appropriate adult agency representative can be involved										
Develop transition component of IEP and annually thereafter										
Discuss adult transition with CSE										
Explore community leisure activities										
Consider the need for residential opportunities, including completing applications, as appropriate.										
Consider summer employment/ volunteer experience										
Develop Transportation/Mobility Strategies: <ul style="list-style-type: none"> <li>▪ Independent Travel Skills Training</li> <li>▪ Public or Paratransit Transportation</li> <li>▪ Needs for Travel Attendant</li> </ul>										
Develop & update employment plans										
Involve VESID/CBVH, as appropriate, within 2 years of school exit										
Obtain personal ID card										
Obtain driver's training & license										
Investigate SSDI/SSI/Medicaid programs										
Consider guardianship or emancipation										
Research possible adult living situations										
Investigate post-school opportunities (further educational vocational training, college, military, etc.)										
Male students register for the draft. (No exceptions)										
Register to vote										
Seek legal guardianship										
Review health insurance coverage: inform insurance company of son/daughter disability & investigate rider of continued eligibility										
Apply for post-school college & other training programs										
Complete transition to employment, further education or training, and community living, affirming arrangements are in place for the following: <ol style="list-style-type: none"> <li>1. Post-Secondary/Continuing Education</li> <li>2. Employment</li> <li>3. Legal/Advocacy</li> <li>4. Personal Independence/Residential</li> <li>5. Recreation/Leisure</li> <li>6. Medical/Health</li> <li>7. Counseling</li> <li>8. Financial/Income</li> <li>9. Transportation/Independent Travel Skills</li> <li>10. Other:</li> </ol>										
Complete periodic vocational evaluations.										

# Appendix A-2 Individual Transition Plan Worksheet

**Student:** \_\_\_\_\_ **School** \_\_\_\_\_ **Date** \_\_\_\_\_

(Can be used in conjunction with Page 10 of the IEP)

Transition Issue	Functional Level/ Current Situation	Desired Future Situation/Outcome	Action To Be Taken Person/Agency Responsible
<b>Legal/Advocacy</b>			
1. Wills			
2. Trusts			
3. Guardianship			
4. Military Registration			
5. Voter Rights			
6. Advocacy Needs			
<b>Personal Independence/Residential</b>			
1. Personal care			
2. Shopping			
3. Managing Time			
4. Meal Prep.			
5. Household Chores			
6. Human Sexuality			
7. Decision-making Skills			
<b>Recreation/Leisure</b>			
1. After School Programs			
2. Leisure Time Activities			
3. Special Interests			
4. Summer Camp			
5. Neighborhood Resources			
6. Library Card			
7. "Y" membership, etc.			

## Appendix A-2 Individual Transition Plan Worksheet

Student: \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Transition Issue	Functional Level/ Current Situation	Desired Future Situation/Outcome	Action To Be Taken Person/Agency Responsible
<b>Financial/Income</b>			
1. SSI			
2. School/Worksite Stipends			
3. Budgeting Skills			
4. Salary Considerations			
5. Banking Skills			
6. Wills/Trusts Issues			
7. Financial Aid ( For Post Secondary Programs)			
<b>Medical/Health</b>			
1. Medication			
2. Physical Limitations			
3. Ongoing Medical Care			
4. Self-monitoring of Care			
5. Medical Insurance			
6. Medicaid Enrollment			
7. Environmental Modifications			
8. Article 16 & 28 Linkages			
<b>Employment</b>			
1. Employment Options			
2. Supports Needed			
3. Work behaviors			
4. Job Seeking Skills			
5. Experiences			
6. Preferences/Interests			
7. VESID Application			
8. Links to Support Agencies			
9. Career Fairs/Info Needed			



## Appendix A-2 Individual Transition Plan Worksheet

Student: \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Transition Issue	Functional Level/ Current Situation	Desired Future Situation/Outcome	Action To Be Taken Person/Agency Responsible
<b>Transportation</b>			
1. Use of Public Transportation-			
2. Bus/Train			
3. Travel Training			
4. Mobility issues			
5. Transp. to/from Work			
6. Transp. to/from Comm Activities			
7. Half fare Card			
<b>Postsecondary Options</b>			
1. Diploma Objectives/Type			
2. HS Credits earned/reviewed			
3. Vocational Training Programs/			
4. Technical Schools			
5. College Programs			
6. Day Services (OMRDD Funded)			
7. OMH Funded Services			
8. VESID Funded Services			
9. Adult Ed / GED			
<b>Other Support Needs</b>			
1. Case management Services			
2. Respite			
3. Behavior management			
4. Counseling			
5. VESID			
6. Article 16 Clinics			

## Appendix A-3

# SPP #13/Transition IEP Compliance Checklist

**Student:** \_\_\_\_\_ **School** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Staff:** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

Status	Issue	Citation	Comments
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	<ul style="list-style-type: none"> <li>• The student was invited and participated in the meeting?</li> <li>• Is there information, student comments in the PLEP, CSA or other parts of the IEP that demonstrate that the student's strengths, preferences and interests were considered?</li> </ul>	8 NYCRR §200.4(d) (4)(i)(c)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	In the PLEP: <ul style="list-style-type: none"> <li>• Is there is a description of the student's needs (skills)?</li> <li>• Did you take into account the student's strengths, preferences and interests?</li> <li>- as they relate to transition from school to post-school activities?</li> </ul>	8 NYCRR §200.4(d) (2)(ix)(a)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	Measurable Post-Secondary Goals: <ul style="list-style-type: none"> <li>• Measurable and defined statements relating to training, education, employment and, where appropriate, independent living skills?</li> <li>• Are the goals realistic and based upon age appropriate transition assessments?</li> </ul>	8 NYCRR §200.4(d) (2)(ix)(b)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	<ul style="list-style-type: none"> <li>• Measurable Annual Goals</li> </ul> Consistent with the student's need statements in all of the sections of the PLEP, and abilities, including (if applicable) benchmarks or short-term objectives (NYSAA students)?	8 NYCRR §200.4(d) (2)(iii)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	<ul style="list-style-type: none"> <li>• Courses of study statement included in Coordinated Set of Activities (instruction section) or in PLEP;</li> <li>• Indicates curriculum and supports provided to assist with access and participation in general education curriculum.</li> </ul>	8 NYCRR §200.4(d) (2)(ix)(c)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	<ul style="list-style-type: none"> <li>• The recommended special education program and services are appropriate to assist the student toward meeting the annual goals relating to transition needs.</li> </ul>	8 NYCRR §200.4(d) (2)(v)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	Coordinated Set of Activities include needed services and activities to facilitate movement from school to post school activities: <ul style="list-style-type: none"> <li>• instruction</li> <li>• related services,</li> <li>• community experiences,</li> <li>• the development of employment and other post-school adult living objectives, and</li> <li>• when appropriate, acquisition of daily living skills and functional vocational evaluation.</li> </ul>	8 NYCRR §200.4(d) (2)(ix)(d)	
<input type="checkbox"/> Completed <input type="checkbox"/> Deficient	A statement of the responsibilities of the school district and, when applicable, participating agencies for the provision of such services and activities that promotes movement from school to post school opportunities, or both, before the student leaves the school setting. (Parent and student should NOT be included in responsible parties)	8 NYCRR §200.4(d) (2)(ix)(e)	

