

Dear Student and Parent:

Thank you for your interest in the Transition-to-Work Program.

Return fully completed referrals to your student's school case manager for submission. Students must be at least 18 years old when entering the Transition-to-Work Program (if accepted) and **must have already completed his/her high school graduation requirements.**

Please note that this is an application to be reviewed for the Transition-to-Work Program and **is not** a guarantee of acceptance. Acceptance will depend on resources and space in each program and determination of which program might best serve the student. Upon review, you will be notified of further requirements for this referral process.

The deadline for applications is **January 31, 2019** in order for the department to process the applications, evaluate the students, and plan allotments for staffing.

Sincerely,

Atlanta Public Schools Transition Team



**Grady Healthcare  
Transition Program  
Atlanta Public Schools**

**Parent/Student Referral Packet**

The Grady Healthcare program is a 1 year transition program with the ultimate goal of preparing students for competitive employment in the community. The program is designed for students with disabilities ages 20–22 who have completed graduation requirements, are ready to transition to supported employment, are eligible for Medicaid Waiver services, and will benefit from an intensive vocational internship. Students should have prior vocational training experience from the Transition-to-Work restaurant internship program, Community Based Vocational training program or other work experience.

***Grady Healthcare Components***

**Customized Career Exploration**—The program is designed to give individuals with disabilities the opportunity to participate in a site-based school-to-work program. The program blends core classroom educational concepts with real-life experience by partnering with Grady Healthcare to offer real life work internship experiences which ultimately increase the student’s opportunities for lifelong employment sustainability.

**Skill Development**—Two on-site instructors support the students through on-the-job coaching and work-site accommodations with the ultimate goal of independence. Students will extend their skills in communication, employability and problem solving, along with job specific skills through total immersion in the workplace.

**Outcome of Employment**—This program is a collaborative program with Atlanta Public Schools, Briggs & Associates, Vocational Rehabilitation and Grady Healthcare as stakeholders. Internships will provide situational assessment information to the student, families and team members in order to make realistic career choices that lead to meaningful employment.



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## PERSONAL INFORMATION

REFERRAL DATE:

STUDENT NAME:

DATE OF BIRTH/AGE:

DISABILITY:

GRADUATION DATE  
(ANTICIPATED):

STREET ADDRESS:

CITY, STATE:

ZIP CODE:

EMAIL ADDRESS:

CELL NUMBER:

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**MOTHER/GUARDIAN NAME:**

PLACE OF EMPLOYMENT:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL:

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**FATHER/GUARDIAN NAME:**

PLACE OF EMPLOYMENT:

HOME PHONE:

CELL PHONE:

WORK PHONE:

EMAIL:



## STUDENT'S HOBBIES, INTERESTS, SKILLS, & WORK

Please list things that you like to do for fun, or in your spare time:

In thinking about a job, what are your strengths/skills?

Do you prefer to work with people or alone?

- With people  
 Alone

Do you enjoy working with computers or equipment?

- Yes  
 No

Do you enjoy a job where you move around or do you prefer to sit at a desk?

- Move around  
 Sit at a desk

Explain:

List jobs or chores that you do around the house:

- laundry  
 unload/load dishwasher  
 vacuum  
 taking out trash  
 making bed  
 walking/feeding pet  
 cleaning room  
 Other

List jobs you do or have done in school or in the community:

Which jobs did you like best?

Which jobs did you like least?

Which jobs were the easiest for you?

Which jobs were the hardest for you?

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## STUDENT GOALS

List some jobs that you might like to have:

Where do you see yourself living in the future?

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## PARENT/GUARDIAN GOALS

List potential jobs for your son/daughter:

What do you believe would be a realistic residential goal for your son/daughter?

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## ADDITIONAL QUESTIONS

Do you receive financial aid?  Yes  No

SSI

SSDI

Other (please specify):

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Do you have health insurance?  Yes  No

Medicaid

Medicare

Other (please specify):



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## MEDICAL HISTORY

Medication (list multiple separated by a semicolon)

Dosage:

Time of Day:

Side Effects:

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How many days of school do you normally miss in a year?

If you miss more than 5 days per year, please explain:

List any health or medical issues that may impact a successful job placement:

Do you get up in the morning on your own?

Do you wear:

Glasses     Contacts     Both

Who chooses the clothes you wear each day?

Are you able to make simple meals?

Do you have any behaviors that might impact a successful job placement?

If yes, please explain:

Have you ever received professional counseling?

If yes, please explain:

Have you received services from any community agency(ies)?

If yes, which ones & please explain purpose:

Select the appropriate level (1 being the worst and 5 being the best)

	1	2	3	4	5
How do you handle constructive criticism?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you cope with following directions and rules that have been given to you at work and/or school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever been suspended/expelled/removed from the school environment for any reason?

If yes, please explain:

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## TRANSPORTATION

(Note: APS provides transportation to and from the transition program)

	Yes	No
Do you have a valid Georgia Driver's License?	<input type="radio"/>	<input type="radio"/>
Do you have a Temporary Driving Permit?	<input type="radio"/>	<input type="radio"/>
Have you had driver's training?	<input type="radio"/>	<input type="radio"/>
Do you expect to drive in the future?	<input type="radio"/>	<input type="radio"/>
If you drive, do you have access to your own vehicle?	<input type="radio"/>	<input type="radio"/>
Do you have a Georgia ID card?	<input type="radio"/>	<input type="radio"/>
Do you have a reduced fare Marta card?	<input type="radio"/>	<input type="radio"/>
Can you ride a public bus?	<input type="radio"/>	<input type="radio"/>
Are you willing to participate in MARTA training?	<input type="radio"/>	<input type="radio"/>
Do you live on or near a public bus route?	<input type="radio"/>	<input type="radio"/>

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How do you think the Grady  
Transition program would benefit  
you?

Any other information you would  
like to share?

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**STUDENT SIGNATURE**

**PARENT SIGNATURE**

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**FOR THIS PACKET TO BE COMPLETE, A COPY OF THE FOLLOWING MUST BE  
INCLUDED:**

Check all included:

- Copy of shot/immunization record
- Copy of Georgia ID card
- Copy of social security card and/or work visa/green card
- Copy of SSI Award letter (if applicable)
- Copy of birth certificate
- Copy of insurance card
- Copy of DBHDD Region 3 Application or letter of eligibility
- Completed student/parent referral packet

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Student's school case manager: