Madison Metropolitan School District

A Guide to the Transition Process

For Students with Disabilities

A Resource for Staff, Parents and Students

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# TABLE OF CONTENTS

## Overview

Transition Planning and the IEP  
Transition Planning Resources  
Transition Process Flowchart

## Legal Basis for Transition

Individuals with Disabilities Act (IDEA) Transition Definition  
IDEA Transition Requirements  
Notice of Graduation/Summary of Performance  
Informed Consent  
Synopsis of Federal Laws

## Transition Paths

**Supported Employment Path**  
*Overview*  
*Checklist for Teachers*  
*Checklist for Parents and Students*  
*Resources*

**Competitive Employment Path**  
*Overview*  
*Checklist for Teachers*  
*Checklist for Parents and Students*  
*Resources*

**Military Path**  
*Overview*  
*Checklist for Teachers*  
*Checklist for Parents and Students*  
*Resources*

**Post-Secondary Education Path**  
*Overview*  
*Checklist for Teachers*  
*Checklist for Parents and Students*  
*Graduation, 4-Year, and Technical College Course Requirements*  
*Resources*

## Resources

Community Agencies Clearinghouse  
Adults with Developmental Disabilities  
Adults with Physical Disabilities  
Adults with Mental Health Needs  
Division of Vocational Rehabilitation  
Additional Community Supports and Resources  
Advocacy Groups
Self-Advocacy Groups
Children and Families (Counseling and Respite)
Community Outreach and Support
Drug and Alcohol Treatment Programs
Employment
Housing
Legal
Mental Health
Recreation/Leisure Activities

Additional Resources

Glossary of Terms and Acronyms

Appendices

Appendix A: Post-Secondary Transition Plan (PTP)
Appendix B: Person-Centered Planning
Appendix C: Programming
Appendix D: Tools
Appendix E: Dane County Transition Planning
Appendix F: Mental Illness
Appendix G: WITC Key Contact Persons for Students with Disabilities
The Transition Resource Guide has been developed to assist staff, parents and students with the transition from high school to adulthood. By helping students match abilities and interests, promoting strengths and recognizing challenges, and identifying successive steps to achieve long-term goals, MMSD strives for a process in which students will gain the knowledge, skills, self-reliance, and self-esteem necessary for success.

Over the course of a decade, the High School Transition Project Team, comprised of educators specializing in the area of transition, met to develop and enhance quality programming reflecting best practice. In 2007, the High School Transition Project Team created this guide based on their professional skills and abilities related to transition and grounded in their collaborative work. The guide was also developed as a result of a Post High School Outcomes Survey that interviewed student graduates during the spring of 2004, 2007, and the results from parent and staff surveys around the topic of transition.

Individual use of the Transition Resource Guide will vary based on the level of knowledge individuals have in preparing students with disabilities for adulthood. The guide contains general information, resources and checklists that teachers, parents and students can use to assist IEP teams to a successful outcome to the specific path chosen. The guide can be used each year of high school based on four particular paths a student may follow. The four paths include Supported Employment, Competitive Employment, Military, and Post Secondary Education. Staff is encouraged to utilize the guide as it applies to the individualized transition needs of the students.

All sections of the guide were revised and updated in 2014.

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Transition Planning and the IEP

Transition services are intended to prepare students to move from the world of school to the world of adulthood. Successful and meaningful transition services result from collaborative and thoughtful planning, driven by a student’s dreams, desires, and abilities. Students should be included in all aspects of planning and goal-setting and encouraged to participate in the ongoing development of IEPs and goal-monitoring. In addition to keeping the team focused on the student’s needs and desires, this participation helps the student to develop decision-making and self-advocacy skills.

Systems of Support

Students with disabilities need support systems which recognize their individual strengths, interests, fears, and dreams and allow them to take charge of their future. When preparing to make the transition from high school to post-secondary options, the informal system of support often takes a back seat in the rush to secure new services from programs and systems that provide support for adults with disabilities. In contrast to a young adult’s informal support network, adult service systems tend to use relatively impersonal and formal methods of assessment. It is not surprising that the invaluable, informal supports available from the student’s familiar network often remain untapped or underdeveloped while teams focus on accessing adult services.

Use of a person-centered planning process with young adults with disabilities as they go through the transition process can unite formal and informal systems of support. By combining resources and working intentionally toward a common goal, families and professionals can achieve more positive outcomes for youth with disabilities, while at the same time putting long-term community supports in place.

Person-Centered Planning

Person-centered planning is a way to identify a student’s individual goals and to help students, families, and professionals craft plans that will support students as they strive to achieve their dreams. Expanding on the student’s interests, strengths, and abilities is one way to explore career options and make an informed decision about the future. The person-centered planning process can strengthen the transition to post-school activities by:

- Enhancing the quality of assessment and planning activities
- Fostering positive working relationships between families and professionals
- Providing a way for educators and those from other agencies to better coordinate their services
- Connecting families to adult service agencies before a student leaves high school
- Helping ensure that services support the student’s goals and lead to successful outcomes
- Helping identify and cultivate natural supports in the community
Many different person-centered planning tools have been developed for use in the transition process:

- MAPS
- Personal Futures Planning
- PATH planning
- Essential Lifestyle Planning

To ensure that the transition-planning process is student-driven, ask the following questions of students and those who know him or her well:

- What does he or she most look forward to upon arriving at school? Upon arriving home from school?
- What are his/her hobbies or special interests?
- When does he/she feel passion or become immersed in activities?

Most youth under the age of 20 are not developmentally ready to think very far into the future. As a result, some will become stressed, angry, or withdrawn if pushed too directly to think about choices outside their experience. Early and ongoing career exploration can help raise the topic at times when the student is most receptive. The following suggestions can assist parents and students to more fully participate in the IEP transition process:

- Identify the student’s interest in an occupation
- If the student expresses an interest in an occupation clearly beyond his/her abilities, find out the reason he/she is interested in a particular job. Encourage the student to think about other jobs that might fit with his/her interests and abilities.
- Help the student learn about his/her disability and how it might affect his/her future.
- Talk about things the student would like to do independently and ways he/she can learn those skills.
- Consider what support services might be needed to make his/her vision a reality.
- Once the student has a vision for the future, identify and prioritize what services are needed to accomplish the vision.

The IEP Process

Transition planning takes place as part of developing the student’s IEP. The plan is developed by the IEP team (which includes the student and the parents). The student must be invited to any IEP meeting where postsecondary goals and transition services needed to reach those goals will be considered. In transition planning, the IEP team considers areas such as postsecondary education or vocational training, employment, independent living, and community participation.

Students should leave high school being able to communicate his or her needs, interests, skills, supports, and accommodation needs. Students learn the skills to become actively involved in their IEP meetings from teachers and family members who teach them what to do and then provide them the opportunity to practice these skills. When students become actively involved in their IEP meetings, the meetings become positive and focus on strengths,
do not take any more time than teacher-directed meetings, and, when completed, the participants like them better than teacher-directed meetings.

Post high school goals will direct the completion of a student’s course of study and associated transition activities. Transition services are based on a student’s strengths as well as needs, consider a student’s preferences and interests, and focus on building specific skills.

The following questions might help guide the Transition IEP process:

- What are the student’s dreams, aspirations, or goals?
- What are the student’s needs, abilities and skills?
- How will the student develop self-advocacy skills?
- What are the programs, services, accommodations, or modifications the student wants or needs?
- What kinds of accommodations will students need when going on to higher education or employment?
- Who will be responsible for what part of the transition plan in the IEP?
- Should the educational program emphasize functional or academic goals? Or both?
- If a student plans on going to college, is he or she taking the courses needed to meet college entrance requirements?
- When will the student graduate? What kind of diploma option is the best choice?
- Are work experiences appropriate to reach employment goals?
Transition Planning Resources

**APSE (Association of People Supporting Employment First)** is the only national organization with an exclusive focus on integrated employment and career advancement opportunities for individuals with disabilities.

www.apse.org

**The Cooperative Educational Service Agency #2 (CESA)** provides services and support to its 74 member school districts throughout Dane, Green, Jefferson, Kenosha, Racine, Rock and Walworth counties in southern Wisconsin. Working in partnerships with school districts, universities, and businesses, CESA #2 strives to be a leader of educational leaders.

www.cesa2.org

**Department of Workforce Development, Division of Vocational Rehabilitation**

Wisconsin's Vocational Rehabilitation (DVR) is a federal/state program designed to obtain, maintain, and improve employment for people with disabilities by working with DVR consumers, employers, and other partners. DVR has a representative working with each high school:

- **East High School**
  - Karen Lambright 608-242-4927

- **LaFollette High School**
  - Karen Lambright 608-242-4927

- **Memorial High School**
  - Ted Meiss 608-242-4901

- **West High School**
  - Kristin Erickson 608-242-4855

- **Shabazz High School**
  - Karen Lambright 608-242-4927

For general information about DVR go to [www.dwd.state.wi.us/dvr/](http://www.dwd.state.wi.us/dvr/)

For information about the application process or to complete an on-line application go to [www.dwd.state.wi.us/dvr/jobseek.htm](http://www.dwd.state.wi.us/dvr/jobseek.htm)

**WI Department of Public Instruction (DPI)** offers a comprehensive website with significant information about the transition process.

[www.dpi.state.wi.us](http://www.dpi.state.wi.us)

**Disability.gov** connects you to important information about disability benefits, health care, and housing programs, as well as tools and resources for students making the transition from high school to college or work.


**LINK** is a coalition of Dane County agencies and programs for children with developmental disabilities and their families. The purpose of LINK is to provide a regularly scheduled forum for members to work together to promote: coordinated service for children and families; collaborative systems planning; sharing of information.

[www.linkdanecounty.org](http://www.linkdanecounty.org)

**National Center on Workforce and Disability/Adult** provides training, technical assistance, policy analysis, and information to improve access for all in the workforce development system. NCWD’s areas of expertise include: designing access for all, accommodations and assistive technology, developing employer relationships, helping customers find jobs, job-related support, legal requirements, partnerships and funding, disability policy and research.

[www.onestops.info](http://www.onestops.info)
National Secondary Transition Technical Assistance Center (NSTTAC) is an OSEP-funded project whose expertise is secondary transition. As part of its work, NSTTAC has developed extensive training materials to help states collect data about the transition services they provide to youth with disabilities (Indicator 13).

www.nsttac.org

Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children, and youth with disabilities by providing leadership and financial support to assist states and local districts.

www.ed.gov

Office of Disability Employment Policy (ODEP) was authorized by Congress in the Department of Labor’s FY 2001 appropriation. ODEP’s mission is to develop and influence policies and practices that increase the number and quality of employment opportunities for people with disabilities.

www.dol.gov/odep/

Opening Doors, a document published by the Wisconsin Department of Public Instruction specific to the transition process:


Social Security Administration
Connie DaValt, Area Work Incentive Coordinator
(608) 807-5995, x26030
www.socialsecurity.gov

The Transition Improvement Grant combines two long-standing discretionary grants: The Wisconsin Statewide Transition Initiative (WSTI) and the Wisconsin Post High School Outcomes Survey (WPHSOS) into one dynamic, statewide IDEA discretionary grant. TIG is intended to provide effective, targeted, and low cost professional development to Wisconsin youth, parents, educators and all stakeholders in the area of postsecondary transition to improve strategies that will positively affect the post school outcomes of students with disabilities.

www.wsti.org

Additional Online Resources:

Beach Center on Families and Disabilities www.beachcenter.org

Center for Parent Information and Resources www.parentcenterhub.org

I’m Determined www.imdetermined.org

MPACT www.ptimpact.org

National Center on Secondary Education and Transition www.ncset.org

National Collaborative on Workforce and Disability for Youth www.ncwd-youth.info
National Dissemination Center for Children with Disabilities  www.nichy.org
Pacer Center  www.pacer.org
Parents Educational Advocacy Training Center  www.peatc.org
Self-Determination Synthesis Project  www.uncc.edu/sdsp
Transition Improvement Grant (TIG)  www.wsti.org
Transition Process

Identify Student’s Interests and Create a Vision for the Future

Choose a Path Based on Student’s Interests, Abilities and Vision

Supported Employment

Competitive Employment

Military

Post Secondary

Follow Transition to Adulthood Checklist

Teacher Checklist

Parent and Student Checklist

Utilize Resources

Connect with Outside Agencies when Appropriate

Complete Successful Post Secondary Outcome
Legal Basis for Transitions

IDEA 2004 requirements relative to Transition Services

Definition:
Transition Services means a coordinated set of activities for a child with a disability that:
A. is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation;
B. is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests; and
C. includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives and when appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

Wisconsin state law requires all transition planning begin no later than the first IEP to be in effect when the child is 14, and updated annually thereafter. This includes:
- appropriate measurable post-secondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate independent living skills;
- the transition services (including courses of study) needed to assist the child in reaching those goals;
- beginning not later than 1 year before the child reaches the age of 18, a statement that the child has been informed of the child’s rights that will transfer to the child on reaching the age of 18.

If the purpose of the IEP meeting is to discuss a student’s post school goals and transition services needed, districts are required to obtain written parent or adult student consent in order to invite a representative of any outside agency (responsible for providing or paying for transition services). Written consent must be obtained prior to inviting an agency representative in order for the individual to be included on the invitation.

Summary of Performance: For a child whose eligibility for special education and related services ends via graduation or age, a local education agency shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s post-secondary goals.
IDEA 2004 Transition Requirements (Nine-Step Checklist for Indicator 13).

Step 1 The school district must invite a representative of an agency to the IEP meeting if that agency is likely to be responsible for providing or paying for transition services during the time frame of the current IEP. Prior to inviting outside agencies, the school must first obtain written parent/guardian/adult student consent using the form “Request to Invite Outside Agencies”. If an outside agency is invited, the name of the agency and the Title/Position of the person invited must be listed on the IEP Invitation.

i. At the 9th and 10th grades an IEP team may suspect an outside agency is likely to be involved however, it may be too early.

ii. If an agency is not invited, but the parent/student has been put in contact with the agency, document this in the IEP (under PLAAFP).

Step 2 Obtain written parent or adult permission to invite transition agencies. School districts are required to obtain consent of the parent/legal guardian or adult student to invite a representative of any outside agency that is likely to be responsible for providing or paying for transition services during the time frame of the IEP to an IEP meeting. Written consent must be obtained prior to creating the invitation. This requirement was included in the regulations specifically to address issues related to the confidentiality of information. This form is located in GUI in the “IDEA Other” section. This consent form should only be used for the purpose of inviting outside agencies to an IEP meeting at which transition needs and services will be discussed, and the agency will/may be involved in providing some of those services.

This form should not be used for inviting outside agencies to IEP meeting for other reasons, for example, students who have county social workers or who have agency involvement addressing emotional or behavioral needs. Other district forms and procedures allowing MMSD to invite non MMSD employees to meetings should be used instead.

Step 3 Invite student. Remember at age 14, students must be invited to their IEP meeting if any aspect of transition/post-school activities are discussed. When completing the invitation to an IEP meeting, checking “transition” automatically invites the student (in the GUI system). You should document the date and method of inviting the student on the Transition from, as well as whether the student did or did not attend the IEP meeting.

Step 4 If student is unable to attend, document the steps that were taken to ensure the child’s preferences/interests were considered when identifying his/her transition needs. Document your efforts in communicating informal discussions regarding transition plans, career ideas, strengths and interests (e.g., student conference, interviews).

Step 5 Measurable post-secondary goals are required in Employment and either Training or Education. If appropriate, goals should also be written for Independent living. The goals must satisfy two basic requirements:

1. Must be measurable (can it be counted);
2. Takes place after high school.
Post-secondary goals are not written to the same standard as IEP goals. These are big picture hopes and dreams, based on the student’s strengths, interests, and preferences. You are not held responsible if the student fails to reach the goal. However, the student’s individual educational program must be reasonably calculated to enable the student to reach their goal. The areas of Training/Education and Employment must list a specific area of training or area of study, (e.g. graphic design, food service, computer programming, engineering,) and employment field (e.g. retail sales, health profession, teacher). It is not sufficient simply to say that the student will work full time or enroll full time at a 2 yr/four yr school. If Independent living is included, the type of living arrangement should be described.

Step 6
Transition Services are a “Coordinated set of Activities” (instruction, related services, community experience, employment, post-school living objective, daily living skills, functional vocational evaluation) that focus on improving the academic and functional achievement of the child to facilitate their movement from school to post-school. There must be at least one transition service/activity that will reasonably enable the student to meet each stated postsecondary goal. The IEP team must consider services in each area as they relate to the overall post-secondary goals; however, some may not be applicable, thus it is not required that services are provided in each area. The way to conceptualize these “services” is to think about them as “activities” that enable the student to reach their post-secondary goals. Both DPI and the Wisconsin State Transition Initiative (WSTI) have adopted the following standards:

(1) Services/activities are at least a 2 year plan
(2) All 7 areas must be considered or addressed
(3) Must show evidence of coordination between student, parent, school and/or outside agencies (shared responsibility)
(4) Reviewed/revised on an annual basis

Step 7
A requirement of IDEA 2004 is the utilization of age appropriate transition assessment to determine the post-secondary goals (beginning at 14 years of age then administered annually). Examples include but are not limited to the following: Transition Planning Inventory (TPI), Career Cruising, COPS, CAPS, Enderle-Severson, ARC Self-Determination Scale, Supports Intensity Scale, and Structured Interviews (either at an IEP meeting or outside of the IEP process). The transition assessment must provide information on the student’s needs, taking into account strengths, preferences, and interests regarding each stated postsecondary goal.

The Department of Public Instruction (DPI) has developed a web-based Post-Secondary Transition Plan (PTP) that assists school districts to document the post high school transition requirements while meeting individual student needs. The PTP application guides the IEP team through the transition process by asking a set of questions. The PTP is completed during the IEP meeting with input from all team members.

SEE APPENDIX A FOR FURTHER INFORMATION ABOUT THE PTP
Step 8  Students age 14 years and older are required to have a Course of Study that focuses on improving the academic and functional achievement of the child to facilitate their movement from school to post-school. The Course of Study must be aligned with the student’s identified post-secondary goals and may be limited to the time frame of the IEP or may be multi-year.

Step 9  There must be at least one annual goal that will reasonably enable the child to make progress toward each of the post secondary goals. There must be a reasonable link between each post-secondary goal and the annual goal. A given annual goal could be linked to more than one post-secondary goal, and a post-secondary goal may be linked to more than one annual goal. If a student expresses a desire to become a teacher, a goal in reading, self-advocacy, or organization might be appropriate. You are not obligated to create a goal on how to become a teacher, which is the function of a college or university.

Required Activities Associated with the Graduation Process

Notice of Graduation
Eligibility for special education and related services ceases upon the granting of a regular high school diploma. High school graduation is also considered a change in placement for a child with a disability and thus an IEP meeting is required to notify the parent/adult student of this change in placement.

At an appropriate time before a student receives a regular diploma, the participants in an IEP meeting must review with the student and the parent/legal guardian whether:

- the school district’s graduation requirements will be met (or the student will graduate via an IEP team decision),
- the child’s IEP goals and objectives will be substantially completed and,
- new goals and objectives are not needed for the coming school year.

The IEP meeting at which this information is reviewed would usually be held within the last quarter of the student’s school career when the IEP team can determine if coursework will be completed successfully.

Note: Completion of a High School Equivalency Diploma (HSED) is not equivalent to meeting the school district’s graduation requirements. Students remain eligible for special education services after receiving a High School Equivalency Diploma.

Notice of Ending of Services Due to Age
IDEA states that districts must provide special education and related services to students through age 21. Wisconsin law requires districts to provide these services to a student who turns age 21 on or after the beginning of the school year through the end of the school term. “School term” is defined as beginning with the first school day and ending with the last school day that the district’s schools are in operation during the school year, other than for summer classes.

Ending of services via aging out is also considered to be a change in placement for a child with a disability. At an appropriate time before the end of the school term during which the
student turned 21, an IEP team meeting must be held. This meeting generally occurs in the 4th quarter of the school year, although it may occur earlier.

**Summary of Performance (SoP)**
The Summary of Performance, with the accompanying documentation, is important to assist the student in the transition from high school to higher education, training and/or employment. The SOP is required for all students graduating with a high school diploma (including those awarded a diploma for the completion of an HSED) and students who age out of high school but do not earn a diploma.

The SOP must be completed during the final year of a student’s high school education. The timing of completion of the SOP may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary as the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer the most updated information on the performance of the student.

The Summary of Performance is comprised of three primary components.

1. **Academic Achievement**: Math, Written Language, Reading. This forms a record of the student’s present level of academics in at least the three core areas (reading, math, written language). It should be documented in such a way that a stranger would know the academic level of the person.

2. **Functional Performance**: Social Skills, Behaviors, Employability Skills, Learning Style, Independent Living Skills. This documentation should paint a picture of the person’s abilities related to functioning in everyday society.

3. **Recommendations**: Assistive technology or other supports or modifications utilized in high school that enable the individual to meet post secondary goals. These are reasonable accommodations and or supports that the student is currently accessing and are expected to be needed in the future. Postsecondary education institutions find this most helpful during the eligibility and services determination process. Postsecondary education institutions try to match the accommodations used in the high school setting with the accommodations they will be using at the post secondary level to make the student’s transition easier.

**Who Needs a Summary of Performance?**

1. Students who will graduate with a high school diploma. This includes students awarded a high school diploma for the completion of a High School Equivalency Diploma (HSED).

2. Students who will age out of high school (for example, do not earn a diploma but are no longer eligible to receive special education services).

A Summary of Performance is not required when:

- If the student earns only the HSED without a diploma.
- If the student exits high school with a GED.
- Students who drop out of school.
CONSENT

What is informed consent?
- Informed consent means that the parent/guardian or adult student has been fully informed of all information relevant to the activity for which consent is sought
- The parent/guardian or adult student agrees in writing to carrying out the activity for which consent is sought
- The parent/guardian or adult student understands that consent is voluntary and may be revoked at any time before the district initiates or carries out the proposed activity/action
- The signed consent must be obtained before the activity and returned to the district before inviting any agency or person to any meetings or before the disclosure of any information

Informed consent must contain the following information in writing (as per MMSD policy):
- The legal name and birth date of the student for whom information is being disclosed
- The type of information being disclosed
- The agency making the disclosure
- The purpose of the disclosure
- The name of the individual, agency, or organization to which disclosure may be made
- The signature of the parent/guardian or adult student, and, if signed by a person other than the student, the relationship of that person to the student
- The date on which the consent was signed
- The time period during which the consent is effective

When should informed consent for students with disabilities be obtained?
Consent must be obtained any time you disclose a student has a disability or share information about the student with two exceptions:
- When there is a court order to release records
- When there is specific authority granted in statute (e.g. when a student transfers from one school district to another)

There are a variety of situations for which informed consent is required. These include, but are not limited to:
1. When inviting an agency representative to an IEP meeting when that agency may be responsible for providing or paying for transition services
   - use MMSD IEP (GUI) form “Request to Invite Outside Agency Representatives to an IEP Meeting”.
2. When inviting an agency representative to an IEP meeting when transition is not being discussed and/or the agency is not responsible for providing/paying for transition services
3. When disclosing information to outside agencies regarding the fact that the student has a disability and/or information about that disability
4. When disclosing information to an employer of the student for work experience
5. When inviting an outside agency (e.g. DVR) to speak to a special education class. (If the class is an integrated class or general education class, consent is not needed)
6. To invite agencies to any and all school initiated/coordinated meetings outside of the IEP process at which an outside agency will be attending,
7. When obtaining information from outside health care providers. Health care records are protected by HIPPA, which have additional requirements. Permission to obtain these records requires the use of a specific health care release of information form available on the district website. See IDEA Implementation Memo #7 for more information.
   • Forms: For scenarios # 2 – 7 above: Use MMSD permission forms available on the district website or from the Registrar’s office.

Note: “Outside agency” includes:
   • Any agency representative other than MMSD employees (or a representative from the sending school district of a tuition waver student), to include
     o All community agencies
     o Foster parents
     o Group home representative
     o A non-guardian relative or adult with whom the student is living

Note: Permission is required to invite the agency. However, if the parent/guardian/adult student brings an agency member or person to the meeting, written consent is not required

There are a variety of different activities that require consent. The type of activity must be specifically stated in the written consent form. Consent for one type of activity does not automatically give permission for any other type of activity. Examples include:
   • Exchange of oral information
   • Release of written records
     ▪ Student/pupil records means all records relating to individual pupils
     ▪ Progress records means records that include grades, courses taken, attendance, immunization records, and extracurricular
     ▪ Behavioral records includes psychological tests, evaluations, any statements regarding the student’s behavior, and includes IEP evaluations and programs
     ▪ Health Records
   • Permission to invite an outside agency to an IEP meeting
   • Permission to authorize the provision of special education services

Who can give signed permission for these activities?
Only the parent/legal guardian or the adult student who is his/her own guardian can give signed consent for these activities.

Additional information is available at http://dww.madison.k12.wi.us/registrar/reference/student_records_handbook.doc
The following federal laws impact the transition of individuals with disabilities from school to adult life:

- **Individuals with Disabilities Education Act (IDEA 2004, PL 108-446)**
- **2005 Wisconsin Act 258, Senate Bill 529**
- **Americans with Disabilities Act 1990 (ADA), amended in 2008.**

**Individuals with Disabilities Education Act (IDEA)**

“The 108th United States Congress finds the following: Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” PL 108-446, IDEA 2004

The Individual with Disabilities Education Act (IDEA 2004) is the most important federal law for children and youth with disabilities (ages 3 – 21).

There are six principles critical to understanding the spirit and intent of the IDEA. They provide the framework around which special education services are designed and provided to students with disabilities. These principles are:

- Free Appropriate Public Education (FAPE)
- Appropriate Evaluation
- Individualized Education Program (IEP)
- Least Restrictive Environment (LRE)
- Parent and Student Participation and Decision Making
- Procedural Safeguards

This legislation requires a process that includes multidisciplinary and multi-agency sharing of transition programming responsibilities.

**Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendment Act of 2008 are pieces of civil rights legislation which prohibit discrimination based solely on the basis of disability in employment, public services, and accommodations. The person must be otherwise qualified for the program, service, or job. For more information please see: [http://www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm)


The Rehab Act states that individuals with disabilities have the right to live on their own, make their own decisions, work in careers they like, contribute to society, and fully be part of their community. This law provides funds for vocational rehabilitation services to train and place people with disabilities on jobs. The Division of Vocational Rehabilitation (DVR) is the agency in Wisconsin that applies this law.
The Rehabilitation Act aims to:
- Reduce service gaps and barriers for students transitioning from high school to DVR and other adult services.
- Require D/R and schools to work together to fund and educate young adults with disabilities. The Rehabilitation Act and IDEA intentionally treat transition services the same way so that education and rehabilitation services are a coordinated effort.

Section 504 of the Rehabilitation Act of 1973
Section 504 was enacted to “level the playing field,” to eliminate impediments to full participation by persons with disabilities. The statute was intended to prevent intentional or unintentional discrimination against persons with disabilities, persons believed to have disabilities, or family members of persons with disabilities. Section 504 protects qualified individuals with disabilities. A postsecondary school may not discriminate on the basis of disability. It must ensure that the programs it offers, including extracurricular activities, are accessible to students with disabilities. Postsecondary schools can do this in a number of ways: by providing architectural access, providing aids and services necessary for effective communication, and by modifying policies, practices, and procedures. All programs and services must be provided in an integrated setting. In some instances, architectural access may be the only way to make a program accessible. Qualified interpreters, assistive listening systems, captioning, TTYs, qualified readers, audio recordings, taped texts, Braille materials, large print materials, materials on computer disk, and adapted computer terminals are examples of auxiliary aids and services that provide effective communication. Such services must be provided, unless doing so would result in a fundamental alteration of the program or would result in undue financial or administrative hardship burdens. The most challenging aspect of modifying classroom policies or practices for students with disabilities is that it requires thought and prior preparation. The actual modifications are rarely substantive or expensive. Some examples include the following: Rescheduling classes to an accessible location; Early enrollment options for students with disabilities to allow time to arrange accommodations; Substitution of specific courses required for completion of degree requirements; Allowing service animals in the classroom; Providing students with disabilities with a syllabus prior to the beginning of class; Clearly communicating course requirements, assignments, due dates, grading criteria, both orally and in written form; Providing written outlines or summaries of class lectures, or integrating this information into comments at the beginning and end of class; Allowing students note takers or tape record lectures. Accommodations/Modifications will always vary based on the individual student’s needs. Modifications of policies and practices are not required when it would fundamentally alter the nature of the service, program, or activity.
For more information please see: http://www.ed.gov/policy/speced/reg/narrative.html or http://www.dol.gov/oasam/regs/statutes/sec504.htm
Supported Employment Path

The guide for the Supported Employment Path is a tool for students, parents, teachers, and guidance counselors to utilize. The Supported Employment Path can be considered useful for students requiring different levels of support. The checklists can be used for students needing a limited amount of supported employment services or for those requiring long term support from an adult services agency.

Supported Employment

Supported Employment refers to competitive work in integrated work settings for persons with disabilities. Supported Employment is for people whom competitive employment has not traditionally occurred or for whom employment has been interrupted as a result of disability. There are many levels of Supported Employment. A few examples include: One-on-one support (constant support at a job site), paired support (two individuals with a disability receiving help from one job coach), spot checks (periodic checks at a job site).

Community employment for adults with developmental disabilities is the community standard in Dane County. People with disabilities have the same needs and expectations for paid employment as other workers – financial stability, social opportunities, and a sense of achievement and purpose. The Dane County Transition Policy has supported these goals by providing supported employment to students leaving school with paid jobs. Most students have greatly benefited from avoiding a stay on waiting lists for vocational services and being able to have a smooth transition between school and work.

Interagency Agreement

In 2004, the Department of Public Instruction (including Madison Metropolitan School District) and the Division of Vocational Rehabilitation (DVR) began working together to develop an Interagency Agreement. The agreement fulfills the mandates of the Individuals with Disability Education Act (IDEA) and the Rehabilitation Act, as well as clarifies agency roles and establishes suggested guidelines for providing transition activities for students with disabilities in Wisconsin.

IDEA was updated in 2004, which made it necessary to update the 2004 agreement and created an excellent opportunity to expand the agreement to include the Department of Human Services (“Dane County”). With the new partners, a very important piece of the transition process was addressed: long-term support services. Long-term supports and services are those goods and services provided by DHS programs that will assist eligible people to either maintain or improve functional ability and live and participate in their communities.

Dane County Health and Human Services uses the local Aging and Disability Resource Center (ADRC) as the point of entry for services and supports for these target populations. Youth transitioning as early as age 17 years and six months can apply for services to the adult long-term care system.

Not all students who have IEPs are eligible for long term support services. To have an IEP, the student must meet the eligibility criteria for IDEA. To be eligible for DVR, the student must meet the eligibility criteria for the Rehabilitation Act. The eligibility criteria for these
two laws are not identical. To be eligible for Long Term Care or Mental Health Services, the student must meet eligibility criteria (completed by the ADRC or County Human Services).

In response to extremely long waiting lists for vocational services, the Dane County Board has established a policy affecting young adults with developmental disabilities attending school districts in Dane County. Previously, schools were spending energy and resources training young people in jobs, only to find that when the individual left the school system at age 21, there were no follow-up services available. The person was usually placed on Dane County’s vocational waiting list. The result was that these productive workers lost skills, jobs, and income as they sat at home, often for many years, waiting for services.

The Dane County Board decided that it is sound fiscal and ethical policy to continue on-the-job training and support after the person turns 21 years old and exits the public school system. However, in order to be fair to the waiting list, the policy emphasizes continuity of service as opposed to new or increased service. This means that for whom taxpayer funds have been provided job training and placement will receive the needed support to maintain that job schedule when the student has completed school services.

The following conditions need to be met in order for a student to receive county-funded vocational services at age 21:

(1) The student remains within the school system throughout the year during which the individual turns 21 years old.
(2) The student is working in paid employment at the time of transition.

Funding for vocational supports from Dane County will continue for as long as needed. It is expected that other funding sources will be utilized if available, specifically DVR and Medicaid waiver programs.
DANE COUNTY HUMAN SERVICES (DCHS)
After exiting school, students move into adult long-term support. DCHS provides Medicaid Waiver funding for long-term support including ongoing job coaching support for employment, essential transportation, and Support Broker/Case Management services.

WI DIVISION OF VOCATIONAL REHABILITATION (DVR)
At the point of transition to long-term support, the DVR provides short-term funding for specific job related supports such as help with job development, work experiences, initial training on the job and adaptive technology to increase independence. DVR funding typically lasts for 9-12 months.

SCHOOL
School Case Managers are the team members who keep things moving forward and prepare for the student's transition throughout high school. The school holds the primary responsibility for securing paid employment for the student before they exit the school system.

The Journey...
Our approach is student-driven and individualized. The student plays an active role in the transition process.
Supported Employment Path:
Transition to Adulthood Checklist for Teachers

Grade 8
State Law Requires transition planning to begin not later than the first IEP to be in effect when the child is 14, and updated annually thereafter.

- Follow district procedure for student’s moving across levels (SMAL) for movement from 8th to 9th grade. Plan and develop high school class schedule aligned to transition path/course of study.
- Include high school teacher in 8th grade transition IEP meeting to improve the transition to high school.
- Facilitate student tour of the high school either individually or in small groups, based on student’s needs.
- Administer an age appropriate transition assessment.
- Assess student’s post secondary interests and aptitudes to determine transition path.
- Facilitate exploration of career options through any of the following: career/interest inventories, discussions with family/friends/school personnel, person-centered planning.
- If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.

Grade 9
- Identify student interests and aptitudes.
- Administer an age appropriate transition assessment.
- Schedule student into activities/situations designed to encourage development of self advocacy for daily living skills that increase independence (i.e., travel skills, appropriate social skills, functional reading/math).
- Design a class schedule based on ability, interests, and post secondary options.
- If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.
- Facilitate exploration of career options through any of the following: career/interest inventories, discussions with family/friends/school personnel, person-centered planning.
Begin to develop Student Portfolio and Vocational Profile. Include the latest reevaluation/IEP, transcript, parent permissions, and letters of recommendation when appropriate.

**Grade 10**

- Continue to identify student interests and aptitudes.
- Administer an age appropriate transition assessment.
- If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.
- Encourage the participation in career exploration through site visits, career fairs, volunteer opportunities, interest inventories.
- Assist student in obtaining a Work Permit when offered employment. The student will need a birth certificate, parent/guardian permission, and letter from employer. The student will be charged for the work permit.
- Continue to develop Student Portfolio and Vocational Profile. Include the latest reevaluation/IEP, transcript, parent permissions, and letters of recommendation when appropriate.

**Grade 11**

- Work with family and guidance counselor to match career opportunities to interests/abilities and develop tentative vocational goals at Junior Conference.
- Administer an age appropriate transition assessment.
- If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.
- Inform student and parent/legal guardian of the rights that will transfer to the student at age 18 unless the appointment of a legal guardian occurs.
- Continue to develop Student Portfolio and Vocational Profile. Include latest reevaluation/IEP, transcript, parent permissions, work permits, vocational agreements, employment history, and letters of recommendation when appropriate.

**Grade 12**

- Continue working with family, student, guidance counselor in matching employment and or career opportunities to interests/abilities based on student need, interest, and ability.
- Administer an age appropriate transition assessment.
- Facilitate student use of public transportation and/or assist with obtaining a driver’s license when appropriate.
- Support student in obtaining volunteer experiences and employment opportunities.
If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.

No later than 4 semesters prior to graduation, work with family to complete DVR referral.

At age 17.5, student is referred to Dane County Aging and Disability Resource Center (ADRC) for possible long-term vocational supports. They will require latest IEP/Evaluation with IQ and adaptive skills scores.

Forward materials in the Student Portfolio/Vocational Profile to Dane County Aging and Disability Resource Center (ADRC) or DVR when appropriate.

Continue to develop Student Portfolio and Vocational Profile Include latest reevaluation/IEP, transcript, parent permissions, work permits, vocational agreements, employment history, and letters of recommendation when appropriate.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Inform guidance counselor student will be graduating via IEP when appropriate.

**Grade 12 (age 19)**

Continue working with family, student, guidance counselor in matching employment and or career opportunities to interests/abilities based on student need, interest, and ability.

Administer an age appropriate transition assessment.

Facilitate student use of public transportation and/or assist with obtaining a driver’s license when appropriate.

Support student in obtaining/maintaining volunteer experiences and employment opportunities.

If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, DVR, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.

No later than 4 semesters prior to exit date, work with family to complete DVR referral.

Complete ADRC information request regarding students likely to be eligible for long-term support.

If student is new to the area, refer to Dane County Aging and Disability Resource Center (ADRC) for possible long-term vocational supports. They will require latest IEP/Evaluation with IQ and adaptive skills scores.

Forward materials in the Student Portfolio/Vocational Profile to Dane County Aging and Disability Resource Center (ADRC) and DVR when appropriate.
Continue to develop Student Portfolio and Vocational Profile, include latest reevaluation/IEP, parent permissions, work permits, vocational agreements, employment history, and letters of recommendation when appropriate.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Inform guidance counselor student will be graduating via IEP when appropriate.

**Grade 12 (age 20)**

Continue working with family, student, guidance counselor in matching employment and or career opportunities to interests/abilities based on student need, interest, and ability.

Administer an age appropriate transition assessment.

Facilitate student use of public transportation and/or assist with obtaining a driver’s license when appropriate.

Support student in obtaining paid employment opportunities.

If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, DVR, Dane County Human Services, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.

No later than 4 semesters prior to exit date, work with family to complete DVR referral.

If student is new to the area, refer to Dane County Aging and Disability Resource Center (ADRC) for possible long-term vocational supports. They will require latest IEP/Evaluation with IQ and adaptive skills scores.

Forward materials in the Student Portfolio/Vocational Profile to Dane County Aging and Disability Resource Center (ADRC) and DVR when appropriate.

Continue to develop Student Portfolio and Vocational Profile, include latest reevaluation/IEP, parent permissions, work permits, vocational agreements, employment history, and letters of recommendation when appropriate.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Inform guidance counselor student will be graduating via IEP when appropriate.

**Grade 12 (age 21)**

Contact Dane Co. Human Services (DCHS)(Doug Hunt, 242-6358) to coordinate and plan for student’s final year.

Continue working with family, student, guidance counselor in matching employment and or career opportunities to interests/abilities based on student need, interest, and ability.

Administer an age appropriate transition assessment.

Facilitate student use of public transportation and/or assist with obtaining a driver’s license when appropriate.
Support student in obtaining/maintaining employment opportunities.

If applicable, obtain written consent from parent to invite outside agencies (Family Support and Resources Center, Waisman Center Community Ties, DVR, Dane County Human Services, other agencies involved in supporting student) to the IEP and document that the outside agency is invited on the IEP.

No later than 4 semesters prior to exit date, work with family to complete DVR referral.

If student is new to the area, refer to Dane County Aging and Disability Resource Center (ADRC) for possible long-term vocational supports. They will require latest IEP/Evaluation with IQ and adaptive skills scores.

Forward materials in the Student Portfolio/Vocational Profile to Dane County Aging and Disability Resource Center (ADRC) and DVR when appropriate.

Continue to develop Student Portfolio and Vocational Profile, include latest reevaluation/IEP, parent permissions, work permits, vocational agreements, employment history, and letters of recommendation when appropriate.

By March of final year, contact vocational agency and coordinate training between agencies.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Inform guidance counselor student will be graduating via IEP when appropriate.

Complete Notice of Graduation and Summary of Performance during last year of school prior to exiting high school, i.e., student will no longer be entitled to special education.

Please see Appendix D for Vocational Profile template and Employability Skills Evaluation.

Please see Appendix E for Dane County Transition Information
Supported Employment Path:
Transition to Adulthood Checklist for Parents and Students

Grade 8

- Begin developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card.

- Discuss with your child the importance of lifelong learning and the value of work/employment.

- Create opportunities for your child to establish positive work and study habits or various work responsibilities.

- Encourage involvement in extracurricular activities, volunteering, and social functions.

- Engage in discussions with your child about their hopes, dreams, and aspirations following high school.

- Engage your child in decision making so that he/she learns to look at options carefully, makes safe decisions, and takes responsibility for final decisions.

- Start to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Grade 9

- Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card.

- Discuss with your child the importance of lifelong learning and the value of work/employment.

- Create opportunities for your child to establish positive work and study habits.

- Engage in discussions with your child about their hopes, dream, and aspirations following high school.

- Encourage involvement in extracurricular activities, volunteering, and social functions.

- Engage your child in decision making so that he/she learns to look at options carefully, makes safe decisions, and takes responsibility for final decisions.

- Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.
Grade 10

- Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.
- Continue your support of extracurricular involvement, volunteering, and social functions.
- Engage in discussions with your child about their hopes, dreams, and aspirations following high school.
- Engage your child in decision making so that he/she learns to look at options carefully, makes safe decisions, and takes responsibility for final decisions.
- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.
- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Grade 11

- Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.
- Engage in discussions with your child about their hopes, dreams, and aspirations following high school.
- Engage your child in decision making so that he/she learns to look at options carefully, makes safe decisions, and takes responsibility for final decisions.
- Assist son/daughter in obtaining work permit from school office when offered employment. Birth certificate, social security card, and letter of intent to hire from employer are needed. The student will be charged for the work permit.
- Network with other parents on short and long-term vocational options/ideas for your son/daughter.
- Coordinate with case manager a meeting with DVR representative (if appropriate) to examine resources available to son/daughter that may assist in career interest inventories/job finding/maintaining skills.
- Determine if the student rights will transfer to the student at age 18. Initiate guardianship process if rights will not transfer to the student.
- At age 17.5, refer your son/daughter to the Aging and Disability Resource Center (ADRC) for possible long-term vocational supports.
- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.
Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

**Grade 12 (+)**

- Assist child in expanding an organized student file with assistance from teacher(s) and counselor(s). The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, documentation of work experiences and résumé.

- Encourage involvement in extracurricular activities, volunteering, social and paid work experiences.

- Engage in discussions with your child about their hopes, dreams, and aspirations following high school.

- Engage your child in decision making so that he/she learns to look at options carefully, makes safe decisions, and takes responsibility for final decisions.

- Reinforce programming opportunities that strengthen self-advocacy, independent living, and vocational skills.

- Assume son/daughter will maintain legal decision making responsibilities after age 18 unless parent or another member of the community retains guardianship.

- Continue dialogue with DVR representative (if appropriate) examining resources available to son/daughter that may assist in job finding/maintaining skills.

- In September of final year of school eligibility, meet with selected outside agencies and school case manager to discuss how and when vocational agencies are selected. Additional discussions may also focus on involving as many different community agencies/services as possible to fulfill transition goals and requirements.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.
Supported Employment Resources

Dane County Human Services provides support to the following:

- Adults with Developmental Disabilities
- Adults with Physical Disabilities
- Adults with Mental Health Needs

Dane County Human Services:
1202 Northport Drive, Madison, WI 53704
For general information
Phone: (608) 242-6200 or www.countyofdane.com/humanservices/hshome.htm

For Support to Adults with Developmental Disabilities:
For general information, referral information, services and to see if individuals are eligible to receive services contact: Dane County Aging and Disability Resource Center (ADRC)

- **intake line:** (608) 240-7476
- [www.daneadrc.org](http://www.daneadrc.org)
- adrc@countyofdane.com

Dane County Human Services Supported Employment Program:

- Doug Hunt, (608) 242-6358 or hunt.douglas@co.dane.wi.us

Dane County Transition Coordinators:

- General information
  Doug Hunt, 242-6358 or hunt.douglas@co.dane.wi.us
- **Family Support and Resource Center:** (Dane County contracted services)
  Phone: (608) 221-4611, Fax: (608) 221-4655
  [www.fsrdane.org](http://www.fsrdane.org)
- **Progressive Community Services, Inc.** Dane County contracted services)
  (608) 848-8305
  alexab@pcsdane.org
  [www.pcdane.org](http://www.pcdane.org)
- **United Cerebral Palsy Adult Services** (Dane County contracted services)
  608-273-8482
  ucpgd@ucpdane.org
  [www.ucpdane.org](http://www.ucpdane.org)

For Support to Adults with Physical Disabilities:
For general information, referral information, and services contact

- The Community Living Alliance
  (608) 242-8335
  [www.cla-madison.org](http://www.cla-madison.org)
- Access to Independence
  (608) 242-8484
  [www.accesstoind.org/pages/](http://www.accesstoind.org/pages/)
- CareWisconsin
  [www.carewise.org](http://www.carewise.org)
For Support to Adults with Mental Health Needs:
**Recovery Dane** is a Dane County Human Services mental health information and referral program that serves as the centralized portal for mental health information and referral, for professionals, peers and the community.
[https://www.recoverydane.org](https://www.recoverydane.org)
info@recoverydane.org
(608) 237-1661

**Department of Workforce Development, Division of Vocational Rehabilitation** *
Wisconsin’s Vocational Rehabilitation (DVR) is a federal/state program designed to obtain, maintain, and improve employment for people with disabilities by working with DVR consumers, employers, and other partners. DVR has a representative working with each high school:

East High School  Karen Lambright  608-242-4927
LaFollette High School  Karen Lambright  608-242-4927
Memorial High School  Ted Meiss  608-242-4901
West High School  Kristin Erickson  608-242-4855
Shabazz High School  Karen Lambright  608-242-4927

For general information about DVR go to [www.dwd.state.wi.us/dvr/](http://www.dwd.state.wi.us/dvr/)
For information about the application process or to complete an on-line application go to [www.dwd.state.wi.us/dvr/jobseek.htm](http://www.dwd.state.wi.us/dvr/jobseek.htm)

**Employment Resources, Inc.**
Dane County funded agency that analyzes an individual’s benefit as a consequence of work. A complete benefits analysis can be incorporated into the DVR plan with minimal to no cost to the individual.
1-855-401-8549 or (608) 246-3444.

**Social Security Administration**
Connie DaValt, Area Work Incentive Coordinator
(608) 807-5995, x26030
[www.socialsecurity.gov](http://www.socialsecurity.gov)

For a complete explanation of the services provided by each agency, refer to the Community Agency section in this guide.
Competitive Employment Path

The guide for the Competitive Employment Path is a tool for students, parents, teachers, and guidance counselors to utilize.

Competitive Employment

Employment found in integrated vocational settings within the community that requires no additional support from the MMSD or community agencies.

Student Rights in Supported Employment as required by ADA

ADA requires employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, it prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities, unless it results in undue hardship.

Self Advocacy

To receive accommodations at work, students are responsible for revealing and providing current documentation of a disability. This applies to businesses with 15 or more employees. Appropriate self advocacy skills may include but are not limited to the following:

- Effectively communicate your needs relative to your disability.
- Communicate strengths and weaknesses
- Communicate areas where you may need accommodations to access work responsibilities
- Describe your legal rights to work related accommodations under, ADA, and Section 504.
Competitive Employment Path:  
Transition to Adulthood Checklist for Teachers

Grade 8
State Law Requires transition planning to begin not later than the first IEP to be in effect when the child is 14, and updated annually thereafter.

- Follow district procedure for student’s moving across levels (SMAL) for movement from 8th to 9th grade. Plan and develop high school class schedule aligned to transition path/course of study.
- Include high school teacher in 8th grade transition IEP meeting to improve the transition to high school.
- Facilitate student tour of the high school either individually or in small groups, based on student’s needs (if/when appropriate).
- Assess student’s post secondary interests and aptitudes to determine transition path.
- Administer an age appropriate transition assessment.
- Facilitate exploration of career options through any of the following: career/interest inventories, career fairs, discussions with family/friends/school personnel.
- Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Grade 9
- Identify student interests and aptitudes.
- Administer an age appropriate transition assessment.
- Work with Guidance Counselor and design a class schedule based on ability, interests, and post secondary options.
- Facilitate exploration of career options through any of the following: career/interest inventories, career fairs, discussions with family/friends/school personnel.
- Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.
- Encourage student participation in extracurricular activities.
- Begin to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, interest inventories, transition assessment, and standardized test scores.
Grade 10

- Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, appropriate social skills, and vocational skills.

- Continue to identify student interests and aptitudes.

- Administer an age appropriate transition assessment.

- Encourage student participation in career exploration through site visits, career fairs, volunteer opportunities.

- Assist student as needed in obtaining a work permit when offered employment. The student will need a birth certificate, parent/guardian permission, and letter from employer. The student will be charged for the work permit.

- Facilitate student use of public transportation and/or working with student on the written exam for a driver’s license

- Assist the family/student in obtaining State of Wisconsin Division of Vocational Rehabilitation (DVR) application.

- Review ADA worker rights with student at the IEP meeting.

- Obtain written consent from parent to invite outside agency prior to creating IEP invitation. When approved, invite DVR and any post secondary linking agencies to the IEP meeting when appropriate.

- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, interest inventories, transition assessment, parent permissions, work permits, employment history, and letters of recommendation when appropriate.

Grade 11

- Work with family and guidance counselor to match career opportunities to interests/abilities and develop a tentative career goal no later than Junior Conference.

- Coordinate with guidance counselor credit profile update to meet graduation requirement.

- Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, appropriate social skills, and vocational skills.

- Administer an age appropriate transition assessment.

- Facilitate the participation in volunteer or paid work experience.

- Facilitate student use of public transportation and/or obtaining driver’s license.

- Facilitate the connection between family/student and State of Wisconsin Division Vocational Rehabilitation (DVR) application. Advise family to submit application during fall semester.

- Obtain written consent from parent to invite outside agency prior to creating IEP invitation. When approved, invite DVR and any post secondary linking agencies to the
IEP meeting when appropriate and document that the outside agencies are invited on the IEP. DVR should attend 4 semesters prior to graduation.

- Inform student and parent/legal guardian of the rights that will transfer to the student at age 18 unless the appointment of a legal guardian occurs.

- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, interest inventories, transition assessment, parent permissions, work permits, employment history, and letters of recommendation when appropriate.

**Grade 12**

- Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, appropriate social skills, and vocational skills.

- Administer an age appropriate transition assessment.

- Continue working with family and guidance counselor in matching employment and or career opportunities to interests/abilities based on student need, interest, and ability.

- Facilitate student participation in volunteer and/or paid work experience(s).

- Obtain written consent from parent or adult student to invite outside agency prior to creating IEP invitation. Then invite all approved post secondary linking agencies to IEP meeting and document that the outside agencies are invited on the IEP.

- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, interest inventories, transition assessment, parent permissions, work permits, employment history, and letters of recommendation when appropriate.

- Coordinate with guidance counselor credit profile update to meet graduation requirement.

- Complete Notice of Graduation and Summary of Performance during the last year of school prior to exiting high school, i.e., student will no longer be entitled special education.
Competitive Employment Path:  
Transition to Adulthood Checklist for Parents and Students

Grade 8

Begin developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate and social security card.

Discuss with your child the importance of lifelong learning and the value of work/employment.

Create opportunities for your child to establish positive work and study habits or various work responsibilities.

Encourage involvement in extracurricular activities and volunteering.

Engage your child in decision-making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.

Start to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

Grade 9

Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, and social security card.

Discuss with your child the importance of lifelong learning and the value of work/employment.

Create opportunities for your child to establish positive work and study habits or various work responsibilities.

Encourage involvement in extracurricular activities and volunteering.

Engage your child in decision-making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.

Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.
- Ensure that your child understands the nature of his/her disability and the impact of this disability in various environments. Work with your child to develop language describing his/her disability and practice advocacy skills.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

- Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 10**

- Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, and social security card.

- Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

- Begin exploring appropriate short term and long term vocational options with your child.

- Continue your support of extracurricular involvement and encourage participation in leadership roles.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Ensure that your child understands the nature of his/her disability and the impact of this disability in various environments. Work with your child to develop language describing his/her disability and practice advocacy skills.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

- Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 11**

- Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, work permits, work history, and letters of recommendation.

- Continue networking with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

- Encourage involvement in extracurricular activities, volunteering, and possibly paid work experiences based on interests and skills.

- Assist son/daughter in obtaining work permit from school office when offered employment. Birth certificate, social security card, and letter of intent to hire from employer are needed. The student will be charged for the work permit.
Network with other parents on short and long-term vocational options/ideas for your son/daughter.

Four semesters prior to graduation, meet with DVR representative (if appropriate) examining resources available to son/daughter that may assist in career interest inventories/job finding/maintaining skills.

Attend Junior Conference with a focus on appropriate career options.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Determine if the student’s rights will transfer to the student at age 18. Initiate guardianship process if rights will not transfer to student.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Ensure that your child understands the nature of his/her disability and the impact of this disability in various environments. Work with your child to develop language describing his/her disability and practice advocacy skills.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s leadership of the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

Grade 12

Assist child in expanding organized file with assistance from teacher(s) and counselor(s). The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, work permits, work history, resume, and letters of recommendation.

Encourage involvement in extracurricular activities, volunteering, and particularly paid work experiences.

Reinforce programming opportunities that strengthen academic development and self advocacy skills.

Continue dialogue with DVR representative (if appropriate), examining resources available to son/daughter that may assist in job finding/maintaining skills.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s leadership of the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.
Competitive Employment Resources

For Support to Adults with Physical Disabilities:
For general information, referral information, and services contact

- The Community Living Alliance
  (608) 242-8335
  www.cla-madison.org

- Access to Independence
  (608) 242-8484
  www.accesstoind.org/pages/

- CareWisconsin
  www.carewisc.org

For Support to Adults with Mental Health Needs:
Recovery Dane is a Dane County Human Services mental health information and referral program that serves as the centralized portal for mental health information and referral, for professionals, peers and the community.
www.recoverydane.org
info@recoverydane.org
(608) 237-1661

Dane County Job Center
JobNet, a self-service system for viewing job openings; workshops on resumes, the job market, and interviews; individual career services.
(608) 245-5390
www.danejobs.com

Department of Workforce Development, Division of Vocational Rehabilitation *
Wisconsin's Vocational Rehabilitation (DVR) is a federal/state program designed to obtain, maintain, and improve employment for people with disabilities by working with DVR consumers, employers, and other partners. DVR has a representative working with each high school:

- East High School  Karen Lambright  608-242-4927
- LaFollette High School  Karen Lambright  608-242-4927
- Memorial High School  Ted Meiss  608-242-4901
- West High School  Kristin Erickson  608-242-4855
- Shabazz High School  Karen Lambright  608-242-4927

For general information about DVR go to www.dwd.state.wi.us/dvr/
For information about the application process or to complete an online application go to www.dwd.state.wi.us/dvr/jobseek.htm

Employment Resources, Inc.
Dane County funded agency that analyzes an individual’s benefit as a consequence of work. A complete benefits analysis can be incorporated into the DVR plan with minimal to no cost to the individual.
1-855-401-8549 or (608) 246-3444.
http://www.eri-wi.org/
Youth Apprenticeship
YA integrates school-based and work-based learning to instruct students in employability and occupational skills defined by Wisconsin industries. Local programs provide training based on statewide youth apprenticeship curriculum guidelines, endorsed by business and industry. Students are instructed by qualified teachers and skilled worksite mentors. Students are simultaneously enrolled in academic classes to meet high school graduation requirements, in a youth apprenticeship related instruction class, and are employed by a participating employer under the supervision of a skilled mentor.
((608) 266-3131
www.dwd.wisconsin.gov

Madison College Apprenticeship Program
Apprenticeships are training programs that combine structured on-the-job training with related classroom instruction. Apprentices are sponsored by employers, employer associations or labor/management groups and receive a regular wage during training. (608) 246-6102
www.madisoncollege.edu/apprenticeships

Building and Trades Council of South Central WI
Offers apprenticeships in construction and building trades
(608) 256-3161
http://btrades.com/apprenticeships.php

International Brotherhood of Electrical Workers (local 159)
IBEW offers three apprenticeship programs:
- Construction
- Residential
- Voice/Data/Video
(608) 255-2989
www.ibew159.org

International Union of Operating Engineers Local 139:
The Local 139 apprenticeship program accommodates both prospective heavy equipment operators and those with limited experience. With a total of 6000 hours of on the job training for the entry-level operator, the experience levels are broken down to four, 1500-hour pay periods. This allows applicants with limited experience to be placed at a level in accordance with the amount of prior experience they may have.
(608) 243-0139 or Toll Free: (800) 851-7584
http://www.iuoe139.org/engineers.iml?mdl=about.mdl
Operation Fresh Start Inc. Employment training and education program for young people 16-24. Participants can earn an HSED while building homes for low-income families, are paid a living allowance and receive an education award for continued education upon the completion of their term.
(608) 244-4721
www.operationfreshstart.org

Other Resources

411 on Disability Disclosure:
www.ncwd-youth.info/assets GUIDES/411/411_Disability_Disclosure_complete.pdf

America’s Job Bank: www.jobbankinfo.org


Employment Guide: www.employmentguide.com

Job Accommodation Network (JAN): www.jan.wvu.edu/

Job Center www.danejobs.com

National Career Development Association: http://www.ncda.org

National Collaborative on Resource and Disability: www.ncwd-youth.info

National Rehabilitation Information Center (NARIC). www.naric.com

Opening Doors, a document published by the Wisconsin Department of Public Instruction specific to the transition process: http://dpi.wi.gov/sped/pdf/tranopndrs.pdf


University of Wisconsin, Waisman Center: www.waisman.wisc.edu

Career Assessment Guides


Career Planning Assessment:

Career Builder: www.careerbuilder.com

Career Cruising: www.careercruising.org

O-Net Resource Center: www.onetcenter.org/
Military Path

The guide for the Military Path is a tool for students, parents, teachers, and guidance counselors to utilize during the transition process.

Military

Army, Navy, Air Force, Marines, Coast Guard or National Guard

Student Rights in the Military as required by ADA

Individuals in the military do not have additional rights by ADA. Their rights are the same as all individuals entering the military.
Military Path:
Transition to Adulthood Checklist for Teachers

Grade 8
State Law Requires transition planning to begin not later than the first IEP to be in effect when the child is 14, and updated annually thereafter.

- Follow district procedure for student’s moving across levels (SMAL) for movement from 8th to 9th grade. Plan and develop high school class schedule aligned to transition path/course of study.
- Include high school teacher in 8th grade transition IEP meeting to improve the transition to high school.
- Facilitate student tour of the high school either individually or in small groups, based on student’s needs.
- Assess student’s post secondary interests and aptitudes to determine transition path.
- Administer an age appropriate transition assessment.

Grade 9

- Identify student interests and aptitudes.
- Administer an age-appropriate transition assessment.
- Work with Guidance Counselor and design a class schedule based on ability, interests, post secondary options and admission requirements.
- Schedule student into courses or environments that promote skill development in time management, note taking, study skills, self advocacy, stress management, and exam preparation.
- Facilitate exploration of career options through any of the following: career/interest inventories, career fairs, discussions with family/friends/school personnel.
- Encourage student participation in extracurricular activities.
- Begin to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores.
- Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Grade 10

- Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, appropriate social skills, and vocational skills
- Continue to identify student interests and aptitudes.
Administer an age appropriate transition assessment.

Encourage student participation in career exploration and or vocational possibilities through site visits, career fairs, volunteer opportunities.

Facilitate student use of public transportation and/or working with student on the written exam for a driver’s license.

Facilitate student/family/guidance counselor meeting to discuss military and military entrance requirements.

Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, work permits, and letters of recommendation when appropriate.

Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Grade 11

Work with family and guidance counselor to match career opportunities to interests/abilities and develop a tentative career goal no later than Junior Conference.

Coordinate with guidance counselor credit profile update to meet graduation requirement.

Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, appropriate social skills, and vocational skills.

Administer an age appropriate transition assessment.

Encourage participation in volunteer or paid work experience.

Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Meet with military recruiter(s) to assess options and preferences.

Identify branch of military to meet student need.

Assist student in scheduling ASFAB (military test).

Monitor student completion of military application process.

Inform student and parent/legal guardian of the rights that will transfer to the student at age 18.

Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, work permits, employment history, and letters of recommendation when appropriate.

Grade 12

Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, social skills and vocational skills.
Administer an age appropriate transition assessment.

Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Assist student in finalizing all required military applications.

Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, medical records if appropriate, work permits, employment history, and letters of recommendation when appropriate.

Coordinate with guidance counselor credit profile update to meet graduation requirements.

Complete Notice of Graduation and Summary of Performance during last year of school prior to exiting high school, i.e., student will no longer be entitled to special education.
Military Path:
Transition to Adulthood Checklist for Parents and Students

Grade 8

__ Begin developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card.

__ Discuss with your child the importance of lifelong learning and the value of work/employment.

__ Create opportunities for your child to establish positive work and study habits or various work responsibilities.

__ Encourage involvement in extracurricular activities and volunteering.

__ Engage your child in decision making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.

__ Start to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

__ Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

__ Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

__ Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

Grade 9

__ Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card.

__ Discuss with your child the importance of lifelong learning and the value of work/employment.

__ Create opportunities for your child to establish positive work and study habits or various work responsibilities.

__ Encourage involvement in extracurricular activities, volunteering, and internships or other work experiences.

__ Engage your child in decision making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.

__ Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.
Ensure that your child understands the nature of his/her disability and the impact of this disability in various environments. Work with your child to develop language describing his/her disability and practice advocacy skills.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 10**

Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card.

Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Begin exploring appropriate short term and long term vocational options with your child.

Continue your support of extracurricular involvement and encourage participation in leadership roles.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Ensure that your child understands the nature of his/her disability and the impact of this disability in various environments. Work with your child to develop language describing his/her disability and practice advocacy skills.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 11**

Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, work history, and letters of recommendation.

Continue networking with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Encourage involvement in extracurricular activities, volunteering, and possibly paid work experiences based on interests and skills.
- Assist son/daughter in obtaining work permit from school office when offered employment. Birth certificate, social security card, and letter of intent to hire from employer are needed. The student will be charged for the work permit.

- Network with other parents on short and long-term vocational options/ideas for your son/daughter.

- Assist son/daughter to identify branch of military they are interested in.

- Meet with military recruiter(s) to assess options and preferences.

- Assist son/daughter in scheduling ASFAB (military test).

- Monitor son/daughter’s completion of military application process.

- Attend Junior Conference with a focus on appropriate career options.

- Coordinate with guidance counselor credit profile update to meet graduation requirements.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

- Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 12**

- Assist child in expanding an organized student file with assistance from teacher(s) and counselor(s). The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, work history, letters of recommendation and resumé.

- Encourage involvement in extracurricular activities, volunteering, and particularly paid work experiences.

- Reinforce programming opportunities that strengthen academic development and self advocacy skills.

- Coordinate w/guidance counselor credit profile update to meet graduation requirements.

- Assist son/daughter in finalizing all required military applications.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

- Encourage and facilitate your child’s leadership in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.
Military Resources

Military: www.militarycareers.com

US Air Force: www.af.mil

US Army: www.goarmy.com

US Navy: www.navy.mil

US Marines: www.usmc.mil
Post Secondary Education Path

The guide for the Post Secondary Education Path is a tool for students, parents, teachers, and guidance counselors to utilize.

Post Secondary Education

Any formal education following high school.

- **Technical school**: Those seeking certain types of apprenticeships, certificates, licenses, diplomas ranging from required hours to 2+ year programs.
- **2-year college**: Those seeking associates degree.
- **4-year college or university**: Those seeking bachelor’s degree or beyond.

Student Rights at Postsecondary Institutions as required by ADA

In order to access services, students must contact the disability resource coordinator at the post secondary institution and reveal their disability.

- Postsecondary institutions cannot discriminate in recruitment and admission (or after admission), solely on the basis of an individual’s disability.
- Postsecondary institutions are required to make individualized, reasonable accommodations at no charge.
- Postsecondary institutions must make accommodations “as necessary” to ensure academic requirements are not discriminatory.
- Upon request, postsecondary institutions shall inform students of available services, academic adjustments, and the name of the support services coordinator.
- Upon request, postsecondary institutions must provide written information on how to access services or request accommodations.
- Special education services are not available in post secondary institutions. However, accommodations are provided. Accommodations are intended to ensure access to course curriculum irrespective of a disability.
- Individual accommodations include but are not limited to the following: special needs counseling, assistive technology, testing accommodations, taped textbooks, note-takers, readers, and interpreters, learning/study skills support groups.

Self advocacy

Students are responsible for revealing and providing current documentation of a disability to both the Disability Resource Center and Instructors. Appropriate self advocacy skills may include but are not limited to the following:

- Communicate strengths and weaknesses.
- Communicate academic areas where you may need accommodations such as assistive technology, special testing arrangements, taped textbooks, note-takers, readers, and interpreters.
- Be able to describe your legal rights to education under ADA and Section 504.
Post Secondary Education Path:
Transition to Adulthood Checklist for Teachers

Grade 8
State Law Requires transition planning to begin not later than the first IEP to be in effect when the child is 14, and updated annually thereafter.

- Follow district procedure for student’s moving across levels (SMAL) for movement from 8th to 9th grade. Plan and develop high school class schedule aligned to transition path/course of study.
- If needed, include high school teacher in 8th grade transition IEP meeting to improve the transition to high school.
- Facilitate student tour of the high school either individually or in small groups, based on student’s needs.
- Assess student’s post secondary interests and aptitudes to determine transition path.
- Administer an age appropriate transition assessment.
- Facilitate exploration of career options through any of the following: career/interest inventories, career fairs, discussions with family/friends/school personnel.
- Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Grade 9
- Begin to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, medical records if appropriate, academic work samples, birth certificates, parent permissions, work permits, vocational agreements, employment history, vocational evaluations, and letters of recommendation when appropriate.
- Identify student interests and aptitudes.
- Administer an age appropriate transition assessment.
- Work with guidance counselor and design a class schedule that determines appropriate classes based on ability, interests, post secondary options and admissions requirements.
- Design a class schedule that determines appropriate classes based on ability, interests, postsecondary options and admission requirements.
- Schedule student into courses or environments that promote skill development in time management, note taking, study skills, self advocacy, stress management, and exam preparation.
- Encourage student participation in career/interest inventories, career fairs, discussions with family/friends/school personnel.
- Encourage student participation in extracurricular activities.
Obtain written consent from parent to invite outside agency prior to creating IEP invitation (if/when appropriate). Invite representative to the IEP when appropriate and document that the outside agency is invited on the IEP.

Grade 10

- Continue to identify student interests and aptitudes.
- Administer an age appropriate transition assessment.
- Encourage student participation in career exploration through site visits, career fairs, volunteer opportunities.
- Collaborate with guidance to discuss colleges and college requirements with student.
- Facilitate/encourage student to obtain information from postsecondary institutions regarding academic requirements, eligibility and services for students with disabilities through site visits or guidance staff.
- Assist student in applying for necessary accommodations for ASPIRE, advanced placement courses, and college board exams when appropriate.
- Assist the family/student in obtaining State of Wisconsin Division of Vocational Rehabilitation (DVR) application.
- Obtain written consent from parent to invite outside agency prior to creating IEP invitation. Invite DVR and any post secondary linking agencies to the IEP meeting when appropriate and document that the outside agencies are invited on the IEP.
- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, academic work samples, parent permissions, documentation of volunteer and extra-curricular activities and letters of recommendation when appropriate.

Grade 11

- Work with family and guidance counselor to match career opportunities to post-secondary programs no later than Junior Conference.
- Coordinate with guidance counselor credit profile update to meet graduation requirement.
- Encourage student to attend a disability resource center presentation (e.g., Madison College presentation) held at each of the MMSD high schools.
- Administer an age appropriate transition assessment.
- Work with family and guidance counselor in identifying postsecondary institutions based on student needs and interests.
- Work with student to develop his/her disability statement.
- Assist student in application process to ACT or SAT. Review IEP for needed accommodations. Complete any ACT or SAT required paperwork to access accommodations if appropriate.
- Encourage participation in volunteer and extra-curricular activities.
- Facilitate the connection between family/student and State of Wisconsin Department of Vocational Rehabilitation (DVR) application. Advise family to submit application fall semester.

- Obtain written consent from parent to invite outside agency prior to creating IEP invitation. Continue to invite DVR and any post secondary linking agencies to the IEP meeting when appropriate and document that the outside agencies are invited on the IEP. DVR should attend 4 semesters prior to graduation.

- Encourage student/family to tour college campuses including their respective disability resource centers and counseling centers and obtain applications.

- Inform student and parent/legal guardian of the rights that will transfer to the student at age 18.

- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, academic work samples, parent permissions, documentation of volunteer and extra-curricular activities and letters of recommendation when appropriate.

**Grade 12**

- Continue programming opportunities and/or activities designed to encourage continued academic development, self advocacy skills, and appropriate social skills.

- Administer an age appropriate transition assessment.

- Monitor and or assist student in completing college applications.

- Monitor student completion of financial aid application(s) and student housing application if appropriate.

- Coordinate meeting between parent/student/post secondary transition contacts.

- Assist family/student in follow up with DVR on eligibility status.

- Obtain written consent from parent or adult student to invite outside agency prior to creating IEP invitation. Invite all post secondary linking agencies to IEP meeting and document that the outside agencies are invited on the IEP.

- Provide family/student contact information to take college entrance exams to help guide course selection and accommodations.

- Continue to develop Student Portfolio. Include the latest reevaluation/IEP, transcript, standardized test scores, academic work samples, parent permissions, documentation of volunteer and extra-curricular activities and letters of recommendation when appropriate.

- Coordinate with guidance counselor credit profile update to meet graduation requirement.

- Complete Notice of Graduation and Summary of Performance during last year of high school prior to exiting high school, i.e., student will no longer be entitled to special education.
Post Secondary Education Path:
Transition to Adulthood Checklist for Parents and Students

Grade 8

- Plan for college expenses, explore your savings options.
- Begin developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, and, if appropriate, neuro-psych/medical evaluations.
- Discuss with your child the importance of lifelong learning and the value of higher education.
- Create opportunities for your son/daughter to establish positive work and study habits.
- Discuss the impact of grades and course selection on college admission.
- Verify curriculum/course requirements for college entrance.
- Encourage involvement in extracurricular activities and volunteering.
- Engage your child in decision making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.
- Start to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.
- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.
- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.
- Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

Grade 9

- Plan for college expenses, explore your savings options.
- Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, and, if appropriate, neuro-psych/medical evaluations.
- Discuss with your child the importance of lifelong learning and the value of higher education.
- Create opportunities for your son/daughter to establish positive work and study habits.
- Discuss the impact of grades and course selection on college admission.
- Verify curriculum/course requirements for college entrance.
- Encourage involvement in extracurricular activities and volunteering.
Engage your child in decision making so that he/she learns to look at options carefully, to act decisively, and to take responsibility for final decisions.

Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Provide written consent to case-manager, when appropriate, to invite outside agencies prior to IEP meeting.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future.

**Grade 10**

Continue developing an organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, documentation of volunteer and extra-curricular activities, and, if appropriate, neuro-psych/medical evaluations.

Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

Talk about his/her interests and career possibilities.

Begin exploring appropriate college options with your child.

Continue your support of extracurricular involvement and encourage participation in leadership roles.

Inquire as to whether your child should take the PLAN (pre-ACT) or the PSAT exam. Work with school to ensure college board exam accommodations are requested.

Keep college correspondence in a well organized file.

Verify curriculum/course requirements for college entrance.

Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s participation in the IEP process. Encourage him/her to convey hopes, dreams, and vision for the future. Begin transitioning responsibilities to son/daughter (e.g., setting up meetings, monitoring progress).

**Grade 11**

Assist child in expanding organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate,
social security card, documentation of volunteer and extra-curricular activities, and, if appropriate, neuro-psych/medical evaluations.

- Continue to network with your child’s teachers and counselors about your son/daughter’s interests and career possibilities.

- Attend information sessions and college nights sponsored by the high school.

- Review all post secondary options: if a school seems too costly, find out what scholarships and other financial assistance may be available to you.

- Assist your son/daughter in preparing to take the ACT/SAT exams. Work with school to ensure entrance exam accommodation requests.

- Verify curriculum/course requirements for college entrance.

- Find out if your child should take the Advanced Placement or SAT II exams.

- Attend Junior Conference with a focus on appropriate career options.

- Reinforce programming opportunities that strengthen academic development and self advocacy skills.

- Coordinate w/guidance counselor credit profile update to meet graduation requirements.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

- Encourage and facilitate your child’s leadership in the IEP process. Transition ownership of the process to your child.

Summer Before Senior Year

- Help your child sort through/organize college mail as it arrives.

- Review ACT/SAT results and discuss whether your child should retest.

- Visit different types of schools: small and large, vocational, and liberal arts, private and public. Visit disability resource centers at each school.

- Assist your child with developing a list of questions for each school.

Grade 12

- Assist child in expanding organized student file with assistance from teacher(s) and counselor(s) that will be expanded throughout high school. The file could contain relevant educationally related documents such as IEPs, evaluations, birth certificate, social security card, documentation of volunteer and extra-curricular activities, and, if appropriate, neuro-psych/medical evaluations.

- Provide written consent to case manager, when appropriate, to invite outside agencies prior to IEP meeting.

- Verify curriculum/course requirements for college entrance.
Attend and meaningfully participate in IEP meeting(s), be prepared to share your hopes, dreams and vision of the future for your child.

Encourage and facilitate your child’s leadership in the IEP process. Transition ownership of the process to your child.

Reinforce programming opportunities that strengthen academic development and self advocacy skills.

Coordinate w/guidance counselor credit profile update to meet graduation requirements.

Send in all applications by the stated deadline.

Make college visits and encourage your student to spend the night and attend classes at the schools which spark his/her interest.

Remain open-minded as the short list of potential schools develops.

Stay positive - the search for the right school can be exhausting and stressful at times.

Meet deadlines when applying for merit-based scholarships and need-based assistance (e.g., FAFSA).

Collect all of your tax information and file for financial assistance early (prior to April). Keep all copies.

Remain helpful and supportive while the final college choice is made.

Notify the chosen school of the final decision and send in the tuition deposit.
<table>
<thead>
<tr>
<th>Required Courses</th>
<th>*Required Content Standards, per DPI</th>
<th>** Years required to graduate from high school</th>
<th>Years required to be admitted to Technical College</th>
<th>*** Years required to be admitted to a 4 year college</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Reading/literature, Writing, Oral Language, Media/technology, Grammar, Research and Inquiry</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Social Studies</td>
<td>Geography, History, Political Science, Citizenship, Economics, and Behavioral Science</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Physical Education</td>
<td>Active Lifestyle, Physical Skill Development, Learning Skills, Understanding Physical Activity and Well Being, Health Enhancing Fitness, Respectful Behavior, and Understanding Diversity</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Health Promotion and Disease Prevention, Healthy Behaviors, Goal Setting and Decision Making, Information and Services, Culture, Media, technology, Communication, and Advocacy</td>
<td>0.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>Vocational Education, Driver’s Education, Music, Visual and Performing Art</td>
<td>Varies</td>
<td>Varies</td>
<td></td>
</tr>
<tr>
<td>Foreign Language</td>
<td>How to Communicate With Other Cultures: Communication, Culture, Connections, Comparisons, Communities</td>
<td>Varies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Wisconsin model academic content standards.

**Required by Wisconsin Statute; local districts may have additional requirements.

***General Recommendations; Four year colleges/universities vary, consult with college/university website or school counselor for exact requirements.
# Post Secondary Education Path Resources

## Wisconsin Association of Independent Colleges and Universities:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alverno College</td>
<td>(800) 933-3401</td>
<td><a href="http://www.alverno.edu">www.alverno.edu</a></td>
</tr>
<tr>
<td>Bellin College</td>
<td>(800) 236-8707</td>
<td><a href="http://www.bellincollege.edu">www.bellincollege.edu</a></td>
</tr>
<tr>
<td>Beloit College</td>
<td>(608) 363-2000</td>
<td><a href="http://www.beloit.edu">www.beloit.edu</a></td>
</tr>
<tr>
<td>Cardinal Stritch College</td>
<td>(800) 347-8822</td>
<td><a href="http://www.stritch.edu">www.stritch.edu</a></td>
</tr>
<tr>
<td>Carroll University</td>
<td>(262) 547-1211</td>
<td><a href="http://www.cc.edu">www.cc.edu</a></td>
</tr>
<tr>
<td>Carthage College</td>
<td>(262) 551-8500</td>
<td><a href="http://www.carthage.edu">www.carthage.edu</a></td>
</tr>
<tr>
<td>Columbia College of Nursing</td>
<td>(414) 326-2330</td>
<td><a href="http://www.ccon.edu">www.ccon.edu</a></td>
</tr>
<tr>
<td>Concordia University</td>
<td>(888) 628-9472</td>
<td><a href="http://www.cuw.edu">www.cuw.edu</a></td>
</tr>
<tr>
<td>Edgewood College</td>
<td>(800) 444-4861</td>
<td><a href="http://www.edgewood.edu">www.edgewood.edu</a></td>
</tr>
<tr>
<td>Lakeland College</td>
<td>(800) 569-2166</td>
<td><a href="http://www.lakeland.edu">www.lakeland.edu</a></td>
</tr>
<tr>
<td>Lawrence University</td>
<td>(920) 832-7000</td>
<td><a href="http://www.lawrence.edu">www.lawrence.edu</a></td>
</tr>
<tr>
<td>Marian University</td>
<td>(800) 262-7426</td>
<td><a href="http://www.marianuniversity.edu">www.marianuniversity.edu</a></td>
</tr>
<tr>
<td>Marquette University</td>
<td>(800) 222-6544</td>
<td><a href="http://www.marquette.edu">www.marquette.edu</a></td>
</tr>
<tr>
<td>Medical College of WI</td>
<td>(414) 955-8296</td>
<td><a href="http://www.mcw.edu">www.mcw.edu</a></td>
</tr>
<tr>
<td>Milwaukee Institute of Art and Design</td>
<td>(888) 749-6423</td>
<td><a href="http://www.miad.edu">www.miad.edu</a></td>
</tr>
<tr>
<td>Milwaukee School of Engineering</td>
<td>(800) 332-6763</td>
<td><a href="http://www.msoe.edu">www.msoe.edu</a></td>
</tr>
<tr>
<td>Mount Mary College</td>
<td>(800) 321-6265</td>
<td><a href="http://www.mmary.edu">www.mmary.edu</a></td>
</tr>
<tr>
<td>Northland College</td>
<td>(715) 682-1699</td>
<td><a href="http://www.northland.edu">www.northland.edu</a></td>
</tr>
<tr>
<td>Ripon College</td>
<td>(800) 947-4766</td>
<td><a href="http://www.ripon.edu">www.ripon.edu</a></td>
</tr>
<tr>
<td>St. Norbert College</td>
<td>(800) 236-4878</td>
<td><a href="http://www.snc.edu">www.snc.edu</a></td>
</tr>
<tr>
<td>Silver Lake College</td>
<td>(800) 236-4752</td>
<td><a href="http://www.sl.edu">www.sl.edu</a></td>
</tr>
<tr>
<td>Viterbo University</td>
<td>(608) 796-3085</td>
<td><a href="http://www.viterbo.edu">www.viterbo.edu</a></td>
</tr>
<tr>
<td>Wisconsin Lutheran College</td>
<td>(414) 443-8800</td>
<td><a href="http://www.wlc.edu">www.wlc.edu</a></td>
</tr>
</tbody>
</table>

## 2 Year University of Wisconsin Campuses

<table>
<thead>
<tr>
<th>University of Wisconsin Colleges</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Wisconsin Colleges</td>
<td><a href="http://www.uwc.edu">www.uwc.edu</a></td>
</tr>
</tbody>
</table>

**Accessibility:**

Visit the [Student Accessibility Office](http://www.edu/students/accessibility) for services that support students with disabilities attending the University of Wisconsin Colleges. This office collaborates with students, campus staff, and faculty to ensure that students with disabilities have accommodations as needed.
Wisconsin’s Technical Colleges:
www.witechcolleges.org phone (608) 320-266-1207 WI Relay System – 711

Blackhawk, Janesville (608) 757-7710 www.blackhawk.edu
Chippewa Valley, Eau Claire (715) 833-6200 www.cvtc.edu
Fox Valley, Appleton (800) 735-3882 www.fvtc.edu
Gateway, Kenosha (262) 564-2200 www.gtc.edu
Lakeshore, Cleveland (888) 468-6582 www.gotoltc.com
Madison College, Madison (608) 246-6100 www.madisoncollege.edu
Mid-State, Wisconsin Rapids (888) 575-6782 www.msts.edu
Milwaukee Area, Milwaukee (414) 297-6282 www.matc.edu
Moraine Park, Fond du Lac (800) 472-4554 www.morainepark.edu
Nicolet Area, Rhinelander (715) 365-4451 www.nicoletcollege.edu
North Central, Wausau (888) 682-7144 www.ntc.edu
Northeast, Green Bay (920) 498-5400 www.nwtc.edu
Southwest, Fennimore (800) 362-3322 www.swtc.edu
Waukesha, Pewaukee (262) 691-5566 www.wctc.edu
Western, LaCrosse (800) 322-9982 www.westerntc.edu
Wisconsin Indianhead, Shell Lake (800) 243-9482 www.witc.edu

Accommodations for Students with Disabilities Guidelines 2013:
www.witc.edu/stusvcscontent/docs/accommodations/2013-Disability-Accommodations-Guide.pdf

WI Technical Colleges College Guide 2013/2014
www.witechcolleges.org/guidebook.php

For specific contact information, please see Appendix H

Four Year University of Wisconsin Campuses
UW System website www.uwsa.edu

UW Office of Academic Affairs:
Phone: (608) 263 – 2400 www.wisc.edu/academics/
University of Wisconsin-Madison: McBurney Disability Resource Center
www.mcburney.wisc.edu (608) 263-2741

UW-Eau Claire (715) 836-4636 www.uwec.edu
UW-Green Bay (920) 465-2000 www.uwgb.edu
UW-LaCrosse (608) 785-8000 www.uwlax.edu
UW-Madison (608) 263-2400 www.wisc.edu
UW-Milwaukee (414) 229-1122 www.uwm.edu
UW-Oshkosh (920) 424-1234 www.uwosh.edu
UW-Parkside (262) 595-2345 www.uwp.edu
UW-Platteville (608) 342-1491 www.uwplatt.edu
UW-River Falls (715) 425-3911 www.uwrf.edu
UW-Stevens Point (715) 346-0123 www.uwsp.edu
UW-Stout (715) 232-1122 www.uwstout.edu
UW-Superior (715) 394-8101 www.uwsuper.edu
UW-Whitewater (262) 472-1234 www.uww.edu
Additional Post Secondary Contacts in the Madison Area

Aveda Institute          (608) 250-3100          www.avedainstitutemadison.com  
Prepares students for the state cosmetology licensing program

Empire Beauty School     (800) 295-8390          www.empire.edu  
Prepares students for the state cosmetology licensing program

Herzing College          (800) 596-0724          www.herzing.edu  
3-year bachelor degrees in business administration, information technology, and technology management; 2-year associate degrees; 1-year programs; IT certification training

ITT Technical Institute  (608) 288-6301          www.itt-tech  
Information Technology, Electronics Technology, Drafting and Design, Business, and Criminal Justice

Madison Media Institute  (855) 218-3727          www.madisonmedia.com  
Associate degrees in recording and music technology, comprehensive broadcasting, and multi-media technology

MESLS – Madison English as a Second Language School  
(608)233-9962          www.mesls.org  
Language instruction to help students improve English language abilities for academic purposes, career advancement, and everyday social and practical needs.

New Horizons Computer Learning Center  
(888) 236 – 3625          www.newhorizons.com  
Certification in Microsoft Office, Microsoft Technical, Cisco, Information Security, VMware, Cloud Computing, CompTIA

Regency Beauty Institute  (800) 787-6456          www.regency.edu  
Prepares students for the state cosmetology licensing program

Upper Iowa University    (608) 278-0350          www.uiu.edu  
B.S. evening-degree programs in management, business, human resources, human services, public administration, psychology, accounting, technology and information management, and criminal justice.
Career interest Inventories
Following is a list of free on-line career interest inventories and or assessments.

www.careercruising.com

www.assessment.com

www.contactpoint.ca

www.career-lifeskills.com

http://www.edonline.com/collegecompass/carhlp2.htm

http://www.careervoyages.org

Career Assessment Guide

Career Planning Assessment:

Career Builder:  www.careerbuilder.com

Career Cruising:  www.careercruising.org

O-Net Resource Center: www.onetcenter.org/

Additional Post-Secondary Education Resources:

ACT and SAT information:  www.act.org
                           www.collegeboard.com

College Possible  www.collegepossible.org

Educational Testing Service (ETS):  www.ets.org

National Center for Secondary Education and Transition:  www.ncset.org

Office of Student Financial Assistance Programs (OSFA)  www.ed.gov
                                           www.fafsa.ed.gov

Opening Doors, a document published by the Wisconsin Department of Public Instruction specific to the transition process:  http://dpi.wi.gov/sped/pdf/tranopndrs.pdf

Preparing Your Child For College:  www.ed.gov/pubs/Prepare/index.html

U.S. Access Board.  www.access-board.gov
Community Agencies Clearinghouse

Dane County Resource Guide
The mental health system in Dane County is fragmented and often confusing. It is actually several systems operating side-by-side. Sometimes they overlap, sometimes they operate in isolation from each other. This guide provides assistance with navigating the mental health system in Dane County.
http://www.namidanecounty.org/resource-guide/

FSRC has assembled the following catalog of helpful website links and downloadable documents for families of children with disabilities. It is our goal to continually expand this resource center and keep it current with the latest information.
www.fsrdane.org

The Source is intended to be a guide to resources in Dane County for adults with developmental disabilities, their families and their support providers.

United Way 2-1-1 (formerly First Call for Help)
is an information and referral service that connects people to a variety of resources such as: help paying bills, housing search assistance, support groups, food pantries, community clinics, and many other services!
(608) 246-4357
www.unitedwaydanecounty.org/211

Waisman Resource Center
was created to serve as a bridge to link faculty, staff and community partners with members of the public who are seeking information about developmental disabilities and the range of community services and supports available.
http://www.waisman.wisc.edu/wrc/
Aging and Disability Resource Center of Dane County
At age 18, contact the Aging and Disability Resource Center High School Transition Helpline at 608-240-7476 to request information on applying for Dane County Adult Services. An Information and Assistance Specialist will explain the eligibility criteria and process. The ADRC is responsible for determining eligibility for Adult Waiver Services and will need to complete an assessment and gather required documentation of a person’s disability.

Dane County provides the following services to adults with developmental disabilities who transition from Dane County high schools:
- Case Management Services/Support Broker Services
- Transition coordination

Dane County contracts with community-based agencies to provide services for adults with developmental disabilities.

Supported Employment

This program is committed to supporting young adults with developmental disabilities who leave high school with paid employment. County staff works with area high schools to identify students eligible for long-term support.

Application Process: For further information, please contact Doug Hunt, 242-6358, or at hunt.douglas@countyofdane.com

Case Management/Support Broker Services

Case Management Services is to provide support services to and on behalf of persons with developmental disabilities. This includes assessment of the person’s community support needs, developing individualized support plans, advocating and referral to appropriate programs and services and securing the necessary funding for these programs and services.

For further information about case management/support broker services, contact Angie Klemm at (608) 242-6473.

Transition Coordination

Transition Coordinators work with students with developmental disabilities in Dane County who are exiting the school system and entering the Dane County Adult System. Their purpose is to assist students and families through this transition by providing supports and service coordination during the last year of school. Transition Coordinators work closely with Dane County Human Services (DCHS) and disseminates information regarding DCHS policies to the team.

In August or September of the year during which student will exit MMSD, Transition Coordinators contact families and school personnel.
Dane County Department of Human Services contracts services from Access to Independence. Access to Independence provides assistance to people with physical or sensory disabilities. The programs include: one to one advocacy, peer support, housing counseling, rural outreach, public benefits, personal care attendants and referral service. Contact Access to Independence at
(608) 242-8484
www.accesstoind.org

Care Wisconsin
matches people with physical and developmental disabilities to the health and long-term care services they need. Family Care teams include the Member, a Care Manager and a Registered Nurse who help coordinate home and community-based long-term care services. Partnership care teams include the Member, a Care Manager, Registered Nurse, Nurse Practitioner and Service Coordinator. The Partnership care team assists in coordinating a Member’s health and medical service needs as well as home and community-based long-term care services.
(800) 963-0035
www.carewisc.org

Community Living Alliance (CLA). CLA is a community based, non-profit organization that provides community resources for people with physical disabilities. CLA was created by Access to Independence, an independent living center, to bring the values of the independent living philosophy to a community service organization. We provide access to social, health and community resources. CLA has two primary programs: CIP/COP Service Coordination, Medical Assistance Personal Care (MAPC). Depending on the programs, services offered may include attendant care, service coordination, chore services, primary health care, prevention education, training, referral and other information. Contact:
(608)242-8335x3161
http://www.clanet.org
Recovery Dane

Recovery Dane is a Dane County Human Services mental health information and referral program that serves as the centralized portal for mental health information and referral, for professionals, peers and the community. Recovery Dane serves as the networking hub of mutual support for consumers, their families and their allies. Recovery Dane is where consumers, their families and friends, and professionals can promptly access not just information and referral, but also teaching, training, networking, support and other tools to support consumer self-empowerment, wellness, self-advocacy and Recovery.

Recovery Dane replaces New Directions Information Center as an adult information and referral center. Recovery Dane will provide callers with information about the human service delivery system and community resources. Recovery Dane is coordinating a variety of groups for consumers and is taking a lead in the development of certified peer specialists.

(608) 237-1661

www.recoverydane.org

Journey to Mental Health Center
(formerly Mental Health Center of Dane County)

JMHC is a private, non-profit corporation located in Madison, WI. serving children, teens, adults, and families in Southern Wisconsin. With nine agency locations, multiple programs, and outreach to community sites (homes, schools, workplaces, senior centers, etc), JMHC is one of Southern Wisconsin’s largest community nonprofit agencies.

Adult and Family/Youth outpatient services for mental health problems, substance abuse, and developmental disabilities are provided by licensed Master and Psychologist level therapists. Journey Mental Health Center provides individual, family, and group services. Psychiatry services are integrated into treatment. Counseling and psychiatry services may be offered for individuals who struggle to maintain psychiatric stability in the community.

Assessment Services is provides comprehensive, objective and cost-effective clinical assessments and evaluations for: Impaired Drivers, Adult Protective Services, and Juvenile and Probate Courts. An additional primary focus is clinical and administrative coordination for two alternative sanction programs: The Drug Court Diversion Program (Formerly TAP and DART programs) and the OWI Treatment Court Program. Alcohol/drug and broad-brush mental status assessments are also available to social service agencies and private individuals.

ESU services include responses to suicide attempts and situations that include a high-risk threat to self and/or others; short term outpatient stabilization and case management until a transfer can be made to long term services; treatment for acute psychiatric problems; gate keeping of hospital and institutional admissions; monitoring of hospitalized clients; crisis stabilization services; consultation to other community professionals, including law enforcement; and survivor of suicide services to those affected by a death by suicide.
Adult Protective Services

Adults sometimes live or behave in ways that are unhealthy or unsafe. These behaviors may pose a danger to the individual or to others. For adults who are found to be legally incompetent and are a danger to themselves or others, the Department of Human Services is obligated to provide protection and services. For adults who are competent and act in unhealthy or unsafe ways, the Department of Human Services encourages individuals to accept services which will result in a healthier and safer day to day life for themselves and others.

Elder Abuse and Adults at Risk Helpline: 608-261-9933
Developmental Disabilities Quality Assurance Program: 608-242-6366
Guardianships and Court Ordered Protective Services: 608-242-6200

The Program of Assertive Community Treatment (PACT)
An outpatient, clinical research unit of the Mendota Mental Health Institute. PACT currently provides services to approximately one hundred thirty clients, most of whom are residents of Dane County and all of whom meet the diagnostic and functional criteria for admission to Community Supported Programs as outlined in State of Wisconsin Administrative Code HSS63. PACT Services include both direct and indirect services. The majority of services are administered in the community. Services are on-going, and not time limited, but vary in frequency and intensity based on individual client needs. Program staff is available 24 hours per day, seven days per week, with program hours from 8:00 a.m. until 10:00 p.m., Monday through Friday, and 10:00 a.m. until 6:00 p.m. on weekends and holidays. Outside of regular office hours, staff is available by phone or in person through an on-call system.

(608) 266-0721 2
www.dhs.wisconsin.gov

National Alliance on Mental Illness, Dane Co. (NAMI)
NAMI Dane County, Inc. is a volunteer, not-for-profit organization whose mission is to advance advocacy, education and support to improve the quality of life for people affected by mental illness. They offer a newsletter, a large library, support groups and educational groups for consumers, family members, providers and the community.
(608) 249 – 7188
www.namidanecounty.org/

National Alliance on Mental Illness, Wisconsin (NAMI)
NAMI’s mission focuses on education, advocacy and support for persons with mental illness, their families and friends. NAMI Wisconsin has 34 affiliates serving 40 counties throughout the state.
(800) 236-2988
www.namiwisconsin.org/
**Emergency Services in Dane County**

Provides the following services

- Respond to any citizen in Dane County who is suicidal or experiencing a mental health crisis on the 24-hour crisis phone line
- Complete assessments to determine if psychiatric inpatient services are needed.
- Arrange for immediate outpatient or community-based services in lieu of inpatient treatment

FIRE, SHERIFF, POLICE, AMBULANCE, RESCUE 911

DANE COUNTY SHERIFF (Dispatcher) 255-2345

MADISON POLICE DEPARTMENT (Non-emergency) 255-2345

CRISIS INTERVENTION (24-hour hotline for mental health crises) 280-2600

RESPITE CENTER (24-hour emergency crisis child care) 244-5700

PARENT STRESSLINE (6 am – midnight, daily) 241-2221

NATIONAL SUICIDE PREVENTION LIFELINE 800-273-8255

Please see Appendix F for a more detailed description of various mental health disorders.
Department of Workforce Development, Division of Vocational Rehabilitation (DVR)

Wisconsin's Division of Vocational Rehabilitation (DVR) is a federal/state program designed to obtain, maintain, and improve employment for people with disabilities by working with DVR consumers, employers, and other partners. Once you are found eligible, you and your counselor will decide the appropriate services for you. Some of the services include but are not limited to:

**Guidance and Counseling:** A DVR Counselor's role is to provide information and share knowledge about the impact disabilities have on employment. You and your counselor will talk about your abilities, needs and interests. Together you will set up a plan to meet your work goals. This plan is called an Individualized Plan for Employment.

**Finding and Keeping a Job:** Getting a job is the goal of your rehabilitation program. You and your counselor will form a partnership to help you meet your goal by providing you with information on how to get and keep a job. Your counselor may also contact you after you have started work to help you and your employer make any necessary adjustments and to be certain everything is going well before your case is closed. If you need more services to help you keep your job, you and your counselor will work together to arrange them.

**Training:** If you do not have the work skills you need, training may be needed. Training may be at a school or on the job. Your counselor will work with you to identify other services that are necessary in supporting your job/career goal.

**Application Process:** A DVR counselor will tell you within 60 days after you apply if you are eligible for services. Sometimes we cannot get all the information we need within 60 days. If DVR cannot provide services, your counselor will tell you about other services and programs available to help you find a job.

**Eligibility:** You may be able to receive vocational rehabilitation services from DVR if you have a physical or mental impairment that makes it difficult for you to get or keep a job. DVR is for people with disabilities who need services to prepare for work, or find and keep a job.

DVR uses a process (Order of Selection) that allows people with more significant functional limitations to be served before those with less significant limitations. DVR evaluates each eligible applicant to determine the severity of his or her functional limitations. This Order of Selection may indefinitely delay services to some individuals. The Division will notify all eligible people for whom services will be delayed. DVR will look at how the following areas affect your ability to work:

- Getting from one place to another (Mobility)
- Talking and listening to others, reading and/or understanding printed materials (Communication)
- Taking care of yourself (Self Care)
- Making plans or carrying out your plans (Self Direction)
- Getting along with other people (Interpersonal Skills)
- Having the skills to work (Work History or Work Skills)
- Needing changes at work due to physical or mental restrictions to do a job (Work Tolerance)
For more information or to apply for services, contact the DVR office nearest you. Most phone directories list DVR in the government section under "Wisconsin, State of; Vocational Rehabilitation, Division of". Although all of our offices have a TTY available, you may also choose to use the Wisconsin Telecommunication Relay Service (TRS) at 800-947-3529 (TTY) or 800-947-6644 (Voice).
You may also apply on-line at: http://www.dwd.state.wi.us/dvr/jobseek.htm.

Cost: There is no charge for evaluation, counseling, job placement or follow-up assistance. Other services are coordinated through public and private agencies in the community. You may be required to share the cost of some services depending on your financial situation. Your counselor will discuss any financial responsibilities with you before services begin.
Additional Community Supports and Resources

Advocacy Groups

**Advocacy and Benefits Counseling for Health, Inc.**
ABC is a Wisconsin-based, nonprofit public interest law firm dedicated to ensuring health care access for children and families, particularly those with special needs or who are at risk.
(608) 261-6939
www.safetyweb.org

**The Arc – Dane County**
Advocacy, family support & education on behalf of people with developmental disabilities & their families.
(608) 251-9738
www.arcdanecounty.org

**The Arc – Wisconsin Disability Association**
Advocating & promoting quality-of-life opportunities for people with developmental disabilities & their families.
(608) 251-9272
www.arc-wisconsin.org

**Autism Speaks**
Has grown into the world’s leading autism science and advocacy organization, dedicated to funding research into the causes, prevention, treatments; increasing awareness of autism spectrum disorders; and advocating for the needs of individuals.
www.autismspeaks.org

**The Wisconsin Board for People with Developmental Disabilities (WBPDD)**
Was established to advocate on behalf of individuals with developmental disabilities, foster welcoming and inclusive communities, and improve the disability service system.
(608) 888-332-1677
www.wi-bpdd.org

**Citizen Advocacy**
Initiates and supports one-to-one, voluntary advocacy relationships for people with developmental disabilities in Dane County; a program of the Community Action Coalition for South Central Wisconsin, Inc.
(608) 246-4730
www.caescw.org

**Disability Advocates: Wisconsin Network (DAWN)**
DAWN is a statewide grassroots cross-disability network of people who care about disability issues. Supports legislative change in the programs and systems affecting people with all disabilities. Focuses on the most important issues affecting all people with disabilities. It includes people with disabilities, family members, friends, service providers and others who are committed to enhancing the lives of people with disabilities.
(608) 266-7826
www.dawninfo.org
**InControl Wisconsin**
Provides a series of employment planning modules for people with disabilities and those who support them. This series was designed to help people think about their integrated employment options, understand employment supports, and create a plan to achieve their integrated employment options.
(608) 719-7256  
www.incontrolwisconsin.org

The Wisconsin **Let's Get to Work project** is a five-year, national systems change grant that will lead to improved community employment outcomes for youth with intellectual and developmental disabilities in transition. Funded by the Administration on Intellectual and Developmental Disabilities the project focuses on improving, developing and implementing policies and practices that raise community expectations and overall employment outcomes for youth with intellectual/developmental disabilities.
www.letsgettoworkwi.org

**Parents As Leaders**
PALs is an opportunity for parents of children with special needs birth through six years of age to grow as leaders. This program is designed for parents/caregivers who are ready to become leaders and advocates in their communities.
www.waisman.wisc.edu/pals/

**Parents in Partnership**
PIP is a statewide program in which a group of parents and other caregivers meet together to share their family stories, challenges, joys and triumphs of raising their children. At PIP participants will learn about community and statewide resources for children with disabilities; explore issues around health, education, policy making, legislation, inclusion, self-determination, family well-being, and IDEA Special Education Law.
(877) 844-4925  
http://wspei.org/families/pip.php

**Social Security Disability Resource Center**
The goal of SSDRC.COM, is to inform readers about how the Social Security Disability and SSI Disability process works from start to finish.
www.ssdrc.com

**Wisconsin Family Assistance Center for Education, Training & Support** (WI FACETS) is a nonprofit organization serving Wisconsin children and adults with disabilities, their families and those who support them. We were founded in 1995 by parents who believed that parents are the best advocates for their children. WI FACETS operates these programs to help parents support and enrich their children's lives.
(877) 374-0511  
www.wifacets.org

**Children and Families (Counseling and Respite)**
Briarpatch – Youth Services of Southern Wisconsin. Counseling & very short-term foster placement for teens in conflict or crisis; family counseling. 24-hour phone line.
(608) 245-2550 (office)
(608) 251-1126 (crisis line)
www.youthsos.org

Community Living Alliance
CLA Care Solutions™ offers customized home care services for people of all ages with disabilities and chronic conditions. This private pay option makes our wide range of services available to everyone living in Dane County.
(608) 242-8335
www.clanet.org

Common Threads Family Resource Center
Using a trans-disciplinary approach, provides therapeutic support for children/youth with emotional, behavioral, cognitive, and sensory challenges and their families.
(608) 838-8999
www.commonthreadsmadison.org

Parent to Parent of Wisconsin
Parent to Parent of Wisconsin provides parent support to parents of children with special needs through a one-to-one connection with another parent who has similar experience and who knows firsthand about the feelings and realities that come with having a child with special needs.
(715) 361.2934
www.p2pwi.org

Project Hugs – Youth Services of Southern Wisconsin
HUGS services are designed to assist and support parents when youth are involved in harmful behaviors, high risk situations or frequent fighting. Issues may include:
(608) 245-2550
www.youthsos.org

The Rainbow Project, Inc.
Private, non-profit organization, providing services to children & families experiencing stress related, but not limited to, the effects of trauma, attachment issues, witness to domestic violence, other biological and environmental factors.
(608) 255-7356;
www.therainbowproject.net

Respite Care of Wisconsin
RESPITE is temporary relief for caregivers and families who are caring for people with disabilities or other special needs such as chronic or terminal illnesses; or are at risk of abuse and neglect.
(608) 222-2033
wwwrespitecarewi.org

Respite Center
Provides respite and crisis child care 24 hours a day, 7 days a week, to families experiencing high levels of stress.
(608) 244-5700 (24-hour phone line)
UCP Adult Services Program (United Cerebral Palsy)
Assists families caring for a child with developmental disabilities find & secure quality childcare through training, consultation, & ongoing support.
(608) 273-8482
www.ucpdane.org

UCP Teen Outreach Program (United Cerebral Palsy)
Recreational & social options for teens with developmental disabilities; networking to facilitate interaction with teens without disabilities. Programs designed to help working families.
(608) 273-9808
www.ucpdane.org

Waisman Center - Community TIES (Training, Intervention and Education Services)
Community TIES is a UW Madison-Waisman Center behavioral support program that primarily serves children/families, adolescents, and adults with developmental disabilities in Dane Co.
608-265-9440
www.cow.waisman.wisc.edu/ties.html

Wisconsin Family Ties, Inc.
WFT is a statewide, not-for-profit organization run by families for families that include children and adolescents who have emotional, behavioral and mental disorders.
(608) 267-6888; 800-422-7145
www.wifamilyties.org

Community Outreach and Support

Center for Families, Inc.
A resource for parenting information and support, offering programs that enhance parenting skills, promote understanding of child development, and promote child safety. Within the walls of Centers for Families, a family can access: The Fun Zone Play & Learn, CORE, Neighborhood Parent Aide, Parent’s Place, Parents and Children Together, the Respite Center, Welcome Baby, and more.
608-241-5150
www.centerforfamilies.org

Centro Hispano
works to improve the quality of life for Latinos and others living in Dane County by empowering youth, strengthening families, and engaging the community. Provides academic support and development work with Latino youth with the goal of seeing Latino youth prepared to succeed in life by finishing high school, being prepared for post-secondary education and engaging positively in their communities.
Centro Hispano trabaja para mejorar la calidad de vida de los latinos y otras personas que viven en el condado de Dane a través del empoderamiento de los jóvenes, el fortalecimiento de las familias, y la involucración de la comunidad. Actualmente, nuestra área mayor de
programas es nuestro apoyo académico y del desarrollo juvenil. Nuestro objetivo es ver a los jóvenes latinos preparados para superar en la vida por terminar la escuela secundaria, estar preparados para la educación superior y participar positivamente en sus comunidades. Aunque los jóvenes son nuestro futuro, no nos olvidamos que la juventud no puede tener éxito sin familias fuertes. Por este motivo, continuamos a proporcionar el desarrollo de fuerza laboral y programación de servicios sociales para los adultos y familias.
(608)255-3018
www.micentro.org

Easter Seals Wisconsin
Helps people with disabilities gain greater independence through education, recreation, employment and respite services.
(608) 277-8288
www.eastersealswisconsin.com

Family Voices of Wisconsin
is a statewide network of families who have children and youth with special health care needs and/or disabilities and those who work on their behalf. The focus of our work is health care access, coverage and community supports and services for children and youth with disabilities and special health care needs.
(608) 204-6247
www.fvofwi.org

Family Support and Resource Center
Enables children with significant disabilities in Dane County to live at home with their families by providing information, advocacy, service coordination, respite care and financial assistance.
(608) 237-7630
www.fsrdane.org

Imagine a Child’s Capacity
ICC is a nonprofit organization that imagines the capacity of a child with diverse support needs when parents, teachers, peers and the community have a wide array of tools to support that child reaching his or her fullest potential.
(608) 204-6247
www.icc-wi.org

Living Our Visions (LOV-Dane)
Grassroots organization of individuals with disabilities, families and community members building fulfilling, community centered lives for all citizens.
(608) 265-9440
www.waisman.wisc.edu

United Way 2-1-1 (formerly First Call for Help)
is an information and referral service that connects people to a variety of resources such as: help paying bills, housing search assistance, support groups, food pantries, community clinics, and many other services!
(608) 246-4357
www.unitedwaydanecounty.org/211

Wisconsin First Step
An information and referral service to assist Wisconsin families and providers working with children and youth with special needs.
(800) 642-7837
www.mch-hotlines.org

Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN)
Wisconsin has five Regional Centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them. The Centers are staffed by specialists who can help get answers, find services and connect you to community resources. Their services are free and private.
(800) 532-3321
www.dhs.wisconsin.gov/health/children/resourcecenters
Drug and Alcohol Treatment Programs

Adolescent Alcohol/Drug Abuse Intervention Program.
Comprehensive outpatient alcohol & drug assessment & referral for youth and their families. Services are confidential & free for Dane county residents 18 & under.
UW Hospital and Clinics
(608) 262-1111
www.uwhealth.org

ARC Community Services
ARC is a private, non-profit organization created to provide a multidisciplinary model for the delivery of women-responsive, family-focused, multicultural substance abuse services tailored to substance abusing women.
(608) 278-2300
www.arccommserv.com

Gateway & Fordem Connection
Core programs in Dane County’s adult mental health system offer a full range of treatment, rehabilitation, and support services designed to help people live in the community with quality as they define it, while minimizing time spent in restrictive environments such as hospitals, nursing homes, or jails.
(608) 280-2700
www.journeymhc.org

Gateway Recovery
Outpatient treatment for drug, alcohol, & mental health problems
(608) 282-8270
www.uwhealth.org

Hope Haven
Hope Haven is a company of Catholic Charities of Madison, one of Madison's largest non-profit organizations, offering a continuum of residential substance abuse treatment for clients throughout Wisconsin.
(608)251-8881
www.hopehavenhelps.org

Journey to Mental Health (formerly Mental Health Center of Dane County)
Journey is a nonprofit agency providing comprehensive mental health and substance abuse services to residents of Southern Wisconsin.
(608) 280-2720
www.journeymhc.org

NewStart Adolescent Services
Offers comprehensive, individualized treatment that addresses the special needs of youth ages 12-18, working with youth in all aspects relating to substance use disorders.
(608) 417-8144
www.meriter.com

NewStart Adult Services
primarily an outpatient rehabilitation program for individuals with substance abuse disorders.
(608) 417-8144
PICADA - Prevention-Intervention for Alcohol & Drug Abuse
Prevention and intervention programming for all ages. School programs and community education, including Building Bridges race relations, parenting and AODA support, underage drinking classes.
(608) 316-1118
www.fsmad.org

The Recovery Foundation, Inc.
Non-profit organization that supports recovery from substance use disorders through financial assistance, public outreach and education, and advocacy for research and evidence-based treatment and recovery services.
(608) 233-2100
www.recoveryfoundation.net

Tellurian UCAN Inc.
Offers a full AODA continuum of care, including residential treatment, intensive outpatient, and outpatient services.
(6080 222-7311
www.tellurian.org

Employment and Business Development

Advanced Employment
AE, Inc. provides supported employment services to adults with developmental and physical disabilities. Services include assessment, job development & placement, job coaching and job retention.
(608) 833-7170
www.advemp.org

Channels to Employment
This program provides supported employment services to individuals. Services can include job development, on-site job training, ongoing support, and recreational activities.
608-280-0206
www.create-ability.org

Community Support Network
Comprehensive daytime services: supported employment, educational programs, recreation, leisure and retirement services and community integration.
(608) 620-5145
www.visitcsn.org

Community Work Services Inc.
Vocational services to individuals with developmental disabilities, including personal assessment, job development, on-the-job training, job modification, on-site support, coordination of community resources and assistance.
(608) 233-0115
**Employment Resources, Inc.**
Dane County funded agency that analyzes an individual’s benefit as a consequence of work. A complete benefits analysis can be incorporated into the DVR plan with minimal to no cost to the individual.
(608) 246-3444
www.eri-wi.org/

**Equal Rights Division, Department of Workforce Development**
Provides assistance with unemployment benefits, job-finding, work-place rights, and worker’s compensation
(608) 266-6860
www.dwd.state.wi.us/er

**Goodwill Industries**
Provides employment and housing services for individuals with disabilities and other special needs. Operates 7 retail stores and donation centers in south central Wisconsin.
(608) 246-3140 (general)
www.goodwillscwi.org

**Integrated Community Work Inc.**
Assessment, job development, on the job training, and all necessary continuing supports for adults with disabilities in Dane Co.
(608) 276-9400
www.icwinc.org

**Madison Area Rehabilitation Centers Inc. (MARC)**
Day services, transitional employment, work-skills training and education to developmentally disabled adults.
(608) 223-9110
www.marc-inc.org

**Paths to Employment Resource Center**
PERC is a partnership of individuals, researchers, service providers, and employers dedicated to providing the resources necessary for persons with disabilities to find employment.
www.percthinkwork.org

**Pathways of Wisconsin, Inc.**
Vocational training and job support for people with developmental disabilities. Skills training and support for daily living, recreational, and community activities.
(608) 255-5011

**REM Wisconsin**
Specialty areas are Community Building, Retirement, and Traditional Supported Employment or Micro-Enterprising.
(608) 276-0102
www.remwisconsin.com

**Successful Work Options**
Job development, placement, vocational counseling and support for adults with developmental disabilities, dual diagnoses, sensory and physical disabilities.
The Urban League
One of Greater Madison’s largest community-based providers of career development training and job placement assistance for unemployed and underemployed adults. ADVANCE Employment Services include a combination of programs, classes, mentoring and coaching.
(608) 729-1200
www.ulgm.org

Work Opportunity in Rural Communities Inc.
Employment services for individuals in rural Dane County with developmental disabilities, including job matching, on-the-job training, assistance with transportation and ongoing support.
(608) 221-2102
www.worcinc.com

Work Plus, Inc.
Offers individuals with disabilities a variety of employment, day programming and case management services designed to meet individual needs.
(608) 238-6018
www.workplus.org

Working Partnerships
Facilitates employment relationships of adults with disabilities and community employers.
608-831-4600

The YWCA Madison
Dept. of Employment and Training works with women to become full participants in the economic mainstream of our community through job training and support for finding, changing or maintaining a job.
(608) 257-1436
www.ywcamadison.org

Housing

Access to Independence, Inc.
Non-profit, consumer controlled Independent Living Center (ILC) that provides an array of services to people of all ages with all types of disabilities in south-central Wisconsin; working alongside people with disabilities in understanding housing rights and responsibilities of the tenant and the landlord, assessing housing needs, advocating for accessibility modifications, locating resources to pay for modifications, and learning about possible opportunities for home ownership.
(608) 242-8484
www.accessstoind.org

The Adaptation and Modification (A&M) Project
is run by Responsive Solutions, Inc and Dane County Human Services. The goal of this project is to create safe and appropriate environments, which ensure an individual's continued participation in community life.

http://cow.waisman.wisc.edu/ILI_am.html

**Community Living Alliance**
Housing referrals, vocation support & independent living skills for individuals with physical disabilities: CIP/COP, Medical Assistance Personal Care, & Wisconsin Partnership Program.
(608) 242-8335
www.clanet.org

**WISCAP**
Member agencies are dedicated to advancing safe and affordable housing, through development of resources, training and opportunities. WISCAP serves as an advocate for policy and program development, and provides technical expertise on housing issues.
(608) 244-4244
www.wiscap.org

**Common Wealth Development Inc.**
Housing programs, including affordable rentals geared toward low- & moderate-income residents; tool lending.
(608) 256-3527
www.cwd.org

**Community Development Authority**
The CDA owns and operates low-rent public housing in 40 locations throughout the City of Madison. There are 315 units for families and 427 units for households with people over the age of 50 or for people with disabilities.
(608) 266-4675
www.cityofmadison.com

**Housing Initiatives, Inc.**
Works to provide permanent housing for persons with severe and persistent mental illnesses who are experiencing homelessness because of it.
(608) 277-8330
www.housinginit.org

**Movin’ Out.**
In partnership with people with disabilities and their allies, creates and sustains community-integrated, safe, affordable housing solutions adults with disabilities and to families that include children with disabilities.
(608) 251-4446
www.movin-out.org

**Porchlight Inc.**
Provides emergency shelter, food, employment services, counseling, and affordable transitional and permanent housing to homeless people in the Dane County area. Porchlight's services are designed to foster independence and the transition into permanent housing and employment.
(608) 257-2534
www.porchlightinc.org
Port St. Vincent de Paul
Transitional housing for homeless men offers three meals a day. Hot showers, clean linen, and a free washer and dryer for clothes are provided. A staff member is on duty 24 hours a day.
(608) 442-7200
www.svdpmadison.org

The Transitional Housing Program
THP is a 20 bed facility designed to accommodate chronically homeless clients with severe and persistent mental health and/or drug and alcohol issues. Consumers admitted to the THP program are assisted by trained and certified counselors in obtaining treatment, housing, financial services and other identified resources with the goal of stabilization, community integration and housing.
(608)222-7311
www.tellurian.org

Tenant Resource Center, Inc.
Information on tenant-landlord rights & responsibilities; information on housing vacancies, low-income and subsidized housing, emergency housing, emergency rental assistance; mediation at small claims eviction court.
(608) 257-0006
www.tenantresourcecenter.org

United Way – Housing First
Housing First places families at risk of homelessness into permanent housing quickly, then provides targeted services to address other issues and maintain a stable environment.
2-1-1
www.unitedwaydanecounty.org

The YWCA Madison
Provides emergency shelter for women and families, permanent housing for homeless families who have requested shelter and have at least one disabled adult, affordable apartments for low-income, single women, rent assistance, transitional housing, and tenant education
(608) 257-1436
www.ywcamadison.org

Legal

Legal Action of Wisconsin
Provides legal representation in order to achieve justice for low-income people and others to whom it would otherwise be denied
608-256-3304
www.legalaction.org/

Consumer Law Litigation Clinic.
UW Law School program handles consumer-related cases in federal & state court on behalf of those who cannot afford private attorneys. Focuses on misrepresentation, fraud, denial of insurance claims, antitrust violations, credit & debt, door-to-door solicitation, payday loan & rent-to-own, & debt collection practices.
(608) 263-6283
www.law.wisc.edu

Dane County Legal Resource Center
In cooperation with the Dane County Bar Association and the UW Law School, the Dane County Circuit Court offers legal assistance programs with family court and small claims court. These programs provide assistance with forms and procedures but do not offer legal advice.
(608) 266-4311
www.countyofdane.com

Legal Action of Wisconsin, Inc.
Free legal services for persons with limited income.
(608) 256-3304
www.legalaction.org

Roy Froemming (attorney)
Guardianship and Estate Planning for individuals with disabilities (and their families).
(608) 663-2747
www.froemminglaw.com

The State Bar of Wisconsin
Serves the public by providing attorney referrals, public education, reduced-fee legal assistance for low income state residents and enhancing the administration of and access to justice.
(608) 257-3838
www.legalexplorer.com

Wisconsin Pooled & Community Trusts, Inc. (WisPACT)
private nonprofit organization that administers pooled and community Special Needs Trusts for people with disabilities. Based in Madison, WisPACT manages the Special Needs Trusts for more than 2,000 people throughout the state of Wisconsin.
(608) 268-6006
www.wispact.org

Mental Health

Access Community Health Centers
As a not-for-profit charitable organization, Access provides affordable and quality primary medical, dental, and behavioral health care and pharmacy services at five locations.
(608) 443-5500
www.accesscommunityhealthcenters.org

Catholic Charities Inc.
Catholic Charities serves individuals of all age groups, regardless of religion, race, ethnic background, or sexual orientation. Programs provide quality mental health counseling services for individuals, couples, and families who are in need of outpatient psychotherapy. Sliding-scale fees, insurance accepted.
(608)256-2358
www.catholiccharitiesofmadison.org

Chrysalis Inc.
Private, non-profit organization, providing individualized vocational and work-related services to persons who have mental illnesses.
(608) 256-3102
www.workwithchrysalis.org

Cornucopia Inc.
Cornucopia is an arts and wellness center run for and by people with mental issues and their allies.
(608) 249-7477
www.cornucopia-arts-inc.org

The Family Center
State-certified mental health outpatient clinic and training facility offering affordable therapy to children, adults, couples, and families for anxiety, depression, trauma, transition, relationship and parenting issues.
(608) 663-6154
www.edgewood.edu

Family Service Madison
The goal of the Counseling and Psychotherapy Services unit is to help clients create change by providing mental health assessment and treatment services in a culturally sensitive manner.
(608) 252-1320
www.fsmad.org

Gateway & Fordem Connection
Core programs in Dane County’s adult mental health system offer a full range of treatment, rehabilitation, and support services designed to help people live in the community with quality as they define it, while minimizing time spent in restrictive environments such as hospitals, nursing homes, or jails.
(608) 280-2700
www.journeymhc.org

H.O.P.E.S.
Non-profit organization providing education and advocacy for suicide prevention.
(608) 274-9686
www.hopes-wi.org

Journey to Mental Health (formerly Mental Health Center of Dane County)
Journey is a nonprofit agency providing comprehensive mental health and substance abuse services to residents of Southern Wisconsin.
(608) 280-2720
www.journeymhc.org
Lutheran Social Services  
LSS state-certified clinics and highly professional licensed staff are available to everyone. They accept insurance payment and offer a sliding-fee scale for self-pay clients.  
(608) 277-0610  
www.lsswis.org

Meriter Adolescent Psychiatry Program  
Community-based inpatient child and adolescent psychiatry program dedicated to meeting the unique needs of children and teens who require inpatient psychiatric care.  
(608) 417-8777  
www.meriter.com

Meriter Adult Psychiatry Program  
Mental health inpatient treatment for adults 18 & over.  
(608) 417-5330  
www.meriter.com

National Alliance on Mental Illness, Dane Co. (NAMI)  
NAMI Dane County, Inc. is a volunteer, not-for-profit organization whose mission is to advance advocacy, education and support to improve the quality of life for people affected by mental illness. They offer a newsletter, a large library, support groups and educational groups for consumers, family members, providers and the community.  
(608) 249 – 7188  
www.namidanecounty.org/

National Alliance on Mental Illness, Wisconsin (NAMI)  
NAMI’s mission focuses on education, advocacy and support for persons with mental illness, their families and friends. NAMI Wisconsin has 34 affiliates serving 40 counties throughout the state.  
(800) 236-2988  
www.namiwisconsin.org/

Off the Square Club  
Social and vocational club for adults with long-term mental illness provides companionship and support in a protective atmosphere.  
(608) 251-6901  
www.lsswis.org

Parent-Infant and Early Childhood Clinic, UW-Madison Department of Psychiatry  
Consultation, assessment and therapeutic services to families with children, birth to age 6, exhibiting emotional or behavioral problems and to those experiencing parenting difficulties.  
(608) 263-6100  
www.psychiatry.wisc.edu

Postpartum Depression Treatment Program, UW-Madison Department of Psychiatry  
Evaluation, individual and group therapy, and psychiatric treatment for women with postpartum anxiety and depression.  
(608) 263-5000  
www.psychiatry.wisc.edu
Recovery Dane
Dane County Human Services mental health information and referral program that serves as the centralized portal for mental health information and referral, for professionals, peers and the community.
(608) 237-1661
www.recoverydane.org

Yahara House
Uses a clubhouse model to assist persons with serious & persistent mental illness to find a pathway to recovery through relationships & work.
(608) 280-4700
www.journymhc.org

Recreation/Leisure Activities

Wisconsin Badger Camp
Provide a positive natural environment where individuals with developmental challenges can learn about their surroundings and realize their full potential. Through a group living experience, campers develop friendships and expand their social skills. Everyone, regardless of the severity of their disability, are welcome at Badger Camp.
(608) 348-9689
www.badgercamp.org

Boys and Girls Club
Provides programs in five core areas: character and leadership development; education and career development; health and life skills; the arts; and sports, fitness, and recreation.
(608) 257-2606
www.bgcdc.org

Camp AweSum
Camp AweSum has two types of camps, one for youths only and one for families who have a child with an ASD. Both camps are held at the same site, Moon Beach Camp, which is located at beautiful Moon Lake, in the majestic Northwoods near St. Germain.
(715) 479.8255
www.ucci.org

Challenger Little League
The Challenger Division was established in 1989 as a separate division of Little League to enable boys and girls with physical and mental challenges, ages 4-18, or up to age 22 if still enrolled in high school, to enjoy the game of baseball along with the millions of other children who participate in this sport worldwide. Today, more than 30,000 children participate in more than 900 Challenger Divisions worldwide.
www.wmll.org/leagues/challenger-league/

Easter Seals Wisconsin
Helps people with disabilities gain greater independence through education, recreation, employment and respite services.
(608) 277-8288
www.eastersealswisconsin.com
Gymfinity
Combining elements of gymnastics, fitness, and trampoline; our class for kids with special needs allows differently abled children the opportunity to be a part of a great activity in a great gym: Gymfinity. We can accommodate children of all skill levels and qualifications; we have even included children with braces or wheelchairs. Our classes provide kids with opportunities to engage in physical movement and social interactions, thereby increasing their overall physical fitness, social skills, and self esteem.
(608) 848-3547
http://www.gymfinity.com/classesmenutop/special-needs-gymnastics.html

Hoofers Accessible Sailing Program
In order to make the best and safest accommodations the Accessible Sailing Program offers an assessment and planning opportunity through the UW Adapted Fitness and Personal Training program. This will provide our staff with an opportunity to decide the best way to get in and out of boats and what the best accommodations will be to make your sailing activities as independent and as successful as possible.
608-262-1630
www.hoofersailing.org/accessible

Living Our Visions (LOV-Dane)
Grassroots organization of individuals with disabilities, families and community members building fulfilling, community centered lives for all citizens.
(608) 265-9440
www.waisman.wisc.edu

The Mad City Badgers
is an organized Youth Wheelchair Basketball team, serving families and players from many parts of South-East Wisconsin; serves school-aged boys and girls, with many different levels of disabilities and skill level.
www.madcitybadgers.org

Madison School & Community Recreation (MSCR)
is the public recreation provider for the residents of Madison (within the boundaries of the Madison Metropolitan School District). MSCR is a department of the Madison Metropolitan School District and provides services for all children.
608.204.3000
www.mscr.org

Project Unify
Special Olympics Project Unify® is a youth-centered, school-focused initiative that brings students with and without intellectual disabilities together through education, sports and youth leadership to provide them with the knowledge, attitudes and skill necessary to create and sustain school communities that promote acceptance, respect and human dignity.
(608) 222-1324
www.specialolympics.org/community/

Rutabaga
At Rutabaga, we believe that being on the water can make a difference in the quality of life. For people with a disability, paddling can be an important part of both the physical and emotional healing process.
SEWASP
provides adaptive alpine skiing and snowboard lessons for people with disabilities in southeastern Wisconsin and surrounding areas. "Adaptive" refers to the modified equipment and teaching techniques used to enable skiers and snowboarders to participate safely and as independently as possible.
(414) 226-8375
www.sewasp.org

Special Olympics Wisconsin
SOWI is a statewide organization which provides individuals with intellectual disabilities year-round sports training and athletic competition. Individuals who are at 8 years old and are identified as having a intellectual disability are eligible for participation.
(608) 222-1324
www.specialolympicswisconsin.org

Three Gaits Therapeutic Riding Center
Year round therapeutic horsemanship opportunities to children, youth and adults with disabilities and special needs.
(608) 877-9086
www.3gaits.org

UW Adapted Fitness Program
The Adapted Fitness and Personal Training classes offered through the Physical Education Activity Program serves a very diverse student population. The classes are designed to accommodate students with permanent as well as temporary disabilities.
608/262-0259
http://kinesiology.education.wisc.edu/kinesiology/academics/undergraduate-programs/adapted-physical-activity

UW Whitewater Wheelchair Basketball
Boys and girls, ages 8 to 18, who have a mobility impairment as their primary disability, are eligible to attend. All levels of mobility are encouraged.
www.uww.edu/ce/camps/athletic/basketball/wheelchairbball

Very Special Arts
The mission of VSA Wisconsin is to expand the capabilities, confidence and quality of life for children and adults with disabilities by providing programs in dance, drama, creative writing, music and visual art.
608-241-2131
www.vsawis.org/

Wisconsin Lions Camp
This quality camping experience is provided free-of-charge to eligible youth and adults with disabilities from Wisconsin. We serve youth and adults who are blind or visually impaired, Deaf or Hard of Hearing, youth who function socially or educationally as having a mild cognitive disability and youth with diabetes.
(715) 677-4969
www.wisconsinlionscamp.com
Transportation

Paratransit. Door-to-door service for those eligible under the Americans with Disabilities Act; associated with Metro Plus. Call for application form for eligibility.  
1101 E. Washington Ave., 53703; For rates and schedules, 266-4466; TDD 267-1143; www.mymetrobus.com
Additional Resources

American Psychological Association: www.apa.org
Association for Education and Rehabilitation of the Blind and Visually Impaired. www.aerbvi.org

Beach Center for Families and Disabilities: www.beachcenter.org

Educational Resources Information Center (ERIC) Eric Clearinghouse on Disabilities & Gifted Education. www.ricec.org


Job Accommodation Network (JAN): www.jan.wvu.edu

Job Center www.danejobs.com

Madison School and Community Recreation: www.mscr.org/

Health Resource Center: www.medicalsource.com

National Association for Adults with Special Learning Needs: www.nassln.org

National Association of the Deaf (NAD) www.nad.org


National Center for Secondary Education and Transition: www.ncset.org

National Federation of the Blind www.nfb.org

National Organization on Disabilities (NOD) www.nod.org

National Rehabilitation Information Center (NARIC) www.naric.com

Parent Education Project of Wisconsin, Inc www.dssc.org/frc/TAGuide/pti/wi2.htm

Registry of Interpreters for the Deaf (RID) www.rid.org


US Office for Civil Rights www.ed.gov/about/offices/list/ocr/index.html

Wisconsin ADA Resources www.rfw.org/ADA/ADAResources.htm#WCDD

Wisconsin Council on Developmental Disabilities www.wcdd.org
Glossary of Terms and Acronyms

**Accommodation:** a change in the usual way of doing things so someone’s needs can be met.

**ACT and SAT:** Standardized tests which attempt to measure students’ potential to do well in college; Wisconsin colleges/universities that require standardized test scores request ACT, which is designed to assess high school students’ general educational development and their ability to complete college-level work. It covers four areas: English, mathematics, reading and science reasoning.

**Americans with Disabilities Act (ADA):** Civil rights legislation passed in 1990 prohibiting discrimination in employment and public services based solely on a person’s status as an individual with a disability.

**Aging & Disability Resource Center (ADRC):** ADRCs serve as single points of entry into the long-term supports and services system for older adults and people with disabilities. Sometimes referred to as “one-stop shops” or “no wrong door” systems, ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports.

**Apprenticeship:** A time during which a person learns a trade or occupation, sometimes as part of a trade union program.

**Aptitude:** A person’s ability to learn; talent or quickness in learning, and understanding in particular areas.

**Career Fairs:** Events in high schools, colleges, or communities that offer the opportunity to talk with people who work in a variety of jobs and who will answer questions about their companies and about the preparation it takes to enter their fields.

**Case Manager:** The case manager is the special education cross categorical teacher or S/L Therapist assigned to lead the implementation and coordination of a student’s IEP services and IEP meetings.

**Children’s Long Term Support Waivers (CLTS Waivers):** Children’s Long Term Support Waivers are three Medicaid Home and Community-based Waivers serving children under age 22 who have physical disabilities, developmental disabilities, and “severe emotional disturbances” and need long-term supports. Supports and services are provided in the child’s home and community.

**Client Assistance Program (CAP):** This program assists applicants and clients of DVR to resolve disputes over services and responds to questions on what DVR can or cannot do.

**Community Experiences:** Services provided by schools and/or other agencies in community settings such as work experience, job site training, community counseling, recreational services, and independent living.

**Community Integration Program (CIP):** CIP is a Medicaid Home and Community-based Waiver for adults with developmental disabilities.
**Competitive Employment:** Employment found in vocational settings within the community that require no additional support from the MMSD or a community agency.

**Department of Public Instruction (DPI):** This is the agency which is charged with providing direction and technical assistance for public elementary and secondary education. It distributes and monitors federal and state monies used for education. It provides guidance on laws and policies regarding public education. For more information visit DPI’s website: [http://dpi.wi.gov](http://dpi.wi.gov)

**Division of Vocational Rehabilitation (DVR):** A state agency within the Department of Workforce Development that obtains, maintains, and improves employment for people with disabilities.

**Extended School Year (ESY):** ESY is special education and related services described in IDEA provided to children with disabilities beyond the school term. It is provided in a consistent manner with a child’s IEP. In the MMSD, ESY is provided to special education students:

- Who are at a critical stage of skill acquisition at the end of the spring term or
- Who have demonstrated significant regression of learned skills during breaks in instruction and failed to recoup those skills in a reasonable time when instruction resumed.

**Extracurricular Activities:** Doing things that are not part of the academic requirements or homework at school. Volunteering at the humane society, working on or acting in plays, participating in sports, and belonging to scouts, 4H, or FFA are a few examples of extracurricular activities.

**Free Appropriate Public Education (FAPE):** FAPE includes special education and related services that:

- are provided at public expense and under public supervision and direction, meet the standards of DPI,
- include an appropriate preschool, elementary or secondary school education and transition to post secondary options, and
- are provided in conformity with an IEP. School districts are required to make FAPE available to all children enrolled in special education in their district.

**Functional Vocational Evaluation:** An informal assessment process that looks at student’s interests, experiences and performances in natural environments in order to develop appropriate accommodations that lead to integrated employment and vocational skills. For many students with disabilities, standardized vocational assessment, including interest inventories are invalid and unreliable. Assessments can be completed by high school staff and/or the Division of Vocational Rehabilitation.

**Individual Education Program (IEP):** The educational plan for a student with a disability that includes a description of the student’s present level of performance, annual goals and objectives, a statement of transition services and a description of service needs.

**Individuals with Disabilities Education Act (IDEA):** A federal law that ensures a free appropriate public education (FAPE) for all students with disabilities.
Individualized Plan for Employment (IPE): This plan outlines how DVR-eligible consumers will achieve their work goals and what services will be provided. It is the roadmap to their vocational rehabilitation.

Individualized Service Plan (ISP): Individualized Service Plan for CIP/COP/County Services/CLTS Waivers.

Interest Inventories: Verbal, written or computer exercises that help a person identify what jobs might be a good fit for them based on things they like to do and activities they like to participate in.

Job Shadowing: Finding out about different occupations and kinds of work environments by following and watching people actually do the jobs.

Measurable Postsecondary Goals: A statement that articulates what a student (beginning at age 14 or younger if determined appropriate by the IEP team) would like to achieve in the following areas: training/education, employment and (where appropriate) independent living. The measurable postsecondary goals are based on age appropriate transition assessment and the student’s strengths, preferences, and interests.

Military: Army, Navy, Air Force, Marines, Coast Guard or National Guard.

Modifications: will always vary based on the individual student’s needs. Modifications of policies and practices are not required when it would fundamentally alter the nature of the service, program, or activity.

On-the-Job-Training: Knowledge and skills that a person acquires while they are in the workplace, already doing some activities related to an existing position description.

Person-Centered Planning: A set of approaches designed to assist individuals as they plan their life, goals, and needed supports.

Plan to Achieve Self-Support (PASS): PASS is an SSI provision to help individuals with disabilities return to work. PASS lets disabled individuals set aside money and/or things they own to pay for items or services needed to achieve specific work goals.

Postsecondary: This term refers to activities occurring after high school and can include employment, education, living, national services, military, etc.

Postsecondary Education: Any formal education following high school.

Rehabilitation Act (Rehab Act): The Rehab Act states that individuals with disabilities have the right to live on their own, make their own decisions, work in careers they like, contribute to society, and fully be part of their community. This law provides funds for vocational rehabilitation services to train and place people with disabilities on jobs. The Division of Vocational Rehabilitation (DVR) is the agency in Wisconsin that applies this law.
**Self-Advocacy Skills**: Self-advocacy is the art of speaking up for yourself and your needs and being able explain a disability clearly and concisely. Once people understand the disability, they may need to know what kinds of actions of things can help overcome a disability. The combination of skills of being able to explain your disability and to speak in favor of the ways of overcoming the barriers brought on by that disability is called self-advocacy.

**Self-Directed Support (SDS)**

**Social Security Administration (SSA)**

**Social Security Disability Income (SSDI)**

**Summary of Performance**: A summary of a student’s academic achievement and functional performance, and recommendations provided to the student during the last year of high school (prior to earning a diploma or aging out of eligibility for services provided through IDEA).

**Supplemental Security Income (SSI)**

**Supported Employment**: Individual support services designed to assist individuals with disabilities to work as successfully and independently as possible in their community.

**Transcript**: An official record, kept by a school, of the courses taken, and the grades earned, by a particular student. Some employers require a copy of a transcript sent directly by the school: others will accept a copy of a student’s records and grades.

**Transition Services**: Transition Services means a coordinated set of activities for a child with a disability that:

(A) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation;

(B) is based on the individual child’s needs, taking into account the child’s strengths, preferences, and interests and

(C) includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives and when appropriate, acquisition of daily living skills and functional vocational evaluation.

**Wisconsin Statewide Transition Initiative (WSTI)**: Wisconsin Statewide Transition Initiative is a discretionary grant funded by the Wisconsin Department of Public of Instruction.
APPENDIX A

POST-SECONDARY TRANSITION PLAN (PTP)

A Parent’s Guide to the PTP

A Student’s Guide to the PTP

Transition Skills

Course of Study
What is the PTP?

- The Department of Public Instruction (DPI) has developed a web-based Postsecondary Transition Plan (PTP) that will assist school districts to document the post high school transition requirements while meeting individual student needs. In Wisconsin, state law requires transition planning to begin for your child at age 14.

How will this application be used during an IEP meeting to create a transition plan?

- The PTP application will guide the IEP team through the transition process by asking a set of questions. The PTP will be done during the IEP team meeting with input from all team members.

Will the completed PTP look the same as the prior transition services form?

- No, the completed printed PTP form may look different than copy you received from your school district in the past, but will have the same content. The PTP report will print as an easy to read document with the specific information about your child outlined with bolded headings for each step.

How can you be a valuable member in the transition planning process for your child?

- To prepare for your child’s IEP consider transition services for your child, please visit the PTP Demonstration Site at [http://www2.dpi.state.wi.us/PTPDemo/Pages/DistrictMenu.aspx](http://www2.dpi.state.wi.us/PTPDemo/Pages/DistrictMenu.aspx). Parents and youth can create a draft PTP to bring to the IEP meeting.
- As you move through the application you will see blue "Learn More" buttons. When you click on the "Learn More" button it will open in a new window where definitions, examples, and resources are available that will help you plan and prepare for each step before the IEP meeting.
- To help identify possible careers and goals for after high school, the PTP uses the Wisconsin Career Pathways model. The PTP identifies nationally recognized career clusters and related pathways. As a parent and member of the IEP team, you will help select one career cluster and pathway that describes your child’s preferences, interests, and strengths. One example of a career cluster is Agriculture and a pathway is Plant Systems.

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A Student’s Guide to the Postsecondary Transition Plan (PTP)

During high school you have many decisions to make to plan for your future. First, you will decide the type of work you want to do and where you want to work after high school. Second, you will look at options for learning the necessary skills to do this work. It may be on-the-job training or further education in a college setting. Third, you will explore different transition skills that will prepare you for the adult world. The PTP Application was designed to assist you and other members of your IEP team to help you prepare for your future. Below you will find more information about the PTP Application to help you understand its purpose and how it can assist you with meeting your future goals.

**What is the PTP?**
- The Department of Public Instruction (DPI) has developed a youth friendly web-based Postsecondary Transition Plan (PTP) to promote your involvement in the transition planning process. The PTP will be completed during your IEP team meeting. It will help focus the discussion around your future goals, preferences, interests, and strengths.

**How you can prepare and be involved in the Postsecondary Transition Plan?**
- Attend your IEP meeting: It is all about you so be there!
- Check out the Demonstration site at [http://www2.dpi.state.wi.us/PTPDemo/Pages/DistrictMenu.aspx](http://www2.dpi.state.wi.us/PTPDemo/Pages/DistrictMenu.aspx) and create your own draft transition plan and bring it to your IEP meeting.
- Click on the "Learn More" buttons to find definitions, resources, and examples for each step in the transition plan.
- Complete the transition assessment given by your teacher and discuss the results.
- Explore career clusters and pathways by creating a free student account at [www.wicareerpathways.org](http://www.wicareerpathways.org) and discuss future education/training options with school staff and your family.
- Identify your areas of need to work on while still in high school.

**Will the transition page look the same as last year?**
- No, the completed printed PTP form may look different than copy you received from your school district in the past, but will have the same content. The PTP report will print in an easy to read format with the specific information about you outlined with bolded headings for each step.
Post-Secondary Transition Plan (PTP)
TRANSITION SKILLS

Acquisition of Daily Living Skills
Daily living skills are activities that adults do most every day. These include such things as preparing meals, budgeting, maintaining a residence, paying bills, raising a family, caring for clothing, and/or personal grooming.

- Act responsibly in caring for personal property and the property of others
- Choose and wear clothing appropriate in size, color, pattern, and style
- Complete an assessment of daily living skills
- Contact a DHS case manager to be placed on the residential service waiting list
- Demonstrate ability to communicate personal information in appropriate situations
- Demonstrate ability to determine temperature by reading a thermometer
- Demonstrate ability to maintain a comfortable room temperature in the home
- Demonstrate ability to operate a washer and dryer
- Demonstrate ability to respond to household emergency situations
- Demonstrate acceptable eating behaviors
- Demonstrate advanced telephone skills
- Demonstrate an acceptable understanding of concepts related to sexual awareness
- Demonstrate an understanding of words found in the home environment
- Demonstrate good decision making skills
- Demonstrate knowledge of the physical and personal care of children
- Demonstrate proper judgment in food storage
- Demonstrate qualities of a good citizen
- Demonstrate safety precautions in the home
- Demonstrate time management skills
- Demonstrate understanding of measurement as it applies to everyday living
- Develop a contact list of agencies that provide residential supports in this county
- Develop a network of informal supports
- Develop a personal fitness routine
- Develop a shopping list based on recognized household and personal needs
- Develop emergency procedures for use at home
- Dress and undress independently
- Dress appropriately for specific situations (e.g., weather, special events, casual, seasonal)
- Explore possible assistive technology and adaptive assistance
- Explore possible technology and adaptive assistance
- Know how and when to seek medical assistance
- Listen to the weather forecast to plan daily/weekly outings/clothing choices
- Maintain a clean body
- Maintain a neat appearance
- Maintain own bedroom
- Make local calls and respond appropriately to incoming calls
- Manage daily time schedule
- Manage personal self care
- Manage personal toileting needs
- Meet with a doctor to discuss birth control/family planning options
- Manage money and pay bills
- Meet with a family financial planner
- Meet with and interview adults with disabilities and their families who are receiving residential supports
- Open a checking/savings account
- Perform light household maintenance
- Perform written correspondence
- Practice preventive health care
- Prepare and serve foods which require little or no cooking
- Prepare and serve simple foods which require cooking
- Purchase clothing and learn how to care for clothes
- Purchase food
- Recognize when clothing repair is necessary and either mend the item or arrange for assistance
- Recognize when specific things need cleaning
- Register for long-term care services with the local Aging and Disability Resource Center (ADRC)
- Schedule and keep medical appointments
- Select a primary care physician and dentist
- Sort, wash, dry, fold, and put away laundry
- Take courses in foods, family life, child development, and babysitting
- Treat minor illnesses and perform basic first aid
- Understand directions for taking medications
- Visit community agencies that provide daily living skills training to adults
- Other (Provide description)
Community Experiences

Community experiences are generally provided outside the school building and prepare the student for participation in community life. Community experiences encourage the student to participate in the community, including government, social, recreational, leisure, shopping, banking, transportation, or other opportunities.

- Access services and items which have a constant location
- Apply for residential services
- Demonstrate ability to identify the locations of and get to social service agencies
- Demonstrate ability to navigate the community
- Demonstrate ability to safely cross streets including those with traffic lights
- Demonstrate an understanding of cost saving techniques
- Demonstrate appropriate social behaviors in the community
- Demonstrate knowledge of Section 504 of the Rehabilitation Act and Americans with Disabilities Act
- Demonstrate knowledge of banking options: checking, savings, debit cards, online banking, etc.
- Demonstrate knowledge of community agencies that provide services and support to people with disabilities
- Demonstrate understanding of basic insurance needs and where to purchase coverage
- Demonstrate understanding of purchasing options and pay for large purchases in the community
- Develop a realistic plan for addressing post secondary housing needs and demonstrate the ability to secure housing
- Enroll in and take classes through the local County Extension Program
- Enroll in community education courses
- Enroll in summer college for youth
- Identify activities of choice to do with an adult service provider
- Identify activities of choice to do with family members or friends
- Identify any supports needed to participate in activities
- Identify appropriate resources for problem solving
- Identify proper responses to emergency situations in the community
- Identify specific community facilities to join for recreation and leisure services
- Identify specific recreation or leisure activities of choice and participate independently
- Investigate participation in church/temple or social/recreation events
- Investigate participation in community civic and social organizations
- Investigate participation in community sports teams or organizations
- Investigate youth volunteer programs at the hospital
- Investigate youth volunteer programs at the library
- Join a community recreation center or YMCA
- Join a community team or organization
- Join local organization or club
- Know the dangers of accepting assistance or goods from strangers
Learn about local art galleries, public museums, library
Locate needed items in a grocery store
Locate specified areas within neighborhood
Locate, access & use relevant community resources
Make and keep own appointments
Observe a courtroom or jury duty process
Obtain a state identification card or get instructional support to obtain a driver’s license
Participate in extracurricular activities
Participate in group activities supported by an adult service provider
Practice banking, budgeting, and shopping skills
Recognize and understand cost and pay for small purchases in the community
Register for classes with city parks and adaptive recreation programs
Register with Selective Service
Select and order food in restaurants independently
Take classes through the local 4-H organization
Understand relevant community signs
Use public transportation or get instructional support to obtain a driver’s license
Other (Provide description)
Employment (Including Supported Employment)

Employment and supported employment focus on the development of work-related behaviors, job seeking and keeping skills, career exploration, skill training, apprenticeship training, and actual employment. While volunteer work and work for sub-minimum wage provides important job skills and experience, the focus of postsecondary employment goals for all students with disabilities is integrated employment, which is defined as employment at a competitive wage (at least minimum wage).

- Accurately complete a job application
- Attend a transition fair or career fair at school and/or in the community
- Complete application for DVR
- Conduct an informational interview with military branch officers
- Contact a Work Incentives Benefit Specialist to discuss the impact of employment and benefits
- Contact the state Commission for the Blind and Visually Impaired to obtain employment services
- Demonstrate ability to access various resources for assistance in job searching
- Demonstrate appropriate hygiene and grooming
- Demonstrate employability skills and schedule a work experience
- Demonstrate good attendance and punctuality
- Demonstrate knowledge of Section 504 of the Rehabilitation Act and Americans with Disabilities Act
- Demonstrate the necessary interpersonal skills to work with others
- Demonstrate the skills necessary to perform successfully in a job interview
- Demonstrate understanding of how work contributes to self-confidence
- Demonstrate understanding of how work provides opportunity to develop personal relationships
- Demonstrate understanding of how workers contribute to society
- Demonstrate understanding of the relationship between specific jobs and the education required
- Demonstrate understanding that some jobs do not require further education
- Develop work readiness skills and vocational English
- Draft resume, cover letters, and thank you notes for after interviews
- Exhibit punctuality
- Explore possible summer employment through the Summer Youth JTPA or WIA program
- Follow directions without complaint
- Get a part-time job in an area of interest
- Go on informational interviews with employers
- Have a variety of successful community-based work experiences
- Identify work-related strengths and skills
- Interview a job coach for assistance with learning job tasks
- Learn about the county one-stop career centers
Learn how to interview, write resumes, cover letters, and do a job search
Learn more about the voucher for Ticket to Work (for SSI beneficiaries) and interview providers
Maintain a productive work rate
Maintain appropriate work habits
Maintain appropriate work habits when supervisor is not present
Meet with a DVR counselor to develop an Individualized Plan for Employment (IPE)
Meet with a Job Corps counselor
Meet with adult workers in careers of interest
Meet with armed forces recruiter
Meet with supported employment agencies to identify and evaluate their services
Observe job site and develop a task analysis for job activities
Obtain a list of providers to DVR who conduct person-centered planning, job development and placement, and job coaching
Obtain a paid job in an area of interest
Obtain and memorize Social Security number
Obtain information and/or apply for youth apprenticeship program
Participate in a career exploration program
Participate in chores at home
Participate in job shadowing
Practice completing job applications and interviewing skills
Practice explaining disability and needed accommodations
Practice negotiation skills for job raises
Practice working with others by demonstrating good listening skills and verbal communication skills
Purchase clothes for job interviews
Receive orientation and mobility training in place of employment
Recognize the need to support oneself financially
Register with Employment Services
Request application from DVR
Research careers, qualifications and specifications, and key words for resume development through O*Net
Respond appropriately to authority figures
Respond appropriately to verbal correction from others
Schedule a visit with the local DVR office to determine eligibility for services
Understand a paycheck
Understand factors which influence job retention, dismissal, and promotion
Visit possible employment sites
Visit the labor organization offices for a local union
Volunteer in the community
Work towards obtaining a license in chosen career, if required
Write a Plan for Achieving Self-Support (PASS) and submit it to Social Security to obtain funding for starting a business
Functional Vocational Evaluation
A functional vocational evaluation is an assessment process that provides information about job or career interests, aptitudes, and skills. Information is gathered through situational assessments in the setting where the job is performed. This can include observations, formal or informal measures, and should be practical. Information gathered through a functional vocational assessment can be used to refine educational experiences, courses of study, and employment activities/strategies in the statement of needed transition services. Teachers should conduct ongoing comprehensive, age-appropriate transition assessment, including functional vocational evaluation.

- Complete a Career-Vocational interest/aptitude survey
- Complete an intensive, off-site functional vocational evaluation
- Complete non-verbal picture career interest inventory
- Complete the Armed Services Vocational Aptitude Battery (ASVAB)
- Produce observable work samples
- Other (Provide description)
Instruction
Instruction is a formal or informal imparting of knowledge or skills that a student needs to receive in specific areas to complete needed courses, succeed in the general curriculum and gain needed skills.

- Access tutoring services in school or through a private agency
- Apply for a Big Brother/Big Sister to help with homework and mentoring
- Apply for and take ACT/SAT test (modified, if appropriate)
- Complete a learning styles inventory to identify preferred learning methods
- Complete academic assessments to determine academic strengths and needs
- Complete college entrance exam
- Contact college for entrance exam schedule
- Demonstrate financial literacy
- Demonstrate money skills
- Demonstrate responsible decision-making in the classroom
- Demonstrate time management skills
- Determine appropriate use and implementation of assistive technology
- Enroll in a college-prep program
- Enroll in a SAT/ACT prep course
- Enroll in a skills certificate program
- Enroll in a tech-prep program
- Enroll in a work-based experience
- Enroll in a youth apprenticeship program
- Enroll in a Youth Options course
- Enroll in an independent living course
- Enroll in career and vocational education/vocational English
- Enroll in parenting classes
- Get instructional support with driver’s education course
- Investigate graduation status and follow-up
- Practice positive and proactive communication skills in the classroom
- Practice positive interpersonal social skills in the classroom
- Practice self-advocacy and self-determination skills in the general education classroom
- Review entrance exam results
- Schedule appointment to take college entrance exam
- Take a CPR/First Aid course
- Take a GED pre-test (if appropriate)
- Take courses in foods, family life, child development, and babysitting
- Other (Provide description)
Other Post School Adult Living Objectives

Adult living skills are generally those activities that are done occasionally such as registering to vote, filing taxes, obtaining a driver’s license, renting or buying a home, accessing medical services, obtaining and filing for insurance, planning for retirement, and accessing adult services.

- Access benefits counseling
- Access health or social work services
- Apply at adult support agencies
- Apply for a mentor through a local, non-profit agency for counseling of substance abuse and delinquency
- Apply for consumer education on home buying and informed decision-making
- Apply for credit cards and manage personal debt
- Apply for disability card for reduced fees with public transportation
- Apply for eligibility with state transportation program
- Apply for eligibility with the state division of Mental Health Services
- Apply for financial assistance to access post secondary training/learning options
- Apply for housing assistance (HUD)
- Apply for post secondary educational options
- Apply for post-secondary housing
- Apply for Supplemental Security Income (SSI) from the Social Security Administration (SSA)
- Collect information regarding desired postsecondary educational involvement
- Collect information regarding desired residential life beyond high school and a residential postsecondary education setting
- Contact college/tech school to arrange for class interpreters
- Contact the state Commission for the Blind and Visually Impaired to obtain training on independent living
- Cost compare for household items
- Demonstrate ability to locate and complete information for grants, loans, scholarships
- Demonstrate ability to schedule and follow through on college/tech school visits
- Demonstrate knowledge of Section 504 of the Rehabilitation Act and Americans with Disabilities Act
- Demonstrate self awareness
- Demonstrate self confidence
- Develop a list of people, phone numbers, etc., who can be resources to you once you leave school and determine where to keep the list
- Develop Crisis Management skills
- Enroll in a delinquency prevention program
- Enroll in Adult/Continuing Education courses
- Enroll in Community College courses
- Explore admission requirements for possible part-time enrollment at a Vocational/Technical School
- Explore city/county transportation options
- Explore guardianship issues and estate planning
Explore insurance issues and needs
Explore post-secondary areas of interest
Get instructional support to obtain a driver’s license
Identify and visit community mental health agencies
Identify possible sources of support for coping with difficult life situations
Identify post-secondary housing options
Identify potential providers of recreation options: Rec Plex, YMCA, Midwest Therapeutic Riding, Boys and Girls Club, etc.
Investigate local insurance companies for automobile and rental or homeowner’s insurance
Join the local YMCA, YWCA, health club, or community recreation center
Learn about consumer skills, rights, and responsibilities
Learn about expectations for eating in restaurants
Learn about managing/maintaining/performing simple repairs on a home and obtaining modifications/accommodations
Learn about meeting locations, dates, and times for support groups such as Alcoholics Anonymous, Narcotics Anonymous, etc.
Learn how to use public transportation
Line up audio logical services for post school
Make linkages to adult agencies or providers
Meet with a potential landlord
Meet with a social worker to discuss interpersonal skill development
Negotiate car purchases, etc.
Obtain a bank ATM card
Obtain assistance on management of financial resources and legal issues
Obtain assistance to complete a tax return
Obtain information about financial planning and investing
Obtain information on continuing and adult education opportunities
Obtain information on managing personal health and fitness
Obtain, complete, and submit applications for tuition assistance programs
Obtain, complete, and submit applications to colleges of choice
Open a bank account and manage finances/budgets/bills
Open a checking/savings account
Plan for accessing post secondary education that matches identified career choice
Plan for vacation/leisure activities
Practice the process for accessing apartments for rent
Prepare an initial housing budget
Register for selective service and learn about public service obligations and opportunities
Register to vote and learn about the election process
Rehabilitation counseling
Research college scholarship opportunities
Schedule an appointment for support from WIC—Women, Infants, and Children program
Sign up for utilities
Visit a bank to discuss a car or school loan
Post-Secondary Transition Plan (PTP)

Examples of Courses of Study:

A. Mary has expressed a desire to attend college to pursue a career in the environmental sciences field. Her education should prepare for the rigors of college and meet the prerequisites needed for entry. During the 11th grade, Mary will take classes in: History, English 11, Geometry, Biology I, Computers I, and Spanish I. During the 12th grade, Mary will take classes in: Psychology, English 12, Algebra II, Biology II, Child development, and Spanish II.

B. Al’s course of study will focus on improving his basic academic skills (reading/writing/math) and functional achievement (social skills, communication, vocational, and independent living skills). Al's course selection of Communication Skills, Supervised Work, Independent Living Skills, and Functional Academics, will prepare him for his overall transitional goals of paid supported employment in the service sector and increased independence (communication, self-care, hygiene, self-advocacy, and travel skills). For Al’s last year of public education, his course of study will include Communication Skills, Supervised Work, Independent Living Skills, and Functional Academics (while on the job).

C. Charles is interested in becoming an auto mechanic. He should take classes in Math, Social Studies, small engine repair, and participate in individualized instruction in oral language, organization and time management, behavioral control, vocational skills, self-advocacy skills, career awareness, and individual goal setting.

D. Aidan is a 5th year student who plans on working full time following high school graduation in retail and attending school part time to study retail merchandizing. She should participate in instruction and activities re: skills to obtain and maintain employment, use of community agencies and skills to access those agencies, research and apply to post secondary education institute, and banking and budgeting. This instruction will occur on an individual basis in the community and on a job/volunteer work site.
APPENDIX B

Person-Centered Planning

Promoting Self-Determination in Youth with Disabilities

Person-Centered Planning: A Tool for Transition
## Promoting Self-Determination in Youth with Disabilities: Tips for Families and Professionals

### Promote Choice Making
- Identify strengths, interests, and learning styles;
- Provide choices about clothing, social activities, family events, and methods of learning new information;
- Hold high expectations for youth;
- Teach youth about their disability;
- Involve children and youth in self-determination/self advocacy; opportunities in school, home, and community;
- Prepare children and youth for school meetings;
- Speak directly to children and youth;
- Involve children and youth in educational, medical, and family decisions;
- Allow for mistakes and natural consequences;
- Listen often to children and youth.

### Encourage Exploration of Possibilities
- Promote exploration of the world every day;
- Use personal, tactile, visual, and auditory methods for exploration;
- Identify young adult mentors with similar disabilities;
- Talk about future jobs, hobbies, and family lifestyles;
- Develop personal collages/scrap books based on interests and goals;
- Involve children and youth in service learning,

### Promote Self Advocacy
- Encourage communication and self-representation;
- Praise all efforts of assertiveness and problem solving;
- Develop opportunities at home and in school for self-advocacy;
- Provide opportunities for leadership roles at home and in school;
- Encourage self-advocates to speak in class;
- Teach about appropriate accommodation needs;
- Practice ways to disclose disability and accommodation needs;
- Create opportunities to speak about the disability in school, home, church, business and community.

### Facilitate Development of Self-Esteem
- Create a sense of belonging within schools and communities;
- Provide experiences for children and youth to use their talents;
- Provide opportunities to youth for contributing to their families, schools, and communities;
- Provide opportunities for individuality and independence;
- Identify caring adult mentors at home, school, church, or in the community;
- Model a sense of self-esteem and self-confidence.

### Develop Goal Setting and Planning
- Teach children and youth family values, priorities, and goals;
- Make posters that reflect values and are age-appropriate;
- Define what a goal is and demonstrate the steps to reach a goal;
- Make a road map to mark the short-term identifiers as they work toward a goal;
(4H, AmeriCorps, local volunteering).

**Promote Reasonable Risk Taking**
- Make choice maps listing risks, benefits, and consequences of choice;
- Build safety nets through family members, friends, schools, and others;
- Develop skills in problem solving;
- Develop skills in evaluating consequences.

**Encourage Problem Solving**
- Teach problem solving skills;
- Allow ownership of challenges and problems;
- Accept problems as part of healthy development;
- Hold family meetings to identify problems at home and in the community;
- Hold class meetings to identify problems in school;
- Allow children and youth to develop a list of self-identified consequences.

- Support children and youth in developing values and goals;
- Discuss family history and culture--make a family tree;
- Be flexible in supporting youth to reach their goals; some days they may need much motivation and help; other days they may want to try alone.

**Help Youth Understand Their Disabilities**
- Develop a process that is directed by youth for self-identity: Who are you? What do you want? What are your challenges and barriers? What supports do you need?
- Direct children and youth to write an autobiography;
- Talk about the youth's disability;
- Talk about the youth's abilities;
- Involve children and youth in their IEP;
- Use good learning style inventories and transition assessments;
- Identify and utilize support systems for all people.
The expression, “It takes a village to raise a child,” is never more true than when talking about a child with a disability. Young people with disabilities need a support system that recognizes their individual strengths, interests, fears, and dreams and allows them to take charge of their future. Parents, teachers, family members, and friends in the community who offer informal guidance, support, and love can create the “village” for every child.

Yet when young adults with disabilities are preparing to make the transition from high school to work or postsecondary school, their “village” may be forgotten in the rush to secure new services from programs and systems that provide support for adults with disabilities. These crucial supports may include vocational rehabilitation, day training programs, Social Security, Medicaid waivers, housing, and transportation support. In contrast to a young person’s informal support network, systems tend to use relatively impersonal and formal methods of assessment. Case managers, vocational rehabilitation counselors, and county social workers often have large caseloads as well as a limited amount of time to know the individual needs and abilities of each student on their caseload.

Responsibility for maintaining the “village” is usually left to the family or parents of the student who is graduating. However, parents have little time to become experts on the range of supports available to their child after high school. It is not surprising that the invaluable, informal supports available from a young person’s “village” often remain untapped or underdeveloped while families focus on accessing adult services.

This does not need to be the case. Use of a person-centered planning process with young adults with disabilities as they go through transition can unite formal and informal systems of support. By combining resources and working intentionally toward a common goal, families and professionals can achieve more positive outcomes for youth with disabilities, while at the same time putting long-term community supports in place.

**Person-Centered Planning**

The Individuals with Disabilities Education Act (IDEA ’97) requires that a student’s Individualized Education Program include transition planning by age 14 or earlier, if appropriate. This plan should reflect a student’s interests and preferences, current accomplishments and skills, what they still need to learn, as well as what they want to do in life. This can include a range of goals—everything from the type of career the student would like to pursue to the kind of living situation he or she hopes to have. Person-centered planning is a way to identify a student’s individual goals and
to help students, families, and professionals craft plans that will support students as they strive to achieve their dreams.

At its best, the person-centered planning process can strengthen the transition to post-school activities by:

〈 Enhancing the quality of assessment and planning activities for both high school transition services and adult service agencies serving youth with disabilities;

〈 Fostering positive working relationships between families and professionals;

〈 Providing a way for educators and case managers from other agencies to better coordinate their services;

〈 Connecting families to adult service agencies before a student leaves high school;

〈 Helping ensure that services support the youth’s goals and lead to successful outcomes; and

〈 Helping identify and cultivate natural supports in the community.

**Person-Centered Planning Action Steps**

**Step 1: Choosing a facilitator**

Parents and families can begin the process of person-centered planning for their son or daughter with a disability by choosing a facilitator. A facilitator needs to be a good listener, work creatively to shape the dreams of the individual, discover the capacities within the individual and within the community, and be a community builder.
A facilitator can be a family member, school staff member, a service provider, or a consultant. It is helpful if facilitators have previous experience or training on conducting person-centered planning. Facilitator training is offered in many states through school districts or other publicly funded programs.

**Step 2: Designing the planning process**

An initial meeting to develop the personal profile usually occurs several days before the planning meeting so the participants have time to reflect on what is shared. The meeting takes about two hours.

Parents/families and the person with a disability will:

- Develop a list of people they want to invite based on their:
  - Knowledge of the person and family;
  - Ability to make this process happen;
  - Connections with the community; and
  - Connections with adult service providers (if they will be involved in the future).
- Identify a date and time for the initial meeting and other follow-up meetings.
- Determine the place that will be the most convenient for everyone, especially the person with a disability.
- Discuss strategies that increase the participation of the focus person, the person with a disability.
- Decide who will take a lead in gathering information during the meeting and what person-centered process will be used (PATH, Essential Life Planning, It’s My Life, or another).
- Develop a history or personal life story or profile of the focus person by everyone sharing past events in the person’s life. The focus person’s parents and family may share the largest amount of this information. Critical events, medical issues, major developments, important relationships, and more may be shared.
- Describe the quality of the focus person’s life by exploring the following: community participation, community presence, choices/rights, respect, and competence.
- Describe the personal preferences of the focus person. Include both likes and dislikes to get a complete picture.
- Send invitees the personal profile.

**IDEA ’97**

§300.347 (b)

**Transition services.**
The IEP must include:
(1) For each student with a disability beginning at age 14 (or younger, if determined appropriate by the IEP team), and updated annually, a statement of the transition service needs of the student under the applicable components of the student’s IEP that focuses on the student’s courses of study (such as participation in advanced-placement courses or a vocational education program);
and (2) For each student beginning at age 16 (or younger, if determined appropriate by the IEP team), a statement of needed transition services for the student, including, if appropriate, a statement of the interagency responsibilities or any needed linkages.

(Authority: 20 U.S.C. 1414(d)(1)(A))
Many different person-centered planning tools have been developed that could be used in the transition process—

- MAPs,
- Personal Futures Planning,
- PATH planning,
- Essential Lifestyle Planning, and
- Dream Cards are a few examples.

Online resources with more information on person-centered planning tools are included in the resource list on page 8.

Step 3: Holding the meeting: Implementing the person-centered planning process

- Review the personal profile and make additional comments and observations.
- Identify ongoing events that are likely to affect the focus person’s life such as conditions that promote or threaten health.
- Share visions for the future. Through brainstorming, imagine ways to increase opportunities.
- Identify obstacles and opportunities that give the vision a real-life context.
- Identify strategies and action steps for implementing the vision.
- Create an action plan. Action plans identify what is to be done, who will do it, when the action will happen, and when you will meet again. Identify action steps that can be completed within a short time.

Step 4: Planning and strategizing at the follow-up meetings

Work the action plan. Implementing the plan can require persistence, problem solving, and creativity. Periodically bring the team together again to discuss what parts of the plan are working and what parts are not. Once more, identify what is to be done, who will do it, when the action will happen, and when you will meet again.

Make sure that at each follow-up meeting the team:

- Establishes the time and place of the follow-up meeting;
- Establishes the list of participants;
- Lists all activities that occurred in the past;
- Lists all of the barriers/challenges that occurred;
- Brainstorms new ideas and strategies for the future;
- Sets priorities for the next agreed upon time period (6 months/12 months);
- Establishes renewed commitment by those participating;
- Lists five to ten concrete steps for each person to follow;
- Establishes the next meeting time; and
- Always celebrates the successes!

Young Adult Participation in the Planning Process

It is critical for the young adult with a disability to actively participate in the transition planning meetings. This might involve advance preparation, such as asking the student to talk individually with each team member before the meeting or helping the student craft a written invitation for each team member. It is very easy for adults to take over, making the young person a passive observer instead of a leader in the process. The team must make conscious efforts to provide the young person with ways to express his or her own dreams for the future, agree or disagree with other members of the team, and be actively involved in the team’s ongoing efforts. Students with all types of disabilities—regardless of the severity of the disabilities—should be included in the transition planning process.

Young adults also have a number of responsibilities when it comes to participating in and leading their transition planning meetings. They need to think about what they really want for the future, identify what kind of help and support they might need to achieve their goals, and come prepared to share this information with their team.

Despite growing interest in using person-centered planning to drive the transition process, it is not yet common practice. One reason for this may be that many people believe this process is too time consuming. What they may not realize is that person-centered planning may be more efficient in the long run. The best transition plans truly reflect student-family goals for the future, which helps the team avoid time-consuming guesswork. People certainly learn from their mistakes, but a person-centered planning process can help teams to produce a much more accurate reflection of the young adult’s goals and at the same time, go to the heart of what is needed by the young adult and family much earlier.

Adult Services Planning

In addition to the family, the young adult, and special educators, the person-centered planning process can also involve county case managers, social workers, vocational rehabilitation counselors, and health care professionals. Including adult service providers in person-centered planning can help ensure a seamless transition from special education to adult services. Just as person-centered planning can enhance the transition planning process for a student with disabilities, it can be a tool to improve individualized plans for employment (IPEs) as well as other adult service plans for young adults with disabilities who are eligible to receive those services.
Developing Natural Supports with Person-Centered Planning

In addition to including professionals and service providers, it is essential that person-centered planning teams include individuals who are familiar with the abilities, interests, and needs of the young adult in work, school, or social settings, and who are willing to help. These supportive individuals or “natural supports” can be family members, friends, neighbors, former teachers, or other caring and knowledgeable individuals who know the young adult.

Forming the person-centered planning team provides families with an opportunity to involve individuals who want to help in ways that make a difference. These individuals, in turn, can often provide access to broader and more integrated opportunities in community settings than a professional can. Some examples of how an informal support person can help young adults pursue and achieve their goals include:

- A neighbor who helps a young person find movie theaters on nearby bus routes;
- A relative who talks with colleagues about job opportunities for a young adult who wants to work with computers; and
- Friends or family members who help find clubs—such as camera, book, hunting, or fishing—related to a young person’s interests.

The insight of family and friends can complement and enhance the expertise of the professionals on the team. For example, the team might discuss how a person’s strengths equate to job skills and how the person’s interests and abilities match specific career areas, jobs, and employers. The team might also discuss other employment-related needs, such as transportation or assistive technology.

Involving friends and neighbors who are unfamiliar with traditional forms of service delivery can actually be an asset, because it can foster more creative problem solving. Relatives and friends can also help families develop a “safety net” of informal community supports to assist a young person when parents are not available or if formal supports break down.

More Than a Series of Meetings

The team should meet as often as members and the young person want in order to discuss their goals and support needs. Follow-up meetings should be scheduled as needed to find out how the young adult is achieving those goals or if their goals have changed. However, no
matter how often a team meets, a plan is just a piece of paper if it is not put into action. One way to make sure the plan leads to action is to have the young adult, family, or team choose a facilitator. The facilitator can lead the meetings by identifying and formulating questions during the meeting and organizing important points from general statements. The facilitator can also delegate responsibilities to other team members.

For example, if the team is focusing on employment after high school, the facilitator could have one person take responsibility for helping the young adult find an internship or job-shadowing opportunity. Someone else could help the young adult find appropriate transportation. Each team member assumes responsibility for a specific task that is outlined in the plan. At the next meeting, the team members discuss their progress and modify the plan as necessary.

It is a good idea for the team to have someone responsible (parent, facilitator, or a designated case manager) for follow-up—someone who can check with other members to see how they are progressing.

What Happens if the Young Adult Has an Unrealistic Goal?

The team must determine its own comfort level with the goals of the individual. However, how the team feels about the goals and how the young adult feels may be two very different things. Supporting young adults to learn about and further explore their dreams for the future is the proactive solution to this situation. As a result of this exploration, a young adult may decide that his or her goal is not necessarily a good match. However, the exploration process can be a memorable learning experience, a valuable way of learning about one’s self, and ultimately an important way of discovering other pathways to success. It is important to realize that failure is not necessarily something to be avoided; it is a natural part of life. More importantly, a person with a disability who is protected from failure is also protected from potential success. Helping young people with disabilities pursue challenging goals provides them with invaluable opportunities for self-discovery, as well as the opportunity to surpass expectations and to actually succeed in achieving their goals.
Selected Resources on Person-Centered Planning

Parent Center Resources on Person-Centered Planning
- PACER Center: http://www.pacer.org/tatra/personal.htm
- PEATC: http://nextsteps.peatc.org
- MPACT: Transition to Empowered Lifestyles Project Person-Centered Planning: www.ptimpact.org

University and Government Resources on Person-Centered Planning
- Beach Center on Families and Disability articles on Person-Centered Planning: http://www.beachcenter.org
- University of Oregon Person-Centered Assessment and Planning Guide: http://www.hsd.k12.or.us/schools/specprograms/discover_idea-edv5/OSE/Transition/index.htm
- Enable: The Person-Centered Planning Learning Site: http://www.ilr.cornell.edu/ped/tsal/Enable
- State of Indiana Person-Centered Planning Guidelines: http://www.state.in.us/fssa/servicedisabl/bqis/pcppguidelines.html


For a more complete list of resources, visit the Institute on Community Integration’s Web site at http://ici2.umn.edu/pcplanning/info/resources.html.
APPENDIX C

Programming

Scope and Sequence

Curriculum of Services
### Continuum of Service Options

#### In School Options

**Consultation with General Education Team**
- Accommodations in class
- No direct support staff in class
- Observations of student in class if appropriate
- Ongoing communication between case manager and general education teacher
- Option for support outside of class (e.g., resource, guided study)

**Team-Taught Classes**
- General education and special education collaborate and teach content class together
- Collaboration roles:
  - *General education: content expertise, teaching expertise*
  - *Special education: teaching expertise, accommodations and/or modifications for ALL students as needed*

**Supported Classes with Curricular Modifications**
- General education curriculum with modifications
- Direct support staff visible
- IEP goals embedded across content areas

**Self-Contained Classes**
- Replaced curriculum
- Classes designed to meet student need as defined by IEP team
- Functional skills instruction as defined by IEP team

#### Community-Based Options

<table>
<thead>
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<th>Age 17</th>
<th>Age 21</th>
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</table>

**Alternative Programs**
- Madison College
  - *Campus Connect*
  - *Direct or indirect support*
  - *For credit or non-credit courses*
  - *Defined by IEP team*
  - *Aligned with long-term vision*
- Apprenticeships
- OFS
- Project Search
- GED/HSED

**Community Skills Instruction**
- As defined by IEP team aligned with long-term vision, carefully designed
- Public transportation
- Banking
- Money management
- Grocery shopping
- Domestic skills
- Recreation
- Social skills
- Housing
- Work is focused in areas where reasonable level of independence is anticipated

**Job Shadows/Visits**
- Visit work sites to learn about a variety of jobs
- One time visit or series of visits
- Might include trying some work tasks alongside other workers
- Data collected re:
  - *interests/preferences*
  - *skills*
  - *strengths*
  - *challenges*
  - *accommodations*

**Supervised Work Experience**
- Unpaid
  - *Volunteer/internship*
  - *Community service*
  - Paid
    - *Short term*
    - *Micro-enterprise*
  - Instructional focus
    - *Worker behaviors*
    - *Skill development*
    - *Identify interests*
  - Data collected re:
    - *interests/preferences*
    - *skills*
    - *strengths*
    - *challenges*
    - *accommodations*
    - *Supervision level varies*

**Transition Job**
- Paid employment
  - *Competitive wage*
  - *Will transition with student post exit*
  - Based on data collected
    - *Interests/preferences*
    - *Skills*
    - *Strengths*
    - *Challenges*
    - *Accommodations*
  - Meaningful Linkages with long-term support
    - *Supported employment*
    - *Targeted natural supports*
    - *Self-employment*
Transition Planning Scope for Supported Employment

**In School Options**

| Ages 14 - 17 | Development of Social, Academic, and Functional Skills in Inclusive School Setting |

**In/Out Options**

| Ages 17 - 19 | Vocational Exploration in Inclusive Work Setting AND Continued Development of Functional Skills in Inclusive School Setting |

**Community-Based Options**

| Ages 19 - 21 | Paid Employment in Inclusive Work Settings Jobs Transition with Student Post-Exit |
Tools

Employability Skills

Vocational Profile
Employability Skills Assessment

Student Name __________________________    Date ______________________
Evaluator ______________________________    Role_______________________

<table>
<thead>
<tr>
<th>3=Usually</th>
<th>2=Sometimes</th>
<th>1=Seldom</th>
<th>0=Never</th>
<th>WS=with support</th>
</tr>
</thead>
</table>

Key

Self-Help Skills

**Demonstrates personal hygiene and grooming by...**

1. Meeting employer expectation for cleanliness
   
   3 2 1 0 WS

2. Meeting employer expectation for grooming
   
   3 2 1 0 WS

3. Meeting care provider's expectation for consistent, independent personal hygiene and grooming
   
   3 2 1 0 WS

**Dresses appropriately by...**

1. Choosing and wearing clothes that are appropriate for the weather/activity
   
   3 2 1 0 WS

2. Choosing and wearing clothes that are appropriate for work environment
   
   3 2 1 0 WS

3. Identifying when clothes should not be worn (ill-fitting, dirty, torn, etc.)
   
   3 2 1 0 WS

4. Wearing clothes that are in good condition, clean and pressed with detail given to appearance
   
   3 2 1 0 WS

**Travels independently by...**

1. Walking or riding to school/work following safety rules
   
   3 2 1 0 WS
2. Getting around work environment (building and grounds)
   3 2 1 0 WS

3. Getting around the community
   3 2 1 0 WS

Communicates effectively by...

1. Demonstrating effective listening skills, including social body language
   3 2 1 0 WS

2. Expressing self, answering and asking questions
   3 2 1 0 WS

3. Demonstrating expected conversational skills (turn taking, choice of appropriate topic)
   3 2 1 0 WS

Comments:

General Work Habits

Attends regularly/arrives on time by...

1. Having no unexcused absences
   3 2 1 0 WS

2. Arriving at work on time
   3 2 1 0 WS

3. Following job-site procedures when tardy or absent
   3 2 1 0 WS

Stays on task by...

1. Meeting employer expectations regarding length of time on task
   3 2 1 0 WS

2. Completing a task without being distracted
   3 2 1 0 WS

3. Returning to work if distracted
   3 2 1 0 WS
Works independently by...

1. Locating materials
   
   3 2 1 0  WS

2. Beginning work promptly
   
   3 2 1 0  WS

3. Asking peers/supervisors questions about a given task at the appropriate time
   
   3 2 1 0  WS

Comments:

Task Related Skills

Cares for tools, materials, and work area by...

1. Meeting expectations for the use of tools and materials
   
   3 2 1 0  WS

2. Locating and returning tools to the proper storage area
   
   3 2 1 0  WS

3. Maintaining a clean work area
   
   3 2 1 0  WS

Practices safety rules by...

1. Stating and using safety rules appropriate to situation
   
   3 2 1 0  WS

2. Using tools and materials only for their specified purpose
   
   3 2 1 0  WS

3. Demonstrating correct safety procedures in simulated emergency situations
   
   3 2 1 0  WS

Comments:
Quantity of Work

Completes work on time by...

1. Completing work on time with supervisor prompts
   3   2   1   0   WS

2. Completing work on time without supervisor prompts
   3   2   1   0   WS

3. Working at an acceptable speed for a given task
   3   2   1   0   WS

Exhibits stamina by...

1. Finishing appropriate/reasonable tasks without a break
   3   2   1   0   WS

2. Maintaining an acceptable level of speed without tiring
   3   2   1   0   WS

3. Completing new tasks without diminishing the level of performance of former tasks
   3   2   1   0   WS

Adapts to increased demands in workload by...

1. Responding to additional tasks with supervisor prompts
   3   2   1   0   WS

2. Attempting new tasks without demonstrating frustration
   3   2   1   0   WS

3. Responding to additional tasks without supervisor prompts
   3   2   1   0   WS

Comments

Quality of Work

Makes appropriate choices and decisions by...

1. choosing an appropriate solution when given options
   3   2   1   0   WS
2. Making age-appropriate decisions
   3 2 1 0 WS

3. Responding to a problem situation with reasonable alternative solutions
   3 2 1 0 WS

**Recognizes and corrects mistakes by...**

1. Examining work for errors
   3 2 1 0 WS

2. Using self-check methods to evaluate work
   3 2 1 0 WS

3. Making corrections once an error has been identified
   3 2 1 0 WS

**Comments**

**Relationship to Supervisor**

**Accepts constructive criticism from supervisor by...**

1. Listening to constructive criticism without making inappropriate gestures or comments
   3 2 1 0 WS

2. Making specified changes based on constructive criticism
   3 2 1 0 WS

3. Identifying that changes have been made and that performance has improved
   3 2 1 0 WS

**Follows directions from supervisor by...**

1. Correctly completing tasks following verbal directions
   3 2 1 0 WS

2. Correctly completing tasks following written directions
   3 2 1 0 WS

3. Communicating and accepting consequences for not following directions
   3 2 1 0 WS
Seeks help when needed by...

1. Identifying when help is needed
   3 2 1 0 WS

2. Asking for assistance when help is needed
   3 2 1 0 WS

3. Using requested information to remedy the problem
   3 2 1 0 WS

Comments:

Relationships to peers

Works cooperatively with peers by...

1. Working well with others
   3 2 1 0 WS

2. Seeking help from coworkers
   3 2 1 0 WS

3. Directing coworkers without being overbearing
   3 2 1 0 WS

Shows respect for the rights and property of others by...

1. Taking turns
   3 2 1 0 WS

2. Asking permission to use another’s property
   3 2 1 0 WS

3. Treating borrowed property with respect
   3 2 1 0 WS

Uses appropriate language and manners with peers by...

1. Using every day manners
   3 2 1 0 WS

2. Avoiding teasing/ridiculing others
   3 2 1 0 WS
3. Using language appropriate for a given situation
   3  2  1  0  WS

Comments:

Work Attitudes

*Develops and seeks personal goals by...*

1. Demonstrating short term personal goals such as completing daily work
   3  2  1  0  WS

2. Explaining planned activities for after school, weekend or vacation
   3  2  1  0  WS

3. Seeking and developing personal goals that are viable and consistent with abilities and limitations
   3  2  1  0  WS

*Shows initiative by...*

1. Beginning a task as soon as requested to do so
   3  2  1  0  WS

2. Beginning a task without prompting
   3  2  1  0  WS

3. Asking for additional work or directions once a task is completed
   3  2  1  0  WS

*Accepts societal values and rewards by...*

1. Acknowledging various types of rewards for work well done
   3  2  1  0  WS

2. Recognizing when good work has been done
   3  2  1  0  WS

3. Responding appropriately when praised for doing a good job
   3  2  1  0  WS

*Takes pride in working by...*

1. Sharing accomplishments with others
   3  2  1  0  WS
2. Working for positions requiring improvement in skills
   3  2  1  0  WS

3. Contributing to the common good of the group
   3  2  1  0  WS

Comments

Other Information
# Student Information

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<th>Name</th>
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<td>Gender</td>
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# School Information

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<th>Recent Evaluation Date</th>
<th>Plan for Behavioral Support (BIP)?</th>
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## Community Agency Involvement

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<tr>
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<th>Contact Person</th>
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## Referral to Outside Agencies

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<th>Follow-Up Needed</th>
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<tbody>
<tr>
<td>Dane County (DCHS)</td>
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<td></td>
</tr>
<tr>
<td>Dept. of Voc. Rehab (DVR)</td>
<td></td>
<td></td>
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<tr>
<td>SSI</td>
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## Schedule

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<tbody>
<tr>
<td>Morning</td>
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<td></td>
</tr>
<tr>
<td>Mid-Day</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
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Form completed by: _________________________________  Date ________________________
Phone _______________________________ Email _________________________________________
Present Level of Academic and Functional Performance

<table>
<thead>
<tr>
<th>Identified Strengths</th>
<th>Identified Challenges</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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**Functional Academic Skills**

*Functional Reading*

*Functional Writing Skills*

*Functional Math Skills*

**Communication Skills**

*Primary Communication Format (circle one)*
- Verbal
- Functional Sign
- Gestures
- AT Device
- Other__________

**Describe:**

**Processing Information**

Needs time to process directions/info
- 1 minute
- 5 minutes
- more ______

Describe:

Interuptions/Changes forewarned:
- Yes
- No

Describe:

**Need for Routine/Structure**

Visual Schedule
- Yes
- No

(If yes, attach copy/sample)

Social Stories
- Yes
- No

(If yes, attach copy/sample)

**Learning Style**

Visual  Auditory  Kinesthetic

Describe:

**Providing Directions**

Verbal  Written  Both  Modeling

Describe:
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<th>Daily Living Skills</th>
<th>Attention to Task</th>
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<tr>
<td><em>Self Care (grooming, dressing, bathroom)</em></td>
<td><em>Can attend to one task for (circle one)</em></td>
</tr>
<tr>
<td></td>
<td>15 minutes  30 minutes  45 minutes</td>
</tr>
<tr>
<td></td>
<td>Up to one hour  More than one hour</td>
</tr>
<tr>
<td></td>
<td><em>Conditions for longer task focus</em></td>
</tr>
<tr>
<td></td>
<td><em>Type of task:</em></td>
</tr>
<tr>
<td></td>
<td><em>Environment:</em></td>
</tr>
<tr>
<td><strong>Eating</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Transportation/Mobility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Advocacy (inc. vulnerability)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Money Management</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time Management</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Attention to Task</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Can attend to one task for (circle one)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15 minutes</strong></td>
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</tr>
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<td><strong>30 minutes</strong></td>
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<td><strong>45 minutes</strong></td>
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<tr>
<td><strong>Up to one hour</strong></td>
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<td><strong>More than one hour</strong></td>
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<td><strong>Conditions for longer task focus</strong></td>
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<tr>
<td><strong>Type of task:</strong></td>
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<tr>
<td><strong>Environment:</strong></td>
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<tr>
<td><strong>Need for repetitive tasks</strong></td>
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<td><strong>No</strong></td>
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<tr>
<td><strong>Describe:</strong></td>
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<tr>
<td><strong>Need for variety of tasks</strong></td>
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<td><strong>Yes</strong></td>
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<tr>
<td><strong>Describe:</strong></td>
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<td><strong>Responds to prompting</strong></td>
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<td><strong>None</strong></td>
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<td><strong>Frequency of prompts?</strong></td>
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<td><strong>Strength/Endurance/ Stamina</strong></td>
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<td><strong>Medical concerns:</strong></td>
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<td><strong>Need for break</strong></td>
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<tr>
<td><strong>Frequency:</strong></td>
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<tr>
<td><strong>every</strong></td>
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<td><strong>hour</strong></td>
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<td><strong>Plan for positive behavioral support?</strong></td>
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<td><strong>If yes, is a copy attached?</strong></td>
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<tr>
<td><strong>Describe general interpersonal skills</strong></td>
<td></td>
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<tr>
<td><strong>Describe environment that best supports</strong></td>
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<td><strong>positive behavior/appropriate interaction</strong></td>
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<td><strong>personal comfort</strong></td>
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<td>Fine Motor Skills</td>
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<td><em>Challenges</em></td>
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<th>Accommodations/Modifications that increase independence</th>
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<thead>
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<th>Barriers</th>
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<table>
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<th>Vocational Likes/Interests/Preferences</th>
<th>Vocational Dislikes</th>
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<td>100% supervision (one-on-one)</td>
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<td><strong>Approach for fading support:</strong></td>
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<td><strong>Family Concerns</strong></td>
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## Employment History (previous vocational training experiences)

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<th>Rate of pay</th>
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<tbody>
<tr>
<td>Location</td>
<td># hrs/frequency per week</td>
<td>Reason for Leaving</td>
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**Job Tasks**

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<tbody>
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<td># hrs/frequency per week</td>
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**Job Tasks**

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<td># hrs/frequency per week</td>
<td>Reason for Leaving</td>
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**Job Tasks**

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<tbody>
<tr>
<td>Location</td>
<td># hrs/frequency per week</td>
<td>Reason for Leaving</td>
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**Job Tasks**
# Current Job-Site

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<th>Projected Days/Hours</th>
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## Job Tasks

## Transportation

## Level of Support

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<th>Types of Specific Support</th>
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<th>Identified Natural Supports</th>
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<table>
<thead>
<tr>
<th>Barriers</th>
<th>Potential/Plan for Fading</th>
</tr>
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**Level of support needs may change in different environments. Please indicate level of support needed in each environment.**
APPENDIX E

Dane County Transition Planning

Transition Checklist for Parents

Transition Checklist for Parents In Depth

Dane County Long-Term Support Application for Services
APPENDIX E

Transition Checklist for Parents/Caregivers of Young Adults with Developmental Disabilities

The planning that occurs during the transition from High School into supports in the Dane County Self-Directed Service System (SDS) is not a linear process and can be quite complex. The following checklist is only a general guideline and should not be considered all-inclusive.

Age 18-19
- Apply for Dane County Adult Developmental Disability Services
- Apply for Social Security Benefits (SSI, Medicaid, etc)
- Investigate guardianship options
- Investigate the possibility of Medical Assistance Personal Care (MAPC) services
- Assist son/daughter to obtain valid State ID card
- If needed, investigate the possibility of respite supports (complete referral ASAP – can happen prior to age 18)

Age 19-21
- Network with other parents about transition and their experience in the adult service system
- Develop a plan around the replacement of non-work activities that are supported by the school
- Attend available trainings to learn about transition, self-determination and the adult service system
- DVR is involved with transition team
- Paid employment is secured and maximized
- Make referral for benefits planning
- Work with school and Transition Coordinator regarding post-high school transportation planning

Final Year of School (Age 20-21)
- Transition Coordinator is assisting with case coordination
- Provide Transition Coordinator photo copies of important documents
- Collaborate with Transition Coordinator and Dane County to identify future Vocational Provider
- Develop Person-Centered Plan with Transition Coordinator
- Interview and hire Support Broker in early June (near exit from high school)

The following pages provide a more detailed explanation of the above checklist.
Age 18-19

**Eligibility** - For an exiting high school student to qualify for adult SDS supports, the individual must be a resident of Dane County, exit High School at age 21, have a documented developmental disability, have a substantial impairment in at least three areas of daily functioning and meet the income and financial asset eligibility requirements for Medicaid.

**Functional Eligibility**
- *Aging and Disability Resource Center of Dane County* - At age 18 contact the Aging and Disability Resource Center High School Transition Helpline at 608-240-7476 to request information on applying for Dane County Adult Services. An Information and Assistance Specialists (I&A Specialist) will explain the eligibility criteria and process. The ADRC is responsible for determining eligibility for Adult Waiver Services and will need to complete an assessment and gather required medical documentation of a person’s disability. An I&A Specialist will are also able to explain Dane County’s guidelines for supporting adults with developmental disabilities in the community.

**Financial Eligibility**
- *Medicaid Eligibility* - Individuals must qualify for Medicaid and meet the Medicaid Waiver target group criteria to participate in the Dane County SDS system. Many people choose to apply for Medicaid and SSI benefits through the Social Security Administration (http://www.ssa.gov/) when their son/daughter turns 18. If your son/daughter is not eligible for Medicaid with Social Security, some individuals choose to apply for Medicaid through the County (https://access.wisconsin.gov/).

- *Estate Planning* - Many families choose to complete estate planning for their young adult with a disability. There are legal means, such as establishing a Supplemental Needs Trust, to help individuals maintain government entitlements as they age. More information about financial planning resources can be found at this website: http://cow.waisman.wisc.edu/resources_guardians.html

**Guardianship** - Regardless of the significance of your child’s disability, at age 18 she/he will legally become her/his own guardian unless court proceedings are initiated by you or another interested person to obtain legal guardianship of your child. While full guardianship is not always in the best interest of a child, there are a variety of options, such as Partial Guardianship, Heath Care Power of Attorney or Financial Power of Attorney, that may suit your child’s needs. You will want to thoroughly investigate which option, if any, is the most desirable. More information about guardianship can be found at this website: http://cow.waisman.wisc.edu/resources_guardians.html

**Medical Assistance Personal Care (MAPC)** - If your adult child (age 18 or older) is eligible for Medicaid and requires “hand’s on” assistance with at least one hour of personal care every day, you may want to consider referring them for MAPC services. There are a variety of licensed Personal Care Agencies/Home Health Care Agencies in the area, so you will want to thoroughly investigate which option is the most desirable. A few agency options include:
Community Living Alliance (CLA), REM Home Health, Home Health United, Interim Healthcare, Maxim, Catalyst, etc.