## Appendix A-4

### Check-off List for Transition Documents

Student: \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_  
 Staff: \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Domains	Items
Education	<input type="checkbox"/> ELA/Math Assessment <input type="checkbox"/> Level I Vocational Assessment <input type="checkbox"/> IEP within one year <input type="checkbox"/> Individual Transition Plan <input type="checkbox"/> Transcripts <input type="checkbox"/> Attendance <input type="checkbox"/> Level II Vocational Assessment
Recreation Leisure Community	<input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Community Membership Card <input type="checkbox"/> Library Card
Transportation Independent Travel	<input type="checkbox"/> Metro Card (wallet) <input type="checkbox"/> Travel Training Referral <input type="checkbox"/> 1/2 fare Metro Card
Medical Health	<input type="checkbox"/> Medicaid Card <input type="checkbox"/> Proof of disability <input type="checkbox"/> Medical w/ppd <input type="checkbox"/> Medical providers
Personal Independence Residential	<input type="checkbox"/> Proof of address <input type="checkbox"/> NY State ID <input type="checkbox"/> Application for future residential placement
Legal Advocacy	<input type="checkbox"/> Birth Certificate/Proof of Age <input type="checkbox"/> Social Security Card (Signed) <input type="checkbox"/> Selective Service (males) <input type="checkbox"/> Confidentiality Releases <input type="checkbox"/> Guardianship
Employment	<input type="checkbox"/> E-mail address <input type="checkbox"/> Resume/Cover letter <input type="checkbox"/> Letters of Recommendations <input type="checkbox"/> Employment Certificates <input type="checkbox"/> (ages 14-15/16-17) <input type="checkbox"/> Job Application Template <input type="checkbox"/> Career Zone
Post-Secondary Continuing Education	<input type="checkbox"/> Level III Vocational Assessment <input type="checkbox"/> VESID Eligibility Letter (if applicable) <input type="checkbox"/> OMRDD/OMH Eligibility Letter (if applicable) <input type="checkbox"/> Exit Summary
Financial Income	<input type="checkbox"/> SSI Award Letter (updated within six months) or Proof of Income (updated within six months) <input type="checkbox"/> Bank Card/Check book/On-line banking
Other	<input type="checkbox"/> Updated evaluations: ie. Psychological, psychosocial, psychiatric <input type="checkbox"/> Check-off List for Transition Services <input type="checkbox"/> Individual Student Log of Transition Services <input type="checkbox"/> Name and phone number of the Medicaid Service Coordinator (if applicable)

\*Bold - Denotes required documents





# Appendix A-7

## Sample Agency Application Cover Letter

(Transfer to School Letterhead)

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

To: \_\_\_\_\_  
Name of Intake Coordinator, Agency

From: \_\_\_\_\_  
Name of Transition Coordinator, School

Address

Phone

Email

Re: \_\_\_\_\_  
Name of the Student

Dear \_\_\_\_\_:

On behalf of \_\_\_\_\_, I hereby apply for admission to your program effective \_\_\_\_\_. Enclosed are the following supporting documents:

- Psychological Report
- Psycho-Social Report
- Medical Report
- Current IEP
- Other \_\_\_\_\_

Please contact me at \_\_\_\_\_ if you need any additional information. In order to finalize the Transition Plan for this student, I would appreciate a response by \_\_\_\_\_

Sincerely,

- 
- Accepted
  - Not Accepted
  - Acceptance Deferred

Reason for Non Acceptance or Acceptance Deferred: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix A-8**  
**Sample Letter to Invite Agency**  
**Representative to Transition Meeting**

(Transfer to School Letterhead)

\_\_\_\_\_  
Date

Dear \_\_\_\_\_:

A Transition meeting has been scheduled for your son/daughter \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_. We would like to invite your  
son/daughter's Medicaid Service Coordinator and/or any other outside agency  
representative(s) to this meeting.

Because of the confidential nature of a Transition meeting, it is necessary for us to obtain  
your written permission before any outside agency representative can be invited. Please sign  
the form below if you consent to include agency representatives at this meeting.

