

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 a Transition-to-Work Program (if accepted) and **must have completed all 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



***Restaurant Transition Program***  
**Atlanta Public Schools**  
Parent/Student Referral Packet

The restaurant internship program is a 1–2 year transition program that targets students whose main goal is supported or competitive employment after graduation or aging out. The program is hosted by two sites: the Capital Commons Restaurant (Eurest Dining Services) located at the Sloppy Floyd Building, 200 Piedmont Ave SE, Atlanta, GA 30303 and Café Aquaria (Eurest Dining Services) located at the Georgia Aquarium, 225 Baker St NW, Atlanta, GA 30313.

A full-time teacher and paraprofessional are assigned to each program site with students and staff reporting to the work site for the entire school day. Depending on daily workflow, students can expect to spend 1-2 hours of the day working on transition activities outside of the restaurant job tasks. For the remainder of the day, students are assigned to work alongside a Eurest employee to learn the specific job skills in a particular area. Specific job skills to be developed in this food service environment include: serving line, food preparation, dishwashing, cleaning, stocking, dining set-up, etc. Soft skill development includes: appropriate work hygiene, following directions, team work, adhering to a schedule, appropriately communicating with customers and co-workers, responding to feedback/correction, etc.

The program is designed for students ages 18–22 with varying disabilities (MOID, MID, AU) in addition to deficits in adaptive functioning. Students must have completed high school graduation requirements and be identified as needing additional career exploration and intensive vocational training experiences to be successful in the world of work.

***The Vocational Training Program will:***

- Provide customized career exploration opportunities to SWDs. Work experiences will be designed for each student based on their unique needs, strengths, abilities and interests.
- Help students gain soft employability skills that are needed in any work environment.
- Use the work experiences to provide situational assessment information to the student, families, and team members to make realistic career choices that lead to meaningful employment.
- Assist parents/guardians in realizing the benefits of their students being employed and being a meaningful contributor to society.
- Link the student and family with adult agencies such as Vocational Rehabilitation, Medicaid Waiver and other supported employment agencies that can provide ongoing services, including employment, once the student has completed the program.



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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):

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 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 SSI Award letter (if applicable)
- Copy of social security card and/or work visa/green card
- 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: