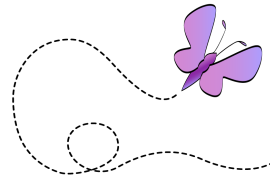


# Monticello Transition Center Entrance Application



Today's Date: \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Resident School District \_\_\_\_\_

Attending School District \_\_\_\_\_

Parent Name (s) \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Parent (s) \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

----- **To Be Completed by the Student** -----

**Check all that describe YOU!**

**In about three years, I see myself living:**

\_\_\_\_\_ with my parents or relatives

\_\_\_\_\_ in a group home

\_\_\_\_\_ by myself

\_\_\_\_\_ with a friend

\_\_\_\_\_ in a supported living apartment

\_\_\_\_\_ other \_\_\_\_\_

**I plan to support myself by:**

\_\_\_\_\_ having a part-time job

\_\_\_\_\_ having a full-time job

\_\_\_\_\_ getting help from outside agencies (SSI, Iowa Work Force, Voc Rehab etc)

\_\_\_\_\_ other \_\_\_\_\_

**Paid or Unpaid jobs I have worked (where) AND the jobs I have done (what) are:**

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

**Some jobs that I would like to know more about would be:**

\_\_\_\_\_

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**----- To Be Completed by the Parent and Student Together -----**

**1. I will have at least 4 years of high school completed at the end of this school year.**

YES                       NO

**2. I have been referred to adult service providers (Voc. Rehab, Social Security, County Services etc.)**

YES                       NO

*If yes, please select services you have been referred to or are currently receiving services from.*

County Case Management                       Work Place Evaluation  
 Vocational Rehabilitation                       Other (please explain in the box below)

**3. I have prior work experience through my high school.**

YES                       NO (if NO, skip to question 7)

**4. If yes, I have worked (check all that apply)**

In the community                       In the high school

**5. On average, how many hours did you work at the school and/or in the community in a school week this school year?** \_\_\_\_\_

**6. When I worked in the high school and/or in the community I worked with:**

1 adult     1 adult and another student  
 1 adult and 2 or more other students                       1 adult to start and then on my own

**7. I will be able to visit the Monticello Transition Center with my parent(s) or teacher before being accepted into the school.**

YES                       NO

**8. Other supports that have worked for me, and that I might need in place to be successful at the Transition Center.**

visual cues                       checklists                       visual schedules  
 assistive technology for writing                       assistive technology for reading  
 other (please list in the box below)

\_\_\_\_\_  
Student Signature                                      Date                                      Parent Signature                                      Date

*Application Process Checklist:*

*Have you.....*

- Scheduled a visit to the Monticello Transition Center
- Completed the entire application (nothing is left blank)
- Dated the application
- Reviewed the application with your child's Special Education Teacher

*\*Please Note: Once accepted all meeting will take place at the Monticello Transition Center from the start of the school year until the student has been exited from the program.*

Mail application to:

Monticello Community School District  
 Attn: Robyn Ponder, Special Education Director  
 711 S. Maple St  
 Monticello, IA 52310

*For Questions please call **Cindy Melchert**, Transition Center Teacher at 319-465-3989 or **Robyn Ponder**, Special Education Director at 319-480-9260*

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***For Internal Use Only***

Application received date: \_\_\_\_\_

Applicant has visited the Transition Center. Date of visit \_\_\_\_\_

Parents have been notified of receipt of application by the Monticello CSD Special Education Director

Contact has been made with the resident district Special Education Teacher by the Monticello CSD Transition Center Teacher

Transition Center Teacher has been invited to attend an IEP meeting for the applicant

Contact has been made regarding acceptance to the Transition Center

Additional notes regarding acceptance or declined entrance:
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\_\_\_\_\_  
Transition Center Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Education Director Signature

\_\_\_\_\_  
Date