**Identification** - Assist your son/daughter to acquire a State of Wisconsin ID card and ability to communicate personal information. Proper identification is required to secure paid community employment. [http://www.dot.wisconsin.gov/drivers/drivers/apply/idcard.htm](http://www.dot.wisconsin.gov/drivers/drivers/apply/idcard.htm)

**Respite Supports** - Dane County families are eligible for respite services if they have a child or adult living at home who meets the federal definition of developmental disability. To apply for services, interested families can contact UCP of Greater Dane County at 608-273-3318. Please note that there is a waitlist for respite services at this time, so the earlier you contact UCP about a referral, the better. [http://ucpdane.org/programs/respite-care](http://ucpdane.org/programs/respite-care)

---

**Age 19-21**

**Community Building** - Parents often have valuable insight and great recommendations, so it is suggested to network with other parents to learn about their experiences with transition and the adult service system. LOV-Dane [http://cow.waisman.wisc.edu/LOV-Dane.html](http://cow.waisman.wisc.edu/LOV-Dane.html) and Special Olympics [http://www.specialolympicswisconsin.org/](http://www.specialolympicswisconsin.org/) are two examples of good places to network with other families.

**Non-Work Activities** - During the last years of school, begin planning with the school and your child’s case manager around the replacement of non-work activities that are currently supported by the school. Begin to work on identifying other ways to pay for these activities such as using MAPC, respite, co-ops with other parents, Social Security Benefits, etc.

**Trainings** - Attend available trainings as needed to learn about transition, self-determination and the adult service system. A few resources for training opportunities include: Waisman Center Community Outreach Wisconsin [http://cow.waisman.wisc.edu/traincon.html](http://cow.waisman.wisc.edu/traincon.html), Wisconsin Facets [http://www.wifacets.org/](http://www.wifacets.org/) or joint workshops with Madison Partners and Dane County.

**Vocational Planning**

Division of Vocational Rehabilitation (DVR) - No later than 1 ½ years before your child is going to exit High School, school personnel should make a formal referral to DVR. DVR is a federal/state program designed to assist individuals with disabilities. It is DVR’s goal to help individuals with disabilities obtain, maintain and improve employment opportunities. There are many services provided by DVR, a few examples of their services are: guidance & counseling, funding job coaching supports and funding assistive technology. [http://dwd.wisconsin.gov/dvr/](http://dwd.wisconsin.gov/dvr/)

**Employment** - Paid Employment is very important during transition. During the last year of High School (20-21 years old), your son/daughter should be spending a majority of
her/his days outside of the school building in vocational and community activities. Most exiting students try to secure the maximum number of hours of paid work in the community of which they are capable. Individuals transitioning from high school will be assessed when they enter the Dane County adult system in order to determine the level of support needed. The team must then assure that the level of supports given, matches the assessment. A vocational rate is given based on the amount of hours an individual is employed in the community and the level of support required at the paid job site(s).

Benefits Planning- Many people exiting high school find it beneficial to receive a benefits analysis during the last few months they are in school. This is a great tool to learn about the nuances of your son/daughter’s Social Security benefits and the different Social Security work incentive programs available. For more information regarding benefits counseling, contact Employment Resources Inc (ERI). There is generally no change for benefits counseling if the requesting individual is eligible for a SSI benefit. http://eri-wi.org/

Transportation- It’s recommended to try to minimize complications with transportation during transition. If you live in the Madison metro area, you may want to reference this map when your son/daughter is considering adding a job to their schedule: http://www.cityofmadison.com/metro/documents/PT_09Aug.pdf. Given the limited funding available to consumers in the adult service system, and the high cost of transportation in areas not served by Madison Metro Para-transit, it is the practice of Dane County Adult Community Services to investigate alternatives to County funded transportation whenever feasible. These alternatives may include: Requesting parents, other family members, friends, neighbors or coworkers to assist with rides; using a Social Security Work Incentive such as an Impairment Related Work Expense (IRWE) to help pay for rides; investigating ride share arrangements such as state van pools to commute to/from work; and walking or riding a bike to and from a job.

Final Year of School (Age 20-21)

Case Management

Transition Coordinator- A Transition Coordinator employed by Progressive Community Services or UCP–ASAP works with all high school graduates with developmental disabilities in Dane County who are eligible for services and who do not already have a Children’s System Case Manager or Support Broker. The Transition Coordinator is assigned to exiting students during the September prior to the student’s exit from high school. The Transition Coordinator assists with service coordination for approximately 1 year (age 20-21; the last year of high school).

Support Broker- The Support Broker is the system case manager and primary quality assurance monitor that will be a part of your son/daughter’s team in the adult service system. High school graduates with developmental disabilities in Dane County who are eligible for services have the opportunity to interview and select their Support Broker at the time of their transition into the adult service system. Your son/daughter can begin to receive Support Broker services at the point they begin to receive CIP Waiver funded
services. Individuals typically select their Support Broker in early June (near graduation/exit from high school).

**Important Documents** - Your Transition Coordinator will likely request photo copies of guardianship papers, Forward Health card, Social Security card, State ID, etc during the last year of school.

**Vocational Provider** - For many years, providers specializing in vocational services have been hired by supported workers to provide job coaching and job development services. Your Transition Coordinator will work with you and Dane County to indentify your future Vocational Provider. Vocational Providers are typically identified in February and officially begin to provide support to eligible individuals at the time of their transition into the adult service system (June).
Applying for High School Transition Services for young adults with Developmental Disabilities in Dane County

ELIGIBILITY CRITERIA:

1. Age 18 or older
2. Resident of Dane County- “physical presence with intent to remain”.
3. Documented Developmental Disability(s) which includes:
   a. Intellectual Disability (this does not include learning disabilities, ADHD, or mental illnesses)
   b. Cerebral Palsy
   c. Epilepsy
   d. Autism
   e. Brain Injury
   f. Prader-Willi Syndrome
   g. Other neurological condition “closely related to an intellectual disability or requiring treatment similar to that required for people with intellectual disabilities”.
4. Disability is a “substantial handicap” to the person in his or her daily functioning. This is determined by an assessment of the person’s functional abilities.

REFERRAL PROCESS:

1. Telephone call to the Aging and Disability Resource Center – High School Transition Helpline at (608) 240-7476 or Email to ADRC-HSTransition@countyofdane.com
2. Completion of “Request for Services” and release of information forms. Forward the completed forms to Aging and Disability Resource Center (ADRC) - High School Transition Team.
3. Additional information may be requested from the person, his or her family and/or guardian or other service providers.
4. An interview with the person, family or others to clarify written information and answer questions about services.
5. The person and/or the guardian will be notified of the eligibility decision and, if eligible, the person’s name will be placed on the appropriate waiting list.

(608) 240-7400  FAX (608) 240-7401
Mental Illness

Overview

ADD/ADHD

Bipolar Disorder

Borderline Personality Disorder

Major Depression

Eating Disorders

Obsessive-Compulsive Disorder

Panic Disorder

Post-Traumatic Stress Disorder (PTSD)

Schizophrenia

Schizoaffective Disorder

Seasonal Affective Disorder (SAD)

Dual Diagnosis
Appendix F
From National Alliance for the Mentally Ill (NAMI), Description and characteristics of mental health diagnoses (http://www.nami.org/):

What is mental illness?

A mental illness is a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder. The good news about mental illness is that recovery is possible.

Mental illnesses can affect persons of any age, race, religion or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.

Numerous treatments and services for mental illnesses are available. The choice and combination of treatment and services selected depends in most cases on the type of mental illness, the severity of symptoms, the availability of options and decisions determined by the individual, often in consultation with their health care provider and others. Most people with mental illness report that a combination of treatments, services and supports works best to support their recovery.

Statistics

• One in four adults experiences mental illness in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder.
• About 9.2 million adults have co-occurring mental health and addiction disorders.

• Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent.
• Seventy percent of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness.

• One-half of all chronic mental illness begins by the age of 14; three-quarters by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.

• Over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group.

• Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.
What does recovery look like?

As people become familiar with their illness, they recognize their own unique patterns of behavior. If individuals recognize these signs and seek effective and timely care, they can often prevent relapses. However, because mental illnesses have no cure, treatment must be continuous.

Individuals who live with a mental illness also benefit tremendously from taking responsibility for their own recovery. Once the illness is adequately managed, one must monitor potential side effects.

The notion of recovery involves a variety of perspectives. Recovery is a holistic process that includes traditional elements of mental health and aspects that extend beyond medication. Recovery from serious mental illness also includes attaining, and maintaining, physical health as another cornerstone of wellness.

The recovery journey is unique for each individual. There are several definitions of recovery; some grounded in medical and clinical values, some grounded in context of community and some in successful living. One of the most important principles is this: recovery is a process, not an event. The uniqueness and individual nature of recovery must be honored. While serious mental illness impacts individuals in many ways, the concept that all individuals can move towards wellness is paramount.
Attention-Deficit/Hyperactivity Disorder

What is attention-deficit/hyperactivity disorder?

Attention-deficit/hyperactivity disorder (ADHD) is an illness characterized by inattention, hyperactivity, and impulsivity. The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated three percent to five percent of school-age children.

Although ADHD is usually diagnosed in childhood, it is not a disorder limited to children -- ADHD often persists into adolescence and adulthood and is frequently not diagnosed until later years.

What are the symptoms of ADHD?

There are actually three different types of ADHD, each with different symptoms: predominantly inattentive, predominantly hyperactive/impulsive, and combined.

Those with the predominantly inattentive type often:

- fail to pay close attention to details or make careless mistakes in schoolwork, work, or other activities
- have difficulty sustaining attention to tasks or leisure activities
- do not seem to listen when spoken to directly
- do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace
- have difficulty organizing tasks and activities
- avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort
- lose things necessary for tasks or activities
- are easily distracted by extraneous stimuli
- are forgetful in daily activities

Those with the predominantly hyperactive/impulsive type often:

- fidget with their hands or feet or squirm in their seat
- leave their seat in situations in which remaining seated is expected
- move excessively or feel restless during situations in which such behavior is inappropriate
- have difficulty engaging in leisure activities quietly
- are "on the go" or act as if "driven by a motor"
- talk excessively
- blurt out answers before questions have been completed
- have difficulty awaiting their turn
- interrupt or intrude on others

Those with the combined type, the most common type of ADHD, have a combination of the inattentive and hyperactive/impulsive symptoms.

**Diagnosis**

Diagnosing ADHD requires a comprehensive evaluation and cannot be done with one single test. A licensed health professional will compile information about the child’s academic, social and emotional functioning as well as rule out physical factors that could be causing symptoms similar to ADHD. Other factors such as anxiety, depression and some learning disorders may cause similar symptoms as ADHD and may coexist with ADHD.

Parents and teachers can provide an important history of the child’s behavior and when appropriate, as can the child. While the health professional will pay more attention to a child’s behavior in more structured settings, the child’s age must also be taken into account. It is important to note if the child’s behavior interferes with their day to day life and how often the behavior occurs.

A proper psychiatric evaluation is critical because a child, specifically one without a prior history of ADHD, who experiences new or worsening symptoms of difficulty focusing may be experiencing symptoms of a medical or psychiatric condition other than ADHD. These conditions could include depression, anxiety or substance abuse. In other cases, a child with difficulty focusing may be showing signs of a problem at home or at school. Medical illnesses—such as thyroid disease, seizure or stroke—can also mimic some of the symptoms associated with ADHD. Therefore, in addition to having a psychiatric evaluation, any child should have a physical exam and testing performed by their pediatrician as well.

**What is attention-deficit hyperactivity disorder in children?**

Many children may experience problems with paying attention, hyperactive behaviors or difficulties with impulsivity and distraction. A child with attention-deficit hyperactivity disorder (ADHD) will experience significant dysfunction due to their symptoms and will have difficulties in multiple settings (e.g., academic, work, social, or family obligations). Most experts believe ADHD is a condition that begins before the age of 12. ADHD is more common in males and often occurs with other learning disabilities, substance abuse problems and other mental illnesses such as mood disorders and anxiety disorders.
Inattentive symptoms include difficulty paying close attention to details; making careless mistakes in schoolwork or other activities; difficulty sustaining attention in tasks or play activities; not listening when spoken to directly; failure to follow through on instructions; failure to finish schoolwork or chores; difficulty organizing tasks and activities; reluctance in engaging in tasks that require sustained mental effort; frequently losing things necessary for tasks or activities; and being distracted by extraneous stimuli.

Hyperactive/Impulsive symptoms include fidgeting with hands/feet or squirming in seat; inability to remain seated; running about or climbing in inappropriate situations; difficulty playing quietly; being “on the go” constantly; talking excessively; blurtling out answers before questions have been completed; and difficulty awaiting his/her turn.

How can ADHD be treated?

For many children with ADHD, psychiatric medications may be indicated. All treatment decisions should be discussed with a child’s physicians as the risks and benefits for each individual may vary.

Many children are treated with stimulant medications, e.g., methylphenidate (Ritalin), dextroamphetamine (Dexedrine) or amphetamine salts (Adderall). These medications are generally thought to be “first-line treatments” and may be effective in more than 50 percent of individuals. Some children taking these medications will find that they have decreased appetite or problems sleeping. Others may be at risk for heart problems including high blood pressure or arrhythmias.

Some children who are not able to use stimulant medications may try other medications for their symptoms. Medications of the alpha-blocker class have been studied in the treatment of childhood ADHD. These include clonidine (Kapvay) and guanfacine (Tenex, Intuniv). Other options include atomoxetine (Strattera), buproprion (Wellbutrin) or other antidepressants.

Many children will also find that psychotherapy is useful in treating their ADHD. Cognitive behavioral therapy (CBT) is the best-studied and most effective form of treatment for this illness.

With treatment and the support of their loved ones, most children with ADHD can expect to live healthy lives and to see a significant decrease in their symptoms. Many will experience a decrease in their symptoms—perhaps even a resolution of their illness—as they reach adulthood. A significant percentage of people will continue to experience symptoms into their adult years and will require ongoing treatment. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to engage in treatment for this challenging mental illness.

ADHD and School: Helping Your Child Succeed in the Classroom

Students living with ADHD may experience unique challenges in the classroom. The common symptoms of ADHD—inattention, hyperactivity and impulsivity—can cause disruptions to a child’s learning, peer relationships, functional performance and behavior within the school
ADHD may manifest itself differently in the classroom than what you see at home. For example, students living with ADHD often:

- perform better one-on-one than in groups
- have trouble paying attention to details and are often caught daydreaming
- avoid, dislike or are reluctant to engage in activities that require sustained attention
- experience challenges listening to or following through on instructions
- are highly distractible, forgetful, absent-minded, careless and disorganized
- display extreme physical agitation—fidget, squirm or cannot stay seated
- speak out of turn and talk excessively.

**Common School-based Accommodations for Students Living with ADHD**

The following is a list of typical accommodations that a student living with ADHD may have included in a 504 plan or IEP:

- modified homework assignments, testing and deadlines;
- use of helpful tools (calculator, tape recorder, computer and electric spell-checker);
- behavioral plan or social skills training;
- continual progress reports assessing behavior and assignments;
- peer, volunteer tutors or working one-on-one with the teacher;
- sitting the student near the teacher and away from doors and windows;
- increased parent and teacher collaboration;
- providing the student with a note-taking partner; and
- letting the student run occasional errands for the teacher to burn off some energy.

Your child’s 504 plan or IEP should be individualized and focus on his or her strengths, interests and goals. To learn what accommodations may best support your child, meet with your child’s treating provider for some recommendations and share this information with your child’s teachers and other school personnel.

**Tips for Teachers and School Personnel**

You may want to share the following tips with teachers and school personnel to help your child achieve his or her academic and functional goals in school.

- Work on difficult tasks early in the day.

- Give directions for one assignment at a time rather than directions for multiple tasks.
• Seat your child away from distractions or near another student who is working on a similar assignment.

• Vary the pace of activities to help maintain the child’s attention.

It is possible that not all of these apply to your child, but share those that do with your child’s school.
**Bipolar Disorder**

**What is bipolar disorder?**

Bipolar disorder is a chronic illness with recurring episodes of mania and depression that can last from one day to months. This mental illness causes unusual and dramatic shifts in mood, energy and the ability to think clearly. Cycles of high (manic) and low (depressive) moods may follow an irregular pattern that differs from the typical ups and downs experienced by most people. The symptoms of bipolar disorder can have a negative impact on a person’s life. Damaged relationships or a decline in job or school performance are potential effects, but positive outcomes are possible.

Two main features characterize people who live with bipolar disorder: intensity and oscillation (ups and downs). People living with bipolar disorder often experience two intense emotional states. These two states are known as mania and depression. A manic state can be identified by feelings of extreme irritability and/or euphoria, along with several other symptoms during the same week such as agitation, surges of energy, reduced need for sleep, talkativeness, pleasure-seeking and increased risk-taking behavior. On the other side, when an individual experiences symptoms of depression they feel extremely sad, hopeless and loss of energy. Not everyone’s symptoms are the same and the severity of mania and depression can vary.

More than 10 million Americans have bipolar disorder. Because of its irregular patterns, bipolar disorder is often hard to diagnose. Although the illness can occur at any point in life, more than one-half of all cases begin between ages 15-25. Bipolar disorder affects men and women equally.

**How is bipolar disorder diagnosed?**

As with all types of illness, a doctor must be seen to provide a proper diagnosis. Unfortunately, there is no simple blood test or brain scan that identifies bipolar disorder. The doctor will rule out other causes such as a hyperthyroidism. If other medical conditions are not diagnosed, a mental health professional such as a psychiatrist needs to be consulted.

A psychiatrist diagnoses bipolar disorder using the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, and observing a spectrum of symptoms.

**What are the symptoms of mania?**

Mania is the word that describes the activated phase of bipolar disorder. The symptoms of mania may include:

- Feeling overly happy for an extended period of time
- An abnormally increased level of irritability.
- Overconfidence or an extremely inflated self-esteem.
- Increased talkativeness.
• Decreased amount of sleep.
• Engaging in risky behavior, such as spending sprees and impulsive sex.
• Racing thoughts, jumping quickly from one idea to another.
• Easily distractible.
• Feeling agitated or “jumpy.”

What are the symptoms of depression?

Depression is the other phase of bipolar disorder. The symptoms of depression may include:

• Diminished capacity for pleasure or loss of interest in activities once enjoyed.
• A long period of feeling hopeless, helpless or low self-esteem.
• Decreased amount of energy, feeling constantly tired.
• Inability to concentrate and make simple decisions.
• Changes in eating, sleeping or other daily habits.
• Being agitated or slowed down in movement, speech or thought.
• Thoughts of death or suicide attempts.

What are the treatments for bipolar disorder?

Recognition and diagnosis of the disorder in its earliest stages is important so effective treatment can begin. Effective treatment plans usually include medication, psychotherapy, education, self-management strategies and external supports such as family, friends and formal support groups.

Medication is often effective in the stabilization and treatment of bipolar disorder. However, not everyone responds to medications in the same way, and at times, multiple types of medication must be assessed. Medications used to treat bipolar disorder often include mood-stabilizing medications and some second-generation antipsychotics. For the most up-to-date information on use and side effects, contact the U.S. Food and Drug Administration (FDA) at www.fda.gov.

Psychotherapy and self-care interventions are essential components in the treatment of bipolar disorder. Most useful psychotherapies generally focus on understanding the illness, learning how to cope and changing ineffective patterns of thinking. Cognitive behavioral therapy (CBT) is one popular example.

Family-focused therapy involves family members or friends in supportive roles. They participate by learning about the illness, and in developing and supporting a recovery.
What Does Recovery Look Like?

As people become familiar with their illness, they recognize their own unique patterns of behavior. If individuals recognize these signs and seek effective and timely care, they can often prevent relapses. But because bipolar disorder has no cure, treatment must be continuous.

Individuals who live with bipolar disorder also benefit tremendously from taking responsibility for their own recovery. Once the illness is adequately managed, one must monitor potential side effects.

The notion of recovery involves a variety of perspectives. Recovery is a holistic process that includes traditional elements of physical health and aspects that extend beyond medication. Recovery from serious mental illness also includes attaining, and maintaining, physical health as another cornerstone of wellness.

The recovery journey is unique for each individual. There are several definitions of recovery; some grounded in medical and clinical values, some grounded in context of community and successful living. One of the most important principles of recovery is this: recovery is a process, not an event. The uniqueness and individual nature of recovery must be honored. While serious mental illness impacts individuals in many challenging ways, the concept that all individuals can move towards wellness is paramount.

Bipolar disorder presents a special challenge because its manic, or hypomania, stages can be seductive. People with bipolar disorder may be afraid to seek treatment because they are afraid that they will feel flat, less capable or less creative. These fears must be weighed against the benefits of getting and staying well. A person may feel good while manic but may make choices that could seriously damage relationships, finances, health, home life or job prospects.

It is very common for people living with bipolar disorder to want to discontinue their medication because of side effects or because it has been a long time since the last episode of illness. However, it should be remembered that the progress one has attained is reliant upon continuing to take medication.
**Borderline Personality Disorder**

**What is borderline personality disorder (BPD)?**

Individuals with BPD have several of the following symptoms, detailed in the *DSM-V*:

- Marked mood swings with periods of intense depressed mood, irritability and/or anxiety lasting a few hours to a few days.
- Inappropriate, intense or uncontrollable anger.
- Impulsive behaviors that result in adverse outcomes and psychological distress, such as excessive spending, sexual encounters, substance use or shoplifting.
- Recurring suicidal threats or non-suicidal self-injurious behavior, such as cutting.
- Unstable, intense personal relationships, sometimes alternating between “all good,” *idealization* and “all bad,” *devaluation*.
- Persistent uncertainty about self-image, long-term goals, friendships and values.
- Chronic boredom or feelings of emptiness.
- Frantic efforts to avoid abandonment.

BPD is relatively common—about 1 in 20 or 25 individuals will live with this condition. Historically, BPD has been thought to be significantly more common in females, however recent research suggests that males may be almost as frequently affected by BPD.

**How is Borderline Personality Disorder diagnosed?**

Borderline personality disorder is diagnosed by mental health professionals following a comprehensive psychiatric interview that may include talking with a person’s previous clinicians, review of prior records, a medical evaluation, and when appropriate, interviews with friends and family. There is no specific single medical test (e.g., blood test) to diagnose BPD and a diagnosis is not based on a single sign or symptom.

The connection between BPD and other mental illnesses is well established. People with BPD are at increased risk for anxiety disorders, depressive disorders, eating disorders, and substance abuse. BPD is often misdiagnosed and many people find they wait years to get a proper diagnosis, which leads to a better care plan.
What are the treatments for borderline personality disorder?

Once an accurate diagnosis is made, developing a comprehensive treatment plan is important. Typically the treatment plan will include psychotherapy strategies, medications to reduce symptom intensity, and group, peer and family support. One overarching goal is for the person with BPD to increasingly direct their care plan as they learn what works and what is counterproductive for them.

Psychotherapy is the cornerstone of treatment for individuals who live with BPD. Dialectical behavioral therapy (DBT) is the most well researched and effective treatment for BPD. DBT focuses on teaching coping skills to combat destructive urges, encourages practicing mindfulness (e.g., meditation, regulated breathing and relaxation), involves individual and group work, and is often quite successful in helping people with BPD to control their symptoms. DBT has been shown to reduce the outcome of suicide in research studies for people who live with BPD. Becoming a DBT therapist requires special training and supervision. If you are interested in DBT, be sure to understand the qualifications of the therapist in this specialized treatment.

While cognitive behavioral therapy (CBT), psychodynamic psychotherapy and certain other psychosocial treatments are useful for some people with BPD, the majority of people with this illness will find dialectical behavioral therapy (DBT) to be the most useful form of psychotherapy.

Medications can be an important component to the care plan, yet is important to know that there is no single medication treatment that can “cure” borderline personality disorder. Furthermore, no medication is specifically approved by the FDA for the treatment of BPD. Medications are however useful in treating specific symptoms in BPD and may support and enhance essential psychotherapy efforts. For example, off label use of a number of medications may manage key symptoms, including valproate (Depakote) that may be useful in decreasing impulsivity, omega-3 fatty acids (fish oil) that may be helpful in decreasing mood fluctuations, and naltrexone (Revia), which has helped some people decrease their urges for self-injury and the use of antipsychotic medication may help with symptoms of disorganized thinking. Relief of such symptoms may help the individual change the harmful patterns of thinking and decrease the detrimental behaviors that disrupt their daily activities. Medication treatment of coexisting medical and mental illnesses, such as anxiety or depression, is also very important in the treatment of BPD.

Co-occurring conditions are common and require attention in the care plan. The use of psychiatric medications should be discussed at length with one’s psychiatrist as individuals with BPD may be at increased risk of experiencing side effects from their medications due to the large number of medications that many people with this illness are prescribed. The use of psychiatric medications should be discussed at length with one’s psychiatrist to understand the risks and benefits of any treatment choice and to get a better sense of the literature upon which the recommendation is based.

While not usually indicated for the chronic symptoms of BPD, short-term inpatient hospitalization may be necessary during times of extreme stress, impulsive behavior, or
substance abuse. In other cases however, inpatient psychiatric hospitalization may be paradoxically detrimental for some people with BPD.

The support of family and friends is of critical importance in the treatment of BPD as many people with this illness may isolate themselves from these relationships in times of greatest need. Family and friends can be most helpful in encouraging their loved one to engage in proper treatment for this complicated illness. With the support of family and friends, involvement in ongoing treatment, and efforts to live a healthy lifestyle—regular exercise, a balanced diet and good sleeping habits—most people with borderline personality disorder can expect to experience significant relief from their symptoms.

**Will people with borderline personality disorder get better?**

Recent research based on long-term studies of people with BPD suggests that the overwhelming majority of people will experience significant and long-lasting periods of symptom remission in the lifetime. Many people will not experience a complete recovery (e.g., problems with self-esteem and the ability to form and maintain relationships may linger), but nonetheless will be able to live meaningful and productive lives. Many people will require some form of treatment—whether medications or psychotherapy—to help control their symptoms even decades after their initial diagnosis with borderline personality disorder.
Major Depression

What is major depression?

Major depression is a mood state that goes well beyond temporarily feeling sad or blue. It is a serious medical illness that affects one’s thoughts, feelings, behavior, mood and physical health. Depression is a life-long condition in which periods of wellness alternate with recurrences of illness.

Each year depression affects 5-8 percent of adults in the United States. This means that about 25 million Americans will have an episode of major depression this year alone, but only one-half receive treatment. Without treatment, the frequency and severity of these symptoms tend to increase over time. All age groups and all racial, ethnic and socioeconomic groups can experience depression.

Some individuals may only have one episode of depression in a lifetime, but often people have recurrent episodes. More than one-half of people who experience a first episode of depression will have at least one other episode during his/her lifetime. Some people may have several episodes in the course of a year, and others may have ongoing symptoms. If untreated, episodes commonly last anywhere from a few months to many years.

Major depression is also known as clinical depression, major depressive illness, major affective disorder and unipolar mood disorder. It involves some combination of the following symptoms: depressed mood (sadness), poor concentration, insomnia, fatigue, appetite disturbances, excessive guilt and thoughts of suicide. Left untreated, depression can lead to serious impairment in daily functioning and even suicide, which is the 10th leading cause of death in the U.S. Researchers believe that more than one-half of people who die by suicide are experiencing depression. Depression is a leading cause of disability worldwide and represents a global public health challenge. According to the World Health Organization, it is the forth-leading contributor to Global Burden of Disease, and by 2020, depression is projected to be the second-leading cause. Devastating as this disease may be, it is treatable in most people. The availability of effective treatments and a better understanding of the biological basis for depression may lessen the barriers that can prevent early detection, accurate diagnosis and the decision to seek medical treatment.

What are the symptoms of major depression?

Depression can be difficult to detect from the outside, but for those who experience major depression, it is disruptive in a multitude of ways. It usually causes significant changes in how a person functions in many of the following areas:

• Changes in sleep. Some people experience difficulty in falling asleep, waking up during the night or awakening earlier than desired. Other people sleep excessively or much longer than they used to.
• Changes in appetite. Weight gain or weight loss demonstrates changes in eating habits and appetite during episodes of depression.

• Poor concentration. The inability to concentrate and/or make decisions is a serious aspect of depression. During severe depression, some people find following the thread of a simple newspaper article to be extremely difficult, or making major decisions often impossible.

• Loss of energy. The loss of energy and fatigue often affects people living with depression. Mental speed and activity are usually reduced, as is the ability to perform normal daily routines.

• Lack of interest. During depression, people feel sad and lose interest in usual activities.

• Low self-esteem. During periods of depression, people dwell on memories of losses or failures and feel excessive guilt and helplessness.

• Hopelessness or guilt. The symptoms of depression often produce a strong feeling of hopelessness, or a belief that nothing will ever improve. These feelings can lead to thoughts of suicide.

• Movement changes. People may literally look “slowed down” or overly activated and agitated.

**How is major depression diagnosed?**

Mental healthcare professionals use the criteria for depression in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* to develop a diagnosis.

There is a strong possibility that a depressive episode can be a part of bipolar disorder. Having a physician make the right distinction between unipolar major depression and bipolar depression is critical because treatments for these two depressive disorders differ.

**How is major depression treated?**

There are three well-established types of treatment for major depression:

• Medications. Medications often effectively control the serious symptoms of depression. It often takes two to four weeks for antidepressant medications to have their full effect.

• Psychotherapy. Several types of psychotherapy have been shown to be effective for depression, including cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). Support groups offer opportunities to share frustrations and successes, referrals to specialists and community resources, and information about what works best when trying to recover. Research has shown that mild to moderate depression can often be treated successfully with either medication or psychotherapy alone but that both together are often more helpful. Severe depression appears more likely to respond to a combination of medication and psychotherapy.
• Electroconvulsive therapy (ECT). ECT is a highly effective treatment for select severe depression episodes and for severe depression with psychosis. When medication and psychotherapy are not effective in treating severe symptoms (e.g., acute psychosis or thoughts of suicide) or if a person cannot take antidepressants, ECT may be considered. Memory problems can follow ECT treatments, so a careful risk-benefit assessment needs to be made for this intervention.

Other forms of treatment that may be helpful, either combined with the more traditional treatments or alone, include transcranial magnetic stimulation (TMS), aerobic exercise, and complementary and alternative medicine.

As devastating as this disease may be, it is very treatable in most people. Today the availability of treatment and understanding of depression has lessened the barriers that can prevent early detection, diagnosis and decision to seek treatment.
Eating Disorders

What are Eating Disorders?

Eating disorders are some of the most challenging mental illnesses. Untreated eating disorders can result in severe medical complications and even death in certain cases. As scientific studies suggest that nearly one-in-twenty people will experience symptoms of an eating disorder at some point in their lives, proper diagnosis and treatment of these complex conditions is of critical importance.

Eating disorders are often under-diagnosed, which can delay necessary treatment. There is no specific test (e.g., x-ray or blood test) that can diagnosis an eating disorder. Rather, a diagnosis is made by a trained clinician based on the signs and symptoms of these illnesses. While many people may experience unhealthy eating habits and have concerns with their body image, people with eating disorders generally experience severe dysfunction due to their symptoms.

In general, treatment of these challenging mental illnesses involves a multi-disciplinary team of clinicians to help an individual dealing with an eating disorder. This usually includes a primary care doctor (e.g., pediatrician or internist), a nutritionist, a therapist, and a psychiatrist. Working together, members of the treatment team can help to meet the medical, nutritional and psychiatric needs of individuals with an eating disorder. In the vast majority of cases, psychopharmacological medications are not curative treatments for people with eating disorders. In certain cases, some people may find that medications are a helpful part of their treatment.

Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues. For people with a co-existing mental illness, effective treatment of this second condition is critically important for proper treatment of their eating disorder. Historically, eating disorders were thought to be conditions that were limited to upper-middle class, teenage Caucasian females. Over the past few decades, it is clear that women of all ages, ethnicities and socioeconomic backgrounds are confronted with the challenges of eating disorders. Males are less likely to have eating disorders than females, but it has been suggested that as awareness grows, more males are being treated for these severe mental illnesses.

Anorexia Nervosa

Anorexia nervosa is a serious and potentially life-threatening mental illness. Anorexia nervosa is an eating disorder defined by an inability to maintain one’s body weight within 15 percent of their Ideal Body Weight (IBW). Other essential features of this disorder include an intense fear of gaining weight, a distorted image of one’s body, denial of the seriousness of the illness, and—in females—amenorrhea, an absence of at least three consecutive menstrual cycles when they were otherwise expected to occur.
**Bulimia Nervosa**

People with bulimia nervosa are overly concerned with their body’s shape and weight—they engage in detrimental behaviors in an attempt to control their body image. Bulimia nervosa is often characterized by a destructive pattern of *binging* (eating too much unhealthy food) and inappropriate, reactionary behaviors (called *purging*) to control one’s weight following these episodes. Purging behaviors are potentially dangerous and can consist of a wide variety of actions “to get rid of everything I ate.” This can include self-induced vomiting and the abuse of laxatives, enemas or diuretics (e.g., caffeine). Other behaviors such as “fasting” or restrictive dieting following binge-eating episodes are also common, as well as excessive exercising.

**Support for People with Eating Disorders**

With thorough treatment and the support of their loved ones, many people with eating disorders can expect to see a significant decrease in their symptoms and can go on to live healthy lives in absence of serious medical complications. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to seek treatment for these serious conditions.
Obsessive-compulsive disorder

A woman visits her dermatologist, complaining of extremely dry skin and seldom feeling clean. She showers for two hours every day.

A lawyer insists on making coffee several times each day. His colleagues do not realize that he lives in fear that the coffee will be poisoned, and he feels compelled to pour most of it down the drain. The lawyer is so obsessed with these thoughts that he spends 12 hours a day at work -- four of them worrying about contaminated coffee.

A man cannot bear to throw anything away. Junk mail, old newspapers, empty milk cartons all "could contain something valuable that might be useful someday." If he throws things away, "something terrible will happen." He hoards so much clutter that he can no longer walk through his house. Insisting that nothing be thrown away, he moves to another house where he continues to hoard.

A 10 year old girl keeps apologizing for "disturbing" her class. She feels that she is too restless and is clearing her throat too loudly. Her teachers are puzzled and over time become annoyed at her repeated apologies since they did not notice any sounds or movements. She is also preoccupied with "being good all the time".

These people suffer obsessive-compulsive disorder (OCD). The National Institute of Mental Health estimates that more than 2 percent of the U.S. population, or nearly one out of every 40 people, will suffer from OCD at some point in their lives. The disorder is two to three times more common than schizophrenia and bipolar disorder.

What is Obsessive-Compulsive Disorder?

**Obsessions** are intrusive, irrational thoughts -- unwanted ideas or impulses that repeatedly well up in a person's mind. Again and again, the person experiences disturbing thoughts, such as "My hands must be contaminated; I must wash them"; "I may have left the gas stove on"; "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.

**Compulsions** are repetitive rituals such as handwashing, counting, checking, hoarding, or arranging. An individual repeats these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.

Most people at one time or another experience obsessive thoughts or compulsive behaviors. Obsessive-compulsive disorder occurs when an individual experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life.

**People who do the following may have OCD:**
• Repeatedly check things, perhaps dozens of times, before feeling secure enough to leave the house. Is the stove off? Is the door locked?

• Fear they will harm others. Example: A man's car hits a pothole on a city street and he fears it was actually a pedestrian and drives back to check for injured persons.

• Feel dirty and contaminated. Example: A woman is fearful of touching her baby because she might contaminate the child and cause a serious infection.

• Constantly arrange and order things. Example: A child can't go to sleep unless he lines up all his shoes correctly.

• Are ruled by numbers, believing that certain numbers represent good and others represent evil. Example: a college student is unable to send an email unless the “correct sequence of numbers” is recalled prior to using his computer.

• Are excessively concerned with sin or blasphemy in a way that is not the cultural or religious norm for other members of their community. Example: a woman must recite “Hail Mary” thirty-three times every morning before getting out of bed and is frequently late for work because of this.

**How is OCD diagnosed?**

OCD is often misdiagnosed and it is often under-diagnosed. Many people have dual disorders of OCD and schizophrenia, or OCD and bipolar disorder, but the OCD component is not diagnosed or treated. In children, parents often are aware of some anxiety or depression but not of the underlying OCD. Researchers believe OCD, anxiety disorders, Tourette's, and eating disorders such as anorexia and bulimia can be triggered by some of the same chemical malfunctioning of the brain.

People with OCD generally attempt to hide their problem rather than seek help. Often they are remarkably successful in concealing their obsessive-compulsive symptoms from friends and co-workers. An unfortunate consequence of this secrecy is that people with OCD generally do not receive professional help until years after the onset of their disease. By that time, the obsessive-compulsive rituals may be deeply ingrained and very difficult to change.

**Can OCD be effectively treated?**

OCD will not go away by itself, so it is important to seek treatment. Although symptoms may become less severe from time to time, OCD is a chronic disease. Fortunately, effective treatments are available that make life with OCD much easier to manage. OCD symptoms are not cured by talking about them and “trying to make it go away.” With medication and behavior therapy, OCD can be treated effectively. Both medications and behavioral therapy affect brain chemistry, which in turn affects behavior. Doctors are also increasingly aware of the role that regular exercise, getting enough sleep, and a healthy diet have in the treatment of OCD. If a
A person with OCD can live a healthy lifestyle and receive effective treatment of any other medical conditions they might have, it is likely that their OCD symptoms will improve.

Many of the antidepressant medications known as selective serotonin reuptake inhibitors (SSRIs) have been proven to be effective in treating the symptoms associated with OCD. The SSRIs most commonly prescribed for OCD are fluvoxamine (Luvox), paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), and escitalopram (Lexapro). Clomipramine (Anafranil) and venlafaxine (Effexor) are other antidepressants from different medication classes that are often used to treat OCD.

Some physicians make the mistake of prescribing an antidepressant medication for only three or four weeks before judging that it’s working or not. That simply isn’t long enough. Medication should be tried consistently for 10 to 12 weeks before its effectiveness can be judged.

About one-half of people who are treated with medications will have a positive response to treatment. It is often recommended that people who experience a positive response to treatment with medications will continue this treatment for up to 1-2 years even after their symptoms improve. This is something that should be discussed with each individual’s physician.

Behavior therapy is not traditional psychotherapy. It is often called Cognitive-Behavior Therapy or "Exposure and Response Prevention," and it is highly effective for many people with OCD. People with OCD are deliberately exposed to a feared object or thought, either directly or by imagination, and are then discouraged or prevented from carrying out the usual compulsive response. For example, a compulsive hand-washer may be urged to touch an object he or she believes is contaminated and denied the opportunity to wash for several hours. This helps people to become accustomed to dealing with an uncomfortable situation and to learn how to decrease the associated anxiety. When the treatment works well, the person gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

About one-half of the people with this disorder who receive behavioral therapy improve substantially; the rest improve moderately.

**Will OCD symptoms go away completely with medication and behavior therapy?**

Response to treatment varies from person to person. Most people treated with effective medications find their symptoms reduced by about 40 percent to 50 percent. That can often be enough to change their lives, to transform them into functioning individuals.

A few consumers find that neither treatment produces significant change, and a small number of people are fortunate to go into total remission when treated with effective medication and/or behavior therapy.
Panic Disorder

What's happening?

- Imagine you've just stepped into an elevator and suddenly your heart races, your chest aches, you break out in a cold sweat and feel as if the elevator is about to crash to the ground. What's happening?

- Imagine you are driving home from the grocery store and suddenly things seem to be out of control. You feel hot flashes, things around you blur, you can't tell where you are, and you feel as if you're dying. What's happening?

What's happening is a panic attack, an uncontrollable panic response to ordinary, nonthreatening situations. Panic attacks are often an indication that a person has panic disorder.

What is panic disorder?

A panic attack is an uncontrollable and terrifying response to ordinary, nonthreatening situations. People who experience recurrent panic attacks, have persistent anxiety or fear regarding their panic attacks and change their behavior in an attempt to avoid further panic attacks may have panic disorder.

Individuals with panic disorder are likely to experience some combination of the following symptoms during a panic attack: sweating, hot or cold flashes, choking or smothering sensations, racing heart, labored breathing, trembling, chest pains, faintness, numbness, nausea or disorientation. They may feel like they are dying, losing control or losing their mind. Panic attacks typically last about five to 10 minutes but can vary from only a few minutes to almost an hour in some cases. During the attack, the physical and emotional symptoms increase quickly in a wave-like fashion and then slowly subside. A person may feel anxious and jittery for many hours after experiencing a panic attack.

Panic attacks can occur in anyone. Chemical or hormonal imbalances, drugs or alcohol, stress, or other situational events can cause panic attacks, which are often mistaken for heart attacks, heart disease, or respiratory problems.

Many people with panic disorder “fear the fear,” or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life and, in some people, can cause agoraphobia, an intense fear of feeling trapped in a public place. People with panic disorder may avoid the places they used to go to or stop doing the things that they think trigger their panic attacks. This can cause significant occupational and social problems if a person feels uncomfortable going to work, school, family gatherings or other events.

Similar to people with other anxiety disorders, people with panic disorder are at increased risk of developing other mental illnesses. Many people feel sad or depressed about how panic attacks have affected their lives, and up to half of the people with panic disorder may eventually be diagnosed with depression. Alcohol and drug abuse can also be a serious problem for some
people with panic disorder, both as a trigger for panic attacks and as a type of self-medication that can quickly get out of control. Panic disorder, particularly if untreated, can raise the risk of suicidal thoughts or acts.

Even people without the added difficulties of depression and substance abuse may feel very scared and ashamed of their panic attacks. The associated secretiveness and feelings of shame or low self-esteem that occur with this illness can cause some people to isolate themselves from their friends and family. Other people are unwilling to go anywhere or do anything outside their homes without the help of others they trust. This can be very concerning or confusing for loved ones who are trying to help. Therefore, it is recommended that friends and family of people with panic attacks encourage their loved one to seek treatment for their illness.

It is estimated that 2 percent to 5 percent of Americans have panic disorder. Usually panic disorder first strikes people in their early twenties. Severe stress, such as the death of a loved one, can bring on panic attacks.

How is Panic Disorder diagnosed?

Doctors often try to rule out every other possible alternative before diagnosing panic disorder. To be diagnosed as having panic disorder, a person must experience at least four of the following symptoms during a panic attack: sweating; hot or cold flashes; choking or smothering sensations; racing heart; labored breathing; trembling; chest pains; faintness; numbness; nausea; disorientation; or feelings of dying, losing control, or losing one's mind. Panic attacks typically last about 10 minutes, but may be a few minutes shorter or longer. During the attack, the physical and emotional symptoms increase quickly in a crescendo-like way and then subside. A person may feel anxious and jittery for many hours after experiencing a panic attack.

Is panic disorder treatable?

Panic disorder is generally very responsive to treatment. People who are able to remain in treatment can expect to have less severe and less frequent panic attacks as well as anxiety in between these events. Complete recovery is a reasonable goal for many people, although a significant percentage of individuals will experience further episodes later in life. This suggests that ongoing treatment may be indicated in certain situations.

Recovery from panic disorder can be achieved either by taking medications or by a form of cognitive behavioral therapy (CBT) that is specific for panic disorder. Studies suggest that medication and CBT are about equally effective, and the decision about which treatment to choose depends largely on the preference of the individual seeking treatment. There is also evidence that the combination of CBT and medication may offer some benefits over either one alone. Some medication treatments probably work a bit faster but are likely to have increased adverse side effects than CBT. Also, when successful treatment is finished, people who have had CBT tend to remain without symptoms for longer than people who have taken medications.

CBT involves exploring the connection between thoughts, feelings and behaviors. People will learn to understand the links between their bodily sensations and their emotions and how their
subjective fears can increase the symptoms of panic attacks. For some people, understanding the brain’s connection between fear and the physical symptoms of a panic attack can be extraordinarily helpful in decreasing symptoms. For other people, exposure therapy is useful in learning how to experience the symptoms of a panic attack without “losing control.” By simulating the symptoms of a panic attack in a controlled environment, some people can learn to control their fear of future panic attacks and decrease the severity of their symptoms. Family members and friends can help a great deal in this process when they are supportive and encouraging.

Medications are most effective when they are used as part of an overall treatment plan that includes supportive therapy. Antidepressants and antianxiety medications are the most frequently used medications for this disorder. Medications called selective serotonin reuptake inhibitors (SSRIs) are commonly used. These include paroxetine (Paxil), fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa) and escitalopram (Lexapro). A serotonin noradrenaline reuptake inhibitor (SNRI), venlafaxine (Effexor), also has FDA approval for panic disorder. These medications can successfully control the symptoms of panic attacks but may take up to two or three months to achieve their full effect. Another commonly used class of medications is benzodiazepines which includes lorazepam (Ativan), clonazepam (Klonopin) and alprazolam (Xanax). These medications can be highly effective in the short-term but are usually not indicated for the long-term treatment of panic disorder. The most appropriate medication for each individual will depend on a number of factors and should be discussed with one’s doctor. Furthermore, a person should also discuss with the doctor whether or not any medication prescribed is approved by the United States Food and Drug Administration (US-FDA) for the treatment of panic disorder, or whether the doctor feels “off label” use is indicated. If the latter is the case, ask your doctor about the reasoning behind this.

Healthy living practices can also help people to overcome panic disorder. Aerobic exercise, a proper and balanced diet and decreased use of caffeine and alcohol are all very important in decreasing symptoms. For many people, learning how to reduce stress through meditation and mindfulness are also very useful.
Post Traumatic Stress Disorder (PTSD)

What is Posttraumatic Stress Disorder (PTSD)?

Though it may seem like a relatively simple concept, trauma—a powerful experience that may have long-lasting effects—has not always been defined the same. Scientists continue to study experiences of trauma in hopes of finding better treatments. One particular type of trauma is known as posttraumatic stress disorder (PTSD).

Combat, sexual assault, and surviving a natural disaster or an attack are examples of traumatic psychological events that can cause PTSD. These severely traumatic events often have a direct physical impact on a person’s safety. Veterans who have been injured in combat are at high risk for PTSD because they have sustained a direct injury in a violent setting. Survivors of rape have experienced physical and emotional trauma which is associated with very high rates of posttraumatic responses.

These events can be a single occurrence in a person’s lifetime or occur repeatedly, such as ongoing physical abuse or an extended or repeated tour of duty in a war zone. The severity of traumatic events and duration of exposure are critical risk factors for the risk of developing PTSD.

Roughly 10 percent of women and 5 percent of men are diagnosed with PTSD in their lifetimes, and many others will experience some adverse effects from trauma at some point in their lives. According to the National Institute of Mental Health (NIMH), about 1 in 30 adults in the U.S. suffer from PTSD in a given year—and that risk is much higher in veterans of war.

Not all “traumatic” events meet the clinical standards for trauma. The loss of a loved one or the limitations resulting from an illness may cause trauma but the shock of such events is not in itself abnormal. PTSD includes both an event that threatens injury to self or others and a response to those events that involves persistent fear, helplessness or horror.

Recent scientific understanding shows that experiencing traumatic events can change the way our brains function. Especially with severe or repeated exposure, the brain can be affected in such a way that makes a person feel like the event is happening again and again. Repeated experience of the traumatic event can prevent healing and keep a person stuck in a pattern that may induce anxiety, sleeplessness, anger or an increased possibility of substance abuse.

What happens when we are involved in a traumatic event?

Humans have a set of adaptive, life-saving responses in times of stress. During the “fight or flight” response when faced with terror, less critical body functions (e.g., the parts of the brain where memory, emotion and thinking are processed) get “turned off” while the body prioritizes immediate physical safety. As a result, the traumatic experiences are not integrated. Unprocessed feelings associated with the terror and memories of the trauma can appear unexpectedly and unpredictably, causing complex problems. People living with PTSD may experience abnormal responses to the normal flow of emotion such as the following:
• Hypoarousal is a numbness and avoidance of events or feelings that represent self-protective efforts by the brain to keep overwhelming feelings under control.

• Hyperarousal is a heightened “startle response” to triggers seen as threatening. This state is an attempt to prevent a repeat traumatic experience.

These states demonstrate the difficulty people living with PTSD have in regulating their emotional and physical responses. Brain imaging studies show that these psychological problems are biologically controlled. The area of the brain involved in emotional processing (hippocampus) is reduced in size, the brain’s “alarm system” (amygdala) is over-reactive, and its integration system (prefrontal cortex) is under-reactive.

**How is PTSD diagnosed?**

The *DSM-V* criteria for identifying PTSD requires that symptoms must be active for more than one month after the trauma and associated with a decline in social, occupational or other important area of functioning. The three broad symptom clusters can be summarized as follows:

1. **Persistent Re-experiencing.** A person experiences one or more of the following: recurrent nightmares or flashbacks, recurrent images or memories of the event, intense distress at reminders of trauma, or physical reactions to triggers that symbolize or resemble the event.

2. **Avoidant/Numbness Responses.** A person experiences three or more of the following: efforts to avoid feelings or triggers associated with the trauma; avoidance of activities, places or people that remind the person of the trauma; inability to recall an important aspect of the trauma; feelings of detachment or estrangement from others; restricted range of feelings; or difficulty thinking about the long-term future.

3. **Increased Arousal.** A person experiences two or more of the following: difficulty falling asleep or staying asleep, outbursts of anger/irritability, difficulty concentrating, increased vigilance that may be maladaptive, or exaggerated startle responses.

**What are the treatment options for coping with PTSD and achieving recovery?**

Treatment strategies should be customized to the individual’s needs and preferences. The stage of recovery is important because interventions that are useful immediately after a trauma may not be appropriate years later.

• Psychological first aid includes support and compassion and is critical immediately after the traumatic event.

• Medications can play a role in reducing symptom intensity but are usually not enough alone.

• Avoidance of use of substances to attempt to moderate the experience is important.
• Psychotherapy that includes structured interventions and is very supportive seems to work best for people with PTSD:
  o Cognitive behavior therapy (CBT) employs tailored exposure to the traumatic event by increasing tolerance and gradually reducing anxiety and symptoms.
  o Exposure therapy and eye movement desensitization and reprocessing (EMDR) may also be useful for some people.
  o Group therapy with other survivors of trauma is supportive and uplifting.
Schizophrenia

What is schizophrenia?

Schizophrenia is a serious mental illness that affects 2.4 million American adults over the age of 18. Although it affects men and women with equal frequency, schizophrenia most often appears in men in their late teens or early twenties, while it appears in women in their late twenties or early thirties. Finding the causes for schizophrenia proves to be difficult as the cause and course of the illness is unique for each person.

Interfering with a person's ability to think clearly, manage emotions, make decisions and relate to others, schizophrenia impairs a person's ability to function to their potential when it is not treated. Unfortunately, no single, simple course of treatment exists. Research has linked schizophrenia to a multitude of possible causes, including aspects of brain chemistry and structure, as well as environmental causes.

How is schizophrenia diagnosed?

There is no single laboratory or brain imaging test for schizophrenia. Treatment professionals must rule out multiple factors such as brain tumors, possible medical conditions and other psychiatric diagnoses, such as bipolar disorder.

Individuals with schizophrenia have two or more of the following symptoms occurring persistently. However, delusions or hallucinations alone can often be enough to lead to a diagnosis of schizophrenia.

Positive symptoms are also known as “psychotic” symptoms because the person has lost touch with reality in certain ways.

• Delusions or the belief in things not real or true.

• Hallucinations are hearing or seeing things that are not real.

• Disorganized speech expressed as an inability to generate a logical sequence of ideas.

Negative symptoms refer to a reduction of a capacity, such as motivation.

• Emotional flatness or lack of expressiveness.

• Inability to start and follow through with activities.

• Lack of pleasure or interest in life.

Cognitive symptoms pertain to thinking processes.

• Trouble with prioritizing tasks, memory and organizing thoughts.
• Anosognosia or “lack of insight” being unaware of having an illness.

**How is schizophrenia treated?** The treatment of schizophrenia requires an all-encompassing approach that includes medication, therapy and psychosocial rehabilitation. Medication is an important aspect of symptom management. Antipsychotic medication often helps to relieve the hallucinations, delusions and, to a lesser extent, the thinking problems people can experience.

Therapy has been shown to be an effective part of a treatment plan. Cognitive behavioral therapy (CBT), which engages the person living with schizophrenia in developing proactive coping strategies for persistent symptoms, is particularly effective. Cognitive enhancement therapy works with improving cognition.

Psychosocial rehabilitation helps with the achievement of life goals often involving relationships, work and living. Most often delivered through community mental health services, it employs strategies that help people successfully live in independent housing, pursue education, find jobs and improve social interaction.

**Will people with schizophrenia get better?**

Long-term research demonstrates that, over time, individuals living with schizophrenia often do better in terms of coping with their symptoms, maximizing their functioning while minimizing their relapses. Recovery is possible for most people, though it is important to remember that some people have more trouble managing their symptoms.

Families who are educated about schizophrenia can offer strong support to their loved one and help reduce the likelihood of relapse. Caring for a loved one with schizophrenia can be challenging and families benefit from education and supportive programs. NAMI’s Family-to-Family education program is taught by families who have first-hand experience and provides education and support nationwide through NAMI State Organizations and Affiliates.
Schizoaffective Disorder

Schizoaffective disorder is a serious mental illness that affects about one in 100 people. Schizoaffective disorder as a diagnostic entity has features that resemble both schizophrenia and also serious mood (affective) symptoms. Many of the strategies used to treat both schizophrenia and affective conditions can be employed for this condition. These include antipsychotic and mood stabilizing medications, family involvement, psychosocial strategies, self-care peer support, psychotherapy and integrated care for co-occurring substance abuse (when appropriate).

A person who has schizoaffective disorder will experience delusions, hallucinations, other symptoms that are characteristic of schizophrenia and significant disturbances in their mood (e.g., affective symptoms). According to the *DSM-V*, people who experience more than two weeks of psychotic symptoms in the absence of severe mood disturbances—and then have symptoms of either depression or bipolar disorder—may have schizoaffective disorder. Schizoaffective disorder is thought to be between the bipolar and schizophrenia diagnoses as it has features of both.

Depressive symptoms associated with schizoaffective disorder can include—but are not limited to—hopelessness, helplessness, guilt, worthlessness, disrupted appetite, disturbed sleep, inability to concentrate, and depressed mood (with or without suicidal thoughts). Manic symptoms associated with schizoaffective disorder can include increased energy, decreased sleep (or decreased need for sleep), distractibility, fast (“pressured”) speech, and increased impulsive behaviors (e.g., sexual activities, drug and alcohol abuse or gambling).

While it is a hot-topic of debate within the mental health field, most experts believe that schizoaffective disorder is a type of chronic mental illness that has psychotic symptoms at the core and with depressive and manic symptoms as a secondary—but equally debilitating—component. Because it consists of a wide range of symptoms, some people may be inappropriately diagnosed with schizoaffective disorder. This is problematic because it can lead to unnecessary treatments, specifically medication-treatment with antipsychotics when they are not otherwise indicated.

People who have depression or mania as their primary mental illness may experience symptoms of psychosis (including disorganized speech, disorganized behavior, delusions, or hallucinations) during severe episodes of their mood disorder but will not have these symptoms if their mood disorder is well treated. Sometimes people with other mental illnesses including borderline personality disorder may also be incorrectly diagnosed with schizoaffective disorder. This further underscores how important it is to have regular and complete mental health assessments from one’s doctors, preferably over time so that patterns of what is happening and what works can be fully understood together.

**How is schizoaffective disorder treated?**

For most people with schizoaffective disorder, treatment will be very similar to treatment of schizophrenia and will include antipsychotic medications to help addresses symptoms of psychosis. Finding the right type and dose of antipsychotic medication is important and requires
collaboration with a doctor. In some cases, people with schizoaffective disorder will be offered treatment with long-acting-injectable (also called LAI, decanoate) formulations of antipsychotic medications. These FDA approved medications—including haloperidol (Haldol Decanoate), risperidone (Risperdal Consta), paliperidone (Invega Sustenna)—are given in the form of an intramuscular injection (“shot”) approximately once or twice each month and have been shown to decrease the rates of relapse and hospitalization.

Treatments such as cognitive behavioral therapy to target psychotic symptoms, supports groups including NAMI’s Family-to-Family to increase family and community support, peer support and connection, and work-and-school rehabilitation, such as social skills training, are very helpful for people with schizoaffective disorder. Maintaining a healthy lifestyle is also of critical importance: the role of good sleep hygiene, regular exercise, and a balanced diet cannot be underestimated. Omega-3 fatty acids (commonly marketed as “Fish Oil”) are an over-the-counter supplement that some may find useful.

Symptoms of depression—in people with schizoaffective disorder—may be treated with antidepressant medications or lithium in addition to antipsychotic medications. People with bipolar symptoms may be treated with mood-stabilizers such as lithium or anti-convulsants, including valproic acid (Depakote), lamotrigine (Lamictal), and carbamazepine (Tegretol), in addition to their antipsychotic medications.

There are some studies that suggest that older (“first-generation,” “typical”) antipsychotic medications are not as effective in controlling the mood symptoms associated with schizoaffective disorder as newer (“second-generation,” “atypical”) antipsychotic medications. Newer antipsychotic medications may be less likely to cause side effects such as tardive dyskinesia but they are more likely to cause weight gain, high cholesterol, and increased blood sugars, which can lead to diabetes. Given how complicated these choices may be, it is necessary for any individual with schizoaffective disorder and their loved ones to discuss medication management strategies with their doctors.

Families, friends, and others can be most helpful in providing empathic and non-judgmental support of their loved one. With this support, the proper medications, and effective psychosocial treatments, many people with schizoaffective disorder will do well and will be able to actively participate in a recovery journey.

**Seasonal Affective Disorder (SAD)**

What is seasonal affective disorder (SAD)?
The symptoms of depression are very common. Some people experience these only at times of stress, while others may experience them regularly at certain times of the year. Seasonal affective disorder (SAD) is characterized by recurrent episodes of depression, usually in late fall and winter, alternating with periods of normal or high mood the rest of the year. Whether SAD is a distinct mental illness or a specific type of major depressive disorder is a topic of debate in the scientific literature. Researchers at the National Institute of Mental Health (NIMH) first posited the condition as a response to decreased light, and pioneered the use of
bright light to address the symptoms. It has been suggested that women are more likely to have this illness than men and that SAD is less likely in older individuals. SAD can also occur in children and adolescents.

Scientists have identified that the neurotransmitter serotonin may not be working optimally in many patients with SAD. The role of hormones and sleep-wake cycles (called circadian rhythms) during the changing seasons is still being studied in people with SAD. Some studies have also shown that SAD is more common in people who live in northern latitudes.

**What are the patterns of SAD?**

In SAD, the seasonal variation in mood states is the key factor to understand. Symptoms of SAD usually begin in October or November and subside in March or April. Some patients begin to “slump” as early as August, while others remain well until January. Regardless of the time of onset, most patients don’t feel fully “back to normal” until early May. Depressions are usually mild to moderate, but they can be severe. Treatment planning needs to match the severity of the condition for the individual.

Although some individuals do not necessarily show these symptoms, the classic characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving and weight gain. Additionally, many people may experience other features of depression including decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities and decreased socialization.

In a minority of cases, symptoms occur in the summer rather than winter. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss and agitation or anxiety. In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes. Many people with SAD also report that the depression worsens or reappears whenever there is “less light around.”

**How is SAD diagnosed?**

Any person experiencing significant symptoms of depression should feel comfortable discussing their concerns with their doctors. Some primary care doctors (e.g., pediatricians and general practitioners) may be experienced in treating SAD and will feel comfortable treating this illness. Other doctors may want to refer people with SAD to a psychiatrist for treatment of this illness. This is more common in people with complex psychiatric illnesses or more severe symptoms. Before starting any treatment for SAD, a person should make sure to meet with their doctor to discuss the benefits and risks of treatment. Friends and family members of people with SAD may be appropriately concerned for the well being of their loved one.

**How is SAD treated?**

Many people with SAD will find that their symptoms respond to a very specific treatment called light therapy. For people who are not severely depressed and are unable—or unwilling—to use antidepressant medications, light therapy may be the best initial treatment. Light therapy consists of regular, daily exposure to a “light box,” which artificially simulates high-intensity sunlight.
Practically, this means that a person will spend approximately 30 minutes sitting in front of this device shortly after they awaken in the morning. Side effects of light therapy are uncommon and usually reversible when the intensity of light therapy is decreased. The most commonly experienced side effects include irritability, eyestrain, headaches, nausea and fatigue.

Scientific studies have shown light therapy to be effective when compared to placebo and as effective as antidepressants in many cases of non-severe SAD. Light therapy may also work faster than antidepressants for some people, with notable effects beginning with in a few days of starting treatment. Other people may find that it takes a few weeks.

Antidepressant medications have also been found to be useful in treating people with SAD. Some people may require treatment of their symptoms only for the period of the year in which they experience symptoms. Other people may elect for year-round treatment or prophylactic treatment that begins prior to the onset of the season in which their symptoms are most severe. This is yet another reason to discuss treatment options with one’s physicians. While not explicitly studied for the treatment of SAD, psychotherapy, such as cognitive behavioral therapy (CBT), is likely a useful additional option.
Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder

What is Dual Diagnosis?

Dual diagnosis is a term used to describe people with mental illness who also have problems with drugs and/or alcohol. The relationship between the two is complex, and the treatment of people with co-occurring substance abuse (or dependence) and mental illness is more complicated than the treatment of either condition alone. This is unfortunately a common situation—many people with mental illness have ongoing substance abuse problems, and many people who abuse drugs and alcohol also experience mental illness.

Certain groups of people with mental illness (e.g., males, individuals of lower socioeconomic status, military veterans and people with more general medical illnesses) are at increased risk of abusing drugs and alcohol. Recent scientific studies have suggested that nearly one-third of people with all mental illnesses and approximately one-half of people with severe mental illnesses (including bipolar disorder and schizophrenia) also experience substance abuse. Conversely, more than one-third of all alcohol abusers and more than one-half of all drug abusers are also battling mental illness.

What is the relationship between substance use and mental illness?

The relationship between mental illness and substance abuse/dependency is complex. Drugs and alcohol can be a form of self-medication for people with mental illness experiencing conditions such as anxiety or depression. Unfortunately, while drugs and alcohol may feel good in the moment, abuse of these substances does not treat the underlying condition and, almost without exception, makes it worse. Drugs and alcohol can worsen underlying mental illnesses during both acute intoxication and during withdrawal from a substance. Additionally, drugs and alcohol can cause a person without mental illness to experience the onset of symptoms for the first time.

Abuse of drugs and alcohol always results in a worse prognosis for a person with mental illness. Active users are less likely to follow through with their treatment plans. They are more likely to experience severe medical complications and early death. People with dual diagnosis are also at increased risk of impulsive and violent acts. Those who abuse drugs and alcohol are more likely to both attempt suicide and to die from their suicide attempts.

Individuals with dual diagnosis are less likely to achieve lasting sobriety. They may be more likely to experience severe complications of their substance abuse, to end up in legal trouble from their substance use and to become physically dependent on their substance of choice.

What treatments are available for individuals with dual diagnosis?

Treatment of individuals with dual diagnosis is also complicated. Of primