

Manhattan Developmental Disabilities Council Transition Committee
2019-2020 Committee Member Survey

I am a:

student parent of a student school transition professional

OPWDD/DDRO Professional care manager ACCESS VR/vocational rehab professional

Voluntary Agency Provider Professional teacher other _____

The student(s) I support attend a:

District 75 Program

Non-District 75 Alternate Assessment Program

Independent/NPS/Private Special Education Program

Residential School

Approximate age(s) of student(s): _____

The student has had the following transition service(s) to date:

Level I Vocational Assessment (and annually)

Appropriate diploma/non diploma option is identified

Measurable postsecondary goals in the areas of community integration, functional vocational, and Daily Living in their IEP

Prevocational activities; Internship, Volunteering

Travel Training

Student Exit Summary

Guardianship/Supported Decision Making

Financial Planning/Special Needs Trust/ABLE Account

The student 1:1 staffing support that is written in their IEP

The student has begun or has completed the OPWDD Front Door Process:

Evaluations Eligibility Care Coordination Waiver Enrollment

The student has a care manager

The student receives the following OPWDD waiver service(s):

Respite Camp Community Habilitation Other

When the student graduates, the following post-secondary programs will be explored:

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adult day programming

employment (vocational rehabilitation, ETP, supported employment)

postsecondary education (college/vocational ed)

independent living

The biggest challenge(s) the student is facing with transition is:

I am seeking information/help from the committee in the following areas:

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