

TPP

TRANSITION PARTNERSHIP PROGRAM APPLICATION

Please Complete Every All Information
Including Signatures and Dates

Thank You for Participating





We Educate • We Care • WESELPA

Dear Student/Parent/Guardian:

We are very pleased to provide you with this application packet for the Transition Partnership Program (TPP). The Transition Partnership Program (TPP) builds partnerships between local education agencies and the Department of Rehabilitation (DOR) for the purposes of successfully transitioning high school students with disabilities into meaningful employment and/or post-secondary education. TPP provides young people with disabilities with the opportunity to learn about the world of work and to develop a plan for their career after high school.

The West End Special Education Local Area Plan (WESELPA) works in cooperation with the California Department of Rehabilitation (DOR) to make DOR Student Services available in a TPP classroom setting. DOR Student Services are available to high school students with a disability between the ages of 16-21 and include activities that support students in exploring and preparing for the world of work. The specific services provided by TPP depend on the student's individual interests and needs. DOR Student Services may include the following;

- **Job Exploration Counseling**, which offers ways to learn about the different jobs available and which ones are best for the student based on strengths and interests.
- **Self-Advocacy Training** to help students build leadership skills, gain confidence in professional environments, and understand what they need to succeed in the workplace.
- **Workplace Readiness Training** to help prepare students for employment by learning good work habits, interpersonal skills, and developing independent living skills.
- **Work-based Learning Experiences**, which offer a variety of ways to connect with local professionals and get real-world work experience.
- **Postsecondary Counseling**, which helps students learn about the different educational programs and resources available to support their educational success.

Participation in TPP is an exciting opportunity and opens your case with the Department of Rehabilitation as a Potentially Eligible student for Vocational Rehabilitation services after graduation if needed. Please complete the attached forms and turn them in to your TPP teacher, so that your agency linkage is complete. We look forward to working with you in making the TPP program a rewarding experience.

Sincerely,

Dynita Iverson-Kelley

Dynita Iverson-Kelley
Transition Project Assistant - WESELPA

Attachments: DR203, DR260, DR205A

[Note: Applications for students eighteen years of age or older do not require a parent's signature.]

Participating Districts

Alta Loma • Central • Chaffey • Chino Valley • Cucamonga • Etiwanda • Mt. Baldy • Mtn. View • Upland • San Bernardino County Student Services

WEST END SELPA Transition Partnership Program

STUDENT PROFILE

Students Should;

- Be between the ages of 16 – 22 and enrolled in school.
- Have an IEP or 504 Plan or be eligible for one.
- Have a desire to become competitively employed after high school by applying directly for employment or obtaining a certificate that will lead to employment.
- Have a vocational goal and flexibility in considering options.
- Have a willingness to complete a WorkAbility I, TPP, ROP, or other work experience.
- Have successful school behaviors that transfer to good work habits.
- Have stabilized health.
- Have transportation to get to and from a work site.
- Have good school attendance and follow-through on classroom assignments.
- Be attentive to hygiene and grooming.
- Provide information to document eligibility to work, i.e., Social Security number, INS number if participating in paid work experience.
- Have the motivation to keep appointments and communicate with DOR and TPP personnel.
- Participate in the DOR Student Services, activities, and meetings provided by the TPP program.



Referral Date: _____

Intake Date: _____

REFERRAL FOR TRANSITION PARTNERSHIP PROGRAM

Complete All Items – Please Print.

MUST BE COMPLETED BY STUDENT:

STUDENT NAME _____ DATE _____
ADDRESS _____ ☐ Male ☐ Female
DOB _____ AGE _____ ETHNICITY _____ EMAIL ADDRESS _____
PARENT/GUARDIAN NAME _____ CONTACT NUMBER _____
ARE YOU CURRENTLY WORKING: ☐ NO ☐ YES, (If Yes, Where? _____)

MUST BE COMPLETED BY TEACHER:

1. Student's Primary Disability _____
2. Medical Condition (504 Plan) _____
3. Current Academic Testing Date _____ W.J./WRAT/ KTEA/ Other _____
Broad Reading _____ Broad Written Language _____ Broad Math _____
4. Education Setting ☐ Resource Specialist Program ☐ Special Day Class
☐ Regular Class with Designated Instruction Service ☐ Other _____
5. Grade Level _____ When is the student expected to graduate? _____

