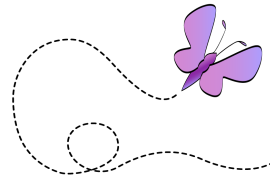


Monticello Transition Center Entrance Application



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:

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
 850 E Oak St.
 Monticello, IA 52310

*For Questions please call **Cindy Melchert**, Transition Center Teacher at 319-465-3052 or **Robyn Ponder**, Curriculum & Special Programs Director at 319-465-3000.*

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: |
|---|

Transition Center Teacher Signature

Date

Special Education Director Signature

Date