



ANDREW M. CUOMO
Governor

KERRY A. DELANEY
Acting Commissioner

2015 Youth Transition Nomination Form

Please read and follow the instructions provided to nominate a school for a Works For Me Award. Nominations may be submitted by secure e-mail, regular mail, by fax or in person, but must be received by your DDRO Works For Me contact person by **May 15, 2015**.

I. Person/Agency Making Nomination:

Name of Person/Agency making nomination

Address of Person/Agency making nomination

Telephone (Include area code)

Email Address

What is your role related to the school being nominated?

II. School Information:

School Name and District

School Contact Person's Name

Contact Person Title

School Address

School Telephone (with Area Code)

School Contact Person Email

Please briefly describe the Transition Program at the school being nominated.



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Transition Program Information: Please provide the following transition program information:

- ____ Number of special education students enrolled in the school
- ____ Number of special education students who have established OPWDD eligibility AT THE TIME of the nomination
- ____ Number of special education students who have employment as a goal in their transition plans

Community Work/Volunteer Experience:

Please provide three (3) examples of community work experience that special education students participated in during the last year (12 months preceding the nomination).

Experience #1

Experience #2

Experience #3



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Former Students -

Please provide the names and contact information for 3-5 former students who have transitioned from your employment program at any time in the last 3 years.

- 1. Name Telephone Email Address
2. Name Telephone Email Address
3. Name Telephone Email Address
4. Name Telephone Email Address
5. Name Telephone Email Address

Business Partnerships -

Please provide a current list of business leaders with whom you currently have relationships for the purpose of providing opportunities for students to experience paid work while in your transition program.

Table with 5 columns: Business Name, Business Address, Job titles of experiences offered, Hourly rate being earned, Average number of hours/ week students are scheduled to work



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Yearly Student Activity Breakdown

Provide a description, by year of enrollment, of the activities which students in your program experience in order to become ready for, and transition to employment:

Year 1

Year 2

Year 3

Year 4

Year 5



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Section III – Attestation

I understand that the information provided on this nomination is subject to verification by OPWDD.

Signature of Person Submitting Nomination

Title

Date Completed