Does student want to obtain permanent employment immediately after high school? ☐ Yes ☐ No

If not, please indicate career plan _____

Please indicate if student has participated in any of the following:

- ☐ WorkAbility I ☐ ROP classes ☐ Job Club - WAI or TPP
☐ Vocational classes ☐ Enclave work experience ☐ Other, specify _____

Teacher/Referring staff/Email _____

School _____ School Phone _____ Extension _____



WEST END SPECIAL EDUCATION LOCAL PLAN AREA

DOR Student Services Request

DR 203 (REV 07/17)

Page 1 of 2

Student Last Name	First Name		Middle Initial
Mailing Address	City	Zip Code	County
Phone Number	Email Address		

Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
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Race (please check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Decline to State	Ethnicity: Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please state the student's disability or reason for IEP/504 eligibility:	Documentation (please select one) <input type="checkbox"/> IEP (provide a copy) <input type="checkbox"/> Other (specify type and attach a copy if applicable): <input type="checkbox"/> 504 Plan (provide a copy) <input type="checkbox"/> School Signature (see below) _____
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Complete this section only if "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official: _____ Date: _____



Printed Name of School Official: _____ Title: _____

School Name	School Address	<input type="checkbox"/> Secondary School <input type="checkbox"/> Postsecondary School
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School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home school <input type="checkbox"/> GED program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other	Expected Date of Graduation/Exit from School (mm/dd/yyyy)
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Parent/Guardian/Conservator Last Name	First Name	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator
Phone Number	Email Address	

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
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DOR Student Services Request

DR 203 (REV 07/17)

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FORM PURPOSE

This form is intended to request student services for potentially eligible students, in accordance with 34 CFR 361.48(a). Student services may include any of the following pre-employment transition services: job exploration counseling, work-based learning experiences, postsecondary enrollment counseling, work readiness training, and self-advocacy training. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services. Please go to [DR222 VOCATIONAL REHABILITATION SERVICES APPLICATION](#) to access an application for vocational rehabilitation services.

FORM COMPLETION INSTRUCTIONS

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students with disabilities who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available on the Department of Rehabilitation (DOR) website at www.dor.ca.gov. For more information on the requirements for pre-employment transition services for students with disabilities, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in student services may be revoked at any time by providing written notice to the local DOR office.

NOTICE AND PRIVACY STATEMENT

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke this authorization by providing written notice to the school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at www.dor.ca.gov. The DOR office locations and contact information can be found at <http://www.dor.ca.gov/DOR-Locations/index.asp>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

DIVISION: _____

Name / Entity / Address:		Individual's Full Name and Address:
Social Security Number: (if necessary)	Record Number:	Date of Birth:




I hereby consent to and authorize the Department of Rehabilitation (DOR) to:☐ Obtain from the above Name / Entity ☐ Release to the above Name / Entity

- | | |
|---|--|
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input type="checkbox"/> Other: _____ | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless

otherwise specified here: _____

Individual's Signature 	Date Signed
Guardian, Parent or Conservator Signature 	Date Signed
Witness Signature (if above signature by mark) 	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number:

Staff Name and Title: _____

Address: _____

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

PRIVACY STATEMENT AND NOTICE

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to correctly identify the individual and provide written consent to obtain or release information for the limited purpose of determining eligibility for or assisting in the delivery of vocational rehabilitation services or release information at the individual's request. Please do not provide any personal information on this form that is not requested.

An individual has the right to revoke this authorization by providing written notice to the local Department of Rehabilitation (DOR) office serving the individual. If an individual revokes the authorization, it will not affect information already used or released before DOR received the individual's written notice. The federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 290dd-2) may not protect information after it is released or provided to agencies not covered by that law. Even though DOR is not subject to HIPAA, DOR adheres to applicable federal and state privacy laws. The DOR's Privacy Policy is online at www.dor.ca.gov.

Information obtained by DOR will be included in the individual's record of services. An individual has the right to inspect information maintained by DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

Any personal information collected or released by DOR is subject to the limitations established in federal and state law and regulations. Federal law requires DOR to release some personal information to other state agencies in order to match data, such as wage records, for federal performance accountability requirements. In some cases, DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the individual or others. The DOR may also release personal information for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for applicants and recipients of services in accordance with a written agreement that limits use of the information and safeguards confidentiality, and if the final product reveals any personal identifying information, informed, written consent is required. (29 U.S.C. § 3141; 34 C.F.R. § 361.38; 42 C.F.R. §§ 2.33, 2.51, 2.52, 2.61, and 2.63; Civ. Code §§ 56.13 and 1798 et seq.; and Cal. Code of Regs., tit. 9, §§ 7140 through 7143.5.)

If information is RELEASED with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from DOR is confidential. Federal and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.

DOR Student Services Options*

DR 205A (NEW 07/17)

Page 1 of 2

Form Purpose

DOR Student Services help students prepare for workplace success by exploring options, getting ready to work, and creating careers.

This document explains the purpose of each of the five types of DOR Student Services, and also lists examples of the types of things you can do, learn, and explore in each category. You and your DOR staff member may use these examples to identify which activities in your local area match your interests and needs.**

Keep in mind that each of these activities may be offered in one or more of the following ways: in a classroom, in a group setting in the community, one-on-one, or on an individualized basis.

Job Exploration Counseling

Job exploration counseling offers ways to learn about the different kinds of job and which ones are best for your strengths and interests.

Explore Career Options

- Learn about the jobs and job families in the labor market
- Understand what jobs and industries are popular right now (i.e., “in-demand”)
- Find out what jobs pay good wages
- Learn what jobs lead to better jobs
- Learn about career pathways in your local area

Find the Jobs that Fit You Best

- Explore career interests through assessments, conversations, and labor market research
- Discuss different kinds of work, including self-employment, supported employment, and nontraditional employment
- Understand what you need to do to get the career you want

Work-Based Learning Experiences

Work-based learning experiences offer a variety of ways to connect with local professionals and get real-world work experience.

Real-World Work Experiences

- Work experiences
- Internships (paid or unpaid)
- On-the-job training
- Apprenticeships (informal)
- Volunteer opportunities

Research & Connections

- Informational interviews to research employers and different kinds of jobs
- Work site tours to learn about industries, companies, and job skills
- Job shadowing
- Mentoring opportunities

*The Student Services Options are intended for potentially eligible students, who are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program.

**This form is intended to be used in conjunction with the DR 205 DOR Student Services Agreement* form.

DOR Student Services Options*

DR 205A (NEW 07/17)

Page 2 of 2

Postsecondary Counseling

Postsecondary counseling helps you learn about different educational programs available and resources to support your educational success.

Postsecondary Education Options

- Learn about different kinds of academic and occupational training
- Explore career options available with different programs
- Discover what programs are connected to career pathways
- Find out what classes or credentials you need for the career you want
- Learn which schools offer the programs and supports you want

Resources to Support Your Success

- Get advice on educational programs and course offerings
- Learn about the admissions process at college, technical, and trade schools
- Discover resources and disability support services to help you succeed in school
- Identify options to pay for school
- Get support in completing the financial aid application (FAFSA)

Workplace Readiness Training

Workplace readiness training helps you prepare for employment by learning good work habits and interpersonal skills, and developing independent living skills.

Good Work Habits & People Skills

- Practice interviewing
- Understand employer expectations
- Strengthen communication and other soft skills needed for work
- Develop social skills for the work

Financial & Independent Living Skills

- Learn to search and apply for jobs
- Learn ways to get to work
- Develop money management skills
- Learn what happens to SSI/SSDI benefits when you go to work
- Find out how to live independently

Self-Advocacy Training

Self-advocacy training helps you build leadership skills, gain confidence in professional environments, and understand what you need to succeed in the workplace.

Build Knowledge & Confidence

- Understand your rights at work
- Learn your responsibilities at work
- Learn about accommodations and supports and how to request them
- Practice communicating thoughts, needs, and concerns

Build Connections & Leadership Skills

- Participate in mentoring opportunities with educational staff or employees of businesses, boards, associations, or organizations
- Participate in leadership activities
- Conduct informational interview