

Creating Environments for Ongoing Success

School to Community Transition Project

Application Form

You are invited to apply to participate in the Walmart Foundation's School to Community Transition project. This project is designed to assist students identify and achieve their career goals. Selected students may participate in paid employment opportunities, career development activities, benefits counseling, and other services designed to prepare students for competitive employment and transition to adult living.

PLEASE PRINT ALL ITEMS

1. Student's Name and Address:

First	Middle	Last

Street	Apt. Number	

City	State	Zip Code

2. Home telephone: (_____) _____ Email address: _____

3. Student date of birth: _____ Gender: M___ F___

Race: _____ U.S. Citizen: Yes No

4. What school does the student currently attend? _____

Address: _____

Current Teacher: _____

School District/ Liaison Case Manager: _____

5. Expected date of graduation. _____

How old will the student be at graduation? _____

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6. Student's School Identification Number: _____

7. Student's Social Security Number: _____

8. Parent/Guardian Name and Address:

_____	_____	_____
First	Middle	Last
_____		_____
Street	Apt. Number	

_____	_____	_____
City	State	Zip Code

Relationship to Student: Parent _____ Guardian _____ Foster Parent _____

Parent/ Guardian Work number: (_____) _____

Parent/ Guardian E-mail address: _____

9. Check the student's current level of service:

Itinerant	Supplemental	Full Time	Education - Level of Service
			Regular Education Inclusion
			Learning Support
			Emotional Support
			Life Skills Support
			Autistic Support
			Physical Support
			Multiple Disabilities Support
			Other _____

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10. Check related service supports received currently

Type of Related Service	
<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Speech and Language
<input type="checkbox"/>	Job Coaching
<input type="checkbox"/>	Behavioral Specialist
<input type="checkbox"/>	Para Professional/ Aide
<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Psychological Services
<input type="checkbox"/>	Community Based Employment
<input type="checkbox"/>	Audiology
<input type="checkbox"/>	Orientation & Mobility
<input type="checkbox"/>	Other

11. Primary Diagnosis: Autism Mental Retardation /Intellectual Disability
 Other _____

12. Is the student able to communicate basic needs? Yes No
Check the student's primary form of communication:
 PECS
 Gestures
 Assistive Technology - Type: _____
 Verbal

13. Is the student currently registered with the Philadelphia County Mental Retardation Services/Intellectual disAbilities Services? No Yes

Supports Coordination Agency:

Telephone:

Email Contact:

Is the student currently registered with the Office of Vocational Rehabilitation? No Yes

Vocational Rehabilitation Counselor: _____

Telephone: _____ Email Contact: _____

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14. Other Agency Support _____
No Yes Case Manager: _____

Telephone: _____ Email Contact: _____

15. Is the student currently receiving Social Security Benefits? No Yes
If yes, circle one: SSI SSDI

16. Is the student currently working? No Yes

If yes, where are they working: _____

Address: _____

17. What types of work are you particularly interested in exploring?

Full time ____ Part time ____

18. List any prior work experiences (volunteer, workshop or paid):

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Student and Parent Statement of Participation

If the student is selected to participate in the Walmart School to Community Transition project I understand and agree to comply with the following:

1. I understand that this program is coordinated at the discretion of the Arc of Philadelphia and is not a program administered under IDEA or by the School District of Philadelphia.
2. I will cooperate and complete all evaluations/ surveys and provide all updated materials requested. (IEP and ER/RR).
3. I will provide the ARC with releases to disclose information to all partners in the project.
4. I understand the importance of attending all program activities.
5. I understand that lack of participation by a student or parent(s) will result in removal from the program.
6. Parent and Student will attend all sessions of the 2 ½ day "Transition Planning Project." Workshop.
7. Parent and Student will attend all IEP meetings and notify the ARC about these meetings.
8. Parent and Student will attend the ½ day Transition to Adulthood IEP training.
9. Parent and Student will attend the Social Security Benefits Counseling sessions.
10. Parent will attend 2 Parent Support Group meetings per year.
11. Student will attend the Employment Symposium.
12. Parent(s) and Student will actively participate in the Walmart Foundation's School to Community Transition Project.

Student's Signature

Date

Parent/Guardian's Signature

Date

A completed Application Form must be submitted, in order to be considered for project participation. Please attach a copy of the current IEP, the latest ER/RR (evaluation report/ reevaluation) and a signed Consent and Release Form.

Applicants who meet the entrance criteria and agree to the Statement of Participation will be considered on a "first come, first served basis." Students and Parents will then be interviewed and a Brigance Transition Skill Inventory and Self Determination Survey will be completed.

PLEASE RETURN TO:

The Arc of Philadelphia
Walmart Project - CEOS
2350 W. Westmoreland Street
Philadelphia, PA 19140

ATTACHED ARE:

_____ Signed Complete Application
_____ IEP (Individualized Education Program) current
_____ Most recent ER/ RR (Evaluation Report/ Reevaluation Report)
_____ Signed Consent/Release