



ANDREW M. CUOMO  
Governor

KERRY A. DELANEY  
Acting Commissioner

## 2015 Youth Transition Nomination Instructions

**Please type or NEATLY handwrite the nomination.** Unreadable information may remove the nomination from consideration.

### 1. Section I – Person/Agency making the Nomination

- a. Please provide all the information requested, so OPWDD can contact you directly if your nominee is selected. Please describe your connection with the school being nominated.

### 2. Section II – School Information

- a. Please provide the name of the School and School District in which it resides. Include:
  - i. The name and title of the person who should be contacted at the school should they be selected as a winner
  - ii. The postal address
  - iii. Telephone number, with area code
  - iv. Email address of the school contact person
- b. Transition Program Information – Please consult with school officials in order to gain accurate information for this section of the nomination. Include:
  - i. Number of special education students in the school
  - ii. The number of special education students who have established OPWDD eligibility AT THE TIME of the nomination
  - iii. Number of special education students who have employment as a goal in their transition plans
  - iv. Community Work/Volunteer experience – Please provide three (3) examples of community work experience that special education students participated in during the last year
  - v. Please tell us the number of special education students, if any left school in 2014 and went into employment
- c. Former Students
  - i. Please provide a list of 3-5 former students who have transitioned into employment from the nominated school any time in the last 3 years, and who are currently working. Please provide:
    1. Names of transitioned students willing to be contacted by the judges to discuss their experience at the school
    2. Telephone numbers of former students, their family members or advocates
    3. Email addresses for former students/family members/advocates

- d. Current Business Relationships
  - i. Please provide a list of businesses with whom you currently have relationships for the purpose of providing opportunities for students to experience paid work. Please include:
    - 1. The name and address of the businesses with whom you have relationships
    - 2. The job titles of those work experiences
    - 3. The hourly rate being earned
    - 4. The average number of hours per week that students are scheduled to work in those jobs listed
- e. Yearly Student Activity Breakdown:
  - i. Please provide a brief description of the activities, by year of enrollment, that students in the special education program typically experience across the years they are enrolled at the school. Judges will be looking to see that the activities include instruction and experiences in the classroom and community that are sequential, and reinforce and build upon skills achieved through the years. Include any methods used by the school staff to be able to achieve fading of supports and/or promote greater self-sufficiency and self-advocacy as students move toward transition from the school environment.

### **3. Section III – Attestation**

- a. Please provide the signature and title of the person making the nomination. The Attestation signature provides the first level of verification that the information provided is true and accurate.
- b. Please be sure to date the nomination form. Thank you!