Sincerely,

-----  
I give permission for the following outside agency representatives to attend the Transition  
meeting for my son/daughter \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Appendix A-9

## Student Exit Summary

### Instructions

**Purpose:** The attached Student Exit Summary (“Summary”) must be completed for public school students and students who are attending approved non-public schools whose eligibility for special education services terminate because they have reached the age of 21, or will receive a Regents, local or IEP diploma. The Summary should be completed during the final year of high school and provided to the student prior to exiting. The Summary must be completed by a staff member who is familiar with the student’s functional and academic levels, accomplishments, needs, necessary accommodations, and post-school goals. This individual may be the guidance counselor, the school psychologist, the school social worker, the student’s teacher, or other school administrator designated by the school principal. Additionally, the Summary must include input directly from the student, family and other school/agency personnel, as appropriate.

The goal of the Summary is to provide the exiting student with a meaningful summary of his/her current strengths, abilities, skills, functional and academic levels, needs, limitations, necessary accommodations, and recommendations that will support the student in reaching his/her post-school goals after leaving the New York City public school system. The Summary may assist the student in establishing eligibility for reasonable accommodations and supports in postsecondary settings, the workplace and the community. It should also aid the student in accessing adult services, as appropriate.

The Summary is mandated by the reauthorized IDEA 2004 and corresponding New York State Regulation.

**Part 1:** **Background Information** - Complete this part as specified, entering the student’s biographical information, the graduation or exit date as anticipated on the student’s IEP and the reason the student is exiting school. Please also indicate your name, title and telephone number.

**Part 2:** **Summary of Present Level of Performance** - This part includes information in three critical areas:

- Academic achievement, functional performance and learning characteristics;
- Social development; and
- Physical development

**Part 3:** **Accommodations and Supports** - This part must contain current information regarding accommodations, modifications and assistive technologies that were essential in high school to assist the student in achieving academic success.

**Part 4:** **Postsecondary Goals** - Information regarding the student’s postsecondary goals in the area of education/job training, employment, or independent living should reflect the Measurable Postsecondary Goals Statement as written in the student’s current IEP.

**Part 5:** **Recommendations that may assist the student in reaching postsecondary goals** - This part should provide the student with recommendations and suggestions for achieving the student’s post-secondary planning and goals as described in Part 4. Please note that these recommendations will not be implemented by the NYC DOE and must be written accordingly.

**Part 6:** **Organizations or agencies to provide linkage support** – Indicate organizations or agencies that may have a role in supporting student achievement of post-school goals. Provide specific contact information for individuals and agencies if available.



## Student Exit Summary

### Part 1 - Background Information:

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

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Date of Graduation/Exit: \_\_\_\_\_

Reason for Exit:    Regents Diploma    Local Diploma    IEP Diploma

Student to exceed age eligibility

Individual Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Part 2 - Summary of Present Levels of Performance:

Academic or Functional Area	Present Levels of Performance
<u>Reading</u> (e.g., basic reading/decoding and reading comprehension)	
<u>Math</u> (e.g., calculation skills, problem solving, quantitative reasoning)	
<u>Language</u> (e.g., written expression, speaking, spelling)	
<u>Learning Characteristics</u> (e.g., classroom participation, note-taking, homework and time management; study skills)	
<u>Social and Behavioral Development</u> (e.g., interaction with teachers/peers; responsiveness to services and accommodations; degree of involvement in extra-curricular activities; emotional or behavioral issues related to learning and attention)	
Academic or Functional Area	Present Level of Performance

<u>Physical Development and Medical Conditions</u>	
--	--

**Part 3 - Accommodations and Supports:**

Indicate whether the student currently requires accommodations, including but not limited to assistive technology, and environmental or material resources or modifications.

**Part 4 - Student's Postsecondary Goals:**

Identify the post-school environment the student intends to transition to upon completion of his/her high school education and draft goals accordingly.

**Education and/or Career Training:**

**Employment:**

**Independent Living:**

**Part 5 - Recommendations that may assist the student in reaching post-secondary goals:**

Provide a brief narrative that would assist the student in meeting goals in the areas of **education and/or career training; employment; and independent living** (if appropriate).

**Part 6 - Identify organizations or agencies to provide linkage support (as appropriate):**

Provide specific contact information for individuals and/or agencies, if available

## Appendix A-10

### Student's Universal Transition Services Portfolio

	<b>Domains</b>	<b>Items</b>
1.	<b>Education</b>	<input type="checkbox"/> <b>ELA/Math Assessment</b> <input type="checkbox"/> <b>Level I Vocational Assessment</b> <input type="checkbox"/> <b>IEP within one year</b> <input type="checkbox"/> <b>Individual Transition Plan</b> <input type="checkbox"/> Transcripts <input type="checkbox"/> Attendance <input type="checkbox"/> Level II Vocational Assessment
2.	<b>Recreation/Leisure/Community</b>	<input type="checkbox"/> <b>Voter Registration Card</b> <input type="checkbox"/> Community Membership Card <input type="checkbox"/> Library Card
3.	<b>Transportation/Independent Travel</b>	<input type="checkbox"/> Metro Card (wallet) <input type="checkbox"/> Travel Training Referral <input type="checkbox"/> 1/2 fare Metro Card
4.	<b>Medical/Health</b>	<input type="checkbox"/> <b>Medicaid Card</b> <input type="checkbox"/> <b>Proof of disability</b> <input type="checkbox"/> <b>Medical w/ppd</b> <input type="checkbox"/> Medical providers
5.	<b>Personal Independence/Residential</b>	<input type="checkbox"/> <b>Proof of address</b> <input type="checkbox"/> <b>NY State ID</b> <input type="checkbox"/> Application for future residential placement
6.	<b>Legal/Advocacy</b>	<input type="checkbox"/> <b>Birth Certificate/Proof of Age</b> <input type="checkbox"/> <b>Social Security Card (Signed)</b> <input type="checkbox"/> <b>Selective Service (males)</b> <input type="checkbox"/> <b>Confidentiality Releases</b> <input type="checkbox"/> Guardianship
7.	<b>Employment</b>	<input type="checkbox"/> <b>E-mail address</b> <input type="checkbox"/> <b>Resume/Cover letter</b> <input type="checkbox"/> <b>Letters of Recommendations</b> <input type="checkbox"/> <b>Employment Certificates (ages 14-15/16-17)</b> <input type="checkbox"/> <b>Job Application Template</b> <input type="checkbox"/> <b>Career Zone</b>
8.	<b>Post-Secondary/Continuing Education</b>	<input type="checkbox"/> <b>Exit Summary</b> <input type="checkbox"/> <b>VESID Eligibility Letter (if applicable)</b> <input type="checkbox"/> <b>OMRDD/OMH Eligibility Letter (if applicable)</b> <input type="checkbox"/> Level III Vocational Assessment
9.	<b>Financial/Income</b>	<input type="checkbox"/> <b>SSI Award Letter (updated within six months) or Proof of Income (updated within six months)</b> <input type="checkbox"/> Bank Card/Check book/On-line banking
10	<b>Other</b>	<input type="checkbox"/> <b>Updated evaluations: ie. Psychological, psychosocial, psychiatric</b>

►► **Bold indicates essential documents**

# Appendix A-11 Sample SSI Letter

(Transfer to School Letterhead)

**Re: Student name** \_\_\_\_\_  
**DOB** \_\_\_\_\_  
**SS#** \_\_\_\_\_

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

To Whom It May Concern,

This letter is to inform you that the above named individual is a full time student at \_\_\_\_\_. Our high school program includes a Community Work-Based Learning component in which students may receive a stipend as an instructional incentive to participate in the program.

Please review the income information provided by the student and his/her family and consider the “Student Earned Income Exclusion” for this individual as he/she is under 22 years of age and is attending school full time.

If any further information is required, I may be reached at \_\_\_\_\_ (phone #).

Thank you for your cooperation.

Sincerely

\_\_\_\_\_  
Name, Job Title

# Appendix B-1 Work-site Summary Form

Updated \_\_\_\_\_

School Year \_\_\_\_\_

## WORKSITE SUMMARY (ONE PER WORKSITE)

SCHOOL # \_\_\_\_\_ PHONE # \_\_\_\_\_

DOE CONTACT AT SITE \_\_\_\_\_

WORKSITE NAME \_\_\_\_\_

WORKSITE ADDRESS \_\_\_\_\_

WORKSITE PHONE # \_\_\_\_\_

\_\_\_\_\_

WORKSITE PROFILE \_\_\_\_\_

\_\_\_\_\_

EMPLOYER CONTACT AT SITE \_\_\_\_\_

	3	4	5	6	7	8	9	10	11	12	13
1. Student Name	Hours per day	Which days per week?	Independent Traveler Y/N	Duties/ Responsibilities	Pay	RS	Classes	Assessment	IEP Goal	Start date	Student #
2. OSIS #											

Note: As per Department of Labor regulations, students can only work 120 hours per job for vocational training, 90 hours for vocational assessment, 5 hours for vocational exploration. Please update the worksite summaries to comply with this directive.  
 \* The IEP must reflect the work-study goals and objectives.

**Reviewed and Approved by: Administrator Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH EMERGENCY PLAN FOR WORKSITE**

**ALL FORMS MUST BE SUBMITTED PRIOR TO STARTING WORK-STUDY**

## Appendix B-2

### Instructions for Competing Worksite Summary

<input type="checkbox"/> <b>Email completed forms to:</b> Neil Coffina - NCoffin2@schools.nyc.gov
<input type="checkbox"/> <b>Keep a copy at the worksite</b>
<input type="checkbox"/> <b>Fill out one form per worksite</b>
<input type="checkbox"/> <b>Please type or print legibly all information. Do not leave any blanks.</b>
<input type="checkbox"/> <b>This form will be used for all summer monitoring as well as during regular school year</b>

#### KEY TO ENTRIES

- Enter only students who work at the site specified on top of form
- Enter the students OSIS #
- Enter the hours that student is at the worksite (e.g., 9 AM –1 PM)
- Enter which days that the student is at the worksite (e.g., M-F; T, Th, F, etc.)
- Indicate Yes or No (Y/N) if student is an independent traveler (whether thru Travel Training or on his own)
- Brief description of students' duties (patient transport, stock shelves, clerical, etc.)
- Enter method of payment:

<b>T for TOP</b>	<b>V for Volunteer</b> (no payment)	
<b>E for Employer</b>	<b>YEP for Youth Employment Program</b>	
<b>S for Stipend</b>		

- Related Services:  
Enter **W** for related services that occur at the worksite and list the services. If there are NO related services, write "none".

<b>SP</b> -Speech	<b>C</b> -Counseling	<b>PT</b> -Physical Therapy
<b>V</b> -Vision	<b>H</b> -Hearing	<b>HS</b> -Health Services
<b>TT</b> -Travel Training	<b>OT</b> -Occupational Therapy	

**Enter X if all related services occur only at the school**

- Enter all classes that occur at the worksite for particular students.
- Enter the type of job match instrument (**or vocational assessment**) completed **prior** to student participation at worksite.  
Some type of vocational assessment must be used. Enter:

<b>#1</b> for Employer/Employee Analysis	<b>#2</b> for Student Interest Inventory	<b>#3</b> for Situational Assessment	<b>#4</b> Other (list)
--	--	--------------------------------------	------------------------

- Students' activities must be linked to IEP goals and objectives. Indicate IEP goal # (e.g., goal #3)
- Enter date that student started working at the site.
- Number each student in sequence, continuing over each worksite (e.g. you have two worksites, Central Park and Queens Park. You have 4 students at Central Park; place a number next to each student's name starting with 1 then 2, 3, 4. Then, if at Queens Park you have 8 students, continue the numbering starting with 5, then 6-13. The next worksite starts with number 14, etc.

Do not recount a student if he/she participates in more than one worksite. Only number the student the first time he/she is listed. The next time that same student is listed at another worksite, that student's number is repeated followed by a letter, i.e. 1, 1a, 1b, etc.

**ALL FORMS MUST BE SUBMITTED PRIOR TO STARTING WORK-STUDY**

# Appendix B-3 District 75 Worksite Emergency Plan Template

*(Submit One Plan for Each Worksite)*

Worksite Name : \_\_\_\_\_ School: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone # : \_\_\_\_\_

List the names of employees of the company (NOT Department of Education staff) who will be informed of the emergency plan and will assist in the emergency, if the teacher and/or paraprofessional are not able or not available. There should be one employee emergency contact person for each location where students are working.

Names: _____	Names: _____
Location: _____	Location: _____
Phone #: _____	Phone #: _____
Students: _____	Students: _____
_____	_____

Please delineate steps to be taken in case of emergency for students or Department of Education staff at the worksite.

Your plan should include:

1. Which employees will get in touch with educational staff at the worksite if staff are not in the immediate area of the emergency
2. How company employees will assist in an emergency
3. What steps have been taken to ensure that company employees (and educational staff) know emergency plan
4. what will happen if an educational staff emergency occurs

**Plan of action to be taken if student emergency occurs (include employee emergency contact participation where only one educational staff member is present):**

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---

---

---

---

**Plan of action to be taken if educational staff emergency occurs, (include employee emergency contact participation where only one educational staff member is present):**

---

---

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---

---

**Plan of action to be taken if worksite facility emergency occurs, (include Facility Emergency Plan, if available):**

---

---

---

---

---

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



# Appendix B-4

## Community Work-Based Learning Program Sign-in Sheet

Student: \_\_\_\_\_ Month: \_\_\_\_\_

Community Based Vocational Instruction Site: \_\_\_\_\_

Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Day	Date	Time In	Time Out	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Stipend amount per hour/day/month           \$ \_\_\_\_\_  
 Number of hours/days worked                    \_\_\_\_\_

Total amount of stipend for month           \$ \_\_\_\_\_

I have worked the above hours/days as indicated:

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

**Staff Signature** \_\_\_\_\_

# Appendix B-5

## Worksite Summary Cover Sheet

### School Year \_\_\_\_\_

School: \_\_\_\_\_

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

Name of Job Developer: \_\_\_\_\_

Name of Worksite	Total Number of Alternate Assessment Students	Number of Alternate Assessment Students Ages 18-21	Total Number of Standardized Assessment Students	Number of Standardized Assessment Students Ages 16-21
<b>Totals:</b>				

\* Please indicate the total number of students working at each worksite and **also** indicate the number of students (in parentheses) who have already been counted in a previously listed worksite. The totals at the bottom of the table must reflect only the number of individual students who are participating in Community Work-Based Learning. Students cannot be counted more than one time regardless of how many different worksite locations they work at each week.

**Total number of “not-for-profit” worksites:** \_\_\_\_\_  
**Total number of “for-profit” worksites:** \_\_\_\_\_  
**Total number of worksites:** \_\_\_\_\_

**Appendix B-6**  
**Student Stipend SIPP Form Payment Instructions**  
**Work-Based Learning Program**

Work-Based Learning Program stipends for students are processed at each school as SIPP on a monthly basis, according to established procedure.

Completed stipend packets should be kept on file at the school.

Established guidelines must continue to be followed in the assembly of stipend packets and distribution of funds to students. Each individual student stipend packet must include:

- SIPP Cover Sheet
  - Invoice Amount: Enter student's stipend amount
  - # Lines: 01
  - Fiscal Year: Enter
  - Vendor"/SSN: Leave blank
  - 1099: Leave blank
  - Vendor Name: Students name followed by c/o
  - Vendor Name Cont'd: Teacher's name @ P.\_\_\_\_(include borough initial)
  - Street Address: School Address
  - City: School Address
  - Invoice Remarks: CTE                      Invoice Date: Enter
  - Charge to District: 97
  - Quick Code: Enter (on Line 1 only)
  - Location: Borough code (K, X, M, Q, R) and right justified school #
  - Object: 496
  - Amount: Not less than \$10.00
  - Brief Description of Items/Services Purchased: Services
  - Reason/Justification for Purchase: Vocational Training
  - Receipt of Goods/Services: Print your name, sign (blue ink) and date
  - Expenditure Approval: School administrator print name, sign and date
  
- Student Sign –In Sheet
- Student Attendance Form with dates of work circled (**must match sign-in sheet**)

**A copy of the “Work-Based Learning Stipend Summary Balance Sheet” must be e-mailed/sent/faxed at the end of each month to Neil Coffina (Fax: 212-802-1691).**

Please contact Neil Coffina at [ncoffin2@schools.nyc.gov](mailto:ncoffin2@schools.nyc.gov) or 212-802-1622 for additional assistance.

# Appendix B-7 Student Stipend Summary Balance Sheet

## WORK-BASED LEARNING PROGRAM

School: \_\_\_\_\_

School Year: \_\_\_\_\_

Job Dev: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<u>Beginning Allocation:</u>			
OCTOBER	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
NOVEMBER	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
DECEMBER	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
JANUARY	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
FEBRUARY	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
MARCH	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
APRIL	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
MAY	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	
JUNE	Total \$	# Forms:	Authorized Signature:
	Balance	Entered by/date:	

Instructions:

- Mail/Fax a copy of this cover sheet for each period of time that money is spent from the beginning stipend allocation to:

Neil Coffina, District 75  
400 First Ave, Room 40  
New York, NY 10010  
FAX: 212-802-1691

Note: Please keep a file of all original SIPP (Imprest) forms, student sign-in sheets and student attendance sheets at your school. All stipend money must be spent by the end of June.

**APPENDIX B-8**  
**PARENT NOTIFICATION/CONSENT FORM**  
**DAY TRIP/ONGOING COMMUNITY WORK-BASED LEARNING PROGRAM**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

School (list additional trip sponsors when applicable): \_\_\_\_\_ Dates: Ongoing from \_\_\_\_\_ to \_\_\_\_\_

Trip/Work-Based Learning Coordinator: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Site: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Site: \_\_\_\_\_ Return Time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Purpose of Trip: Ongoing Work-Based Learning Program at \_\_\_\_\_

Specific Clothing/Equipment Required for this Trip: \_\_\_\_\_

This trip/Work-Based Learning experience will include the following activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip/ongoing Work-Based Learning Program described above.

a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities except for the following:

\_\_\_\_\_  
\_\_\_\_\_

b) Please indicate below any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

d) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.

- f) I agree and understand that I am responsible for the actions of my child, and I release the school and Work-Based Learning Training Site from all claims and liabilities that arise in connection with the trip/Work-Based Learning Program, except if due to the negligence of school officials.
- g) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip/program, including while traveling from the departure site to the destination site, and from the destination site to the return site, except as specified here: \_\_\_\_\_
- h) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.
- i) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.
- j) In an emergency I can be reached at: Day: (\_\_\_) \_\_\_\_\_ Evening: (\_\_\_) \_\_\_\_\_  
Additional Contact: Name: \_\_\_\_\_ Day: (\_\_\_) \_\_\_\_\_ Evening: (\_\_\_) \_\_\_\_\_
- k) I give my permission for my child to participate in this school trip/ongoing Work-Based Learning Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**STUDENT DECLARATION**

(to be signed by Middle School and High School students)

I have read this form and I understand that I am to act on this trip/ongoing Work-Based Learning Program in the same responsible manner in which I am expected to conduct myself in school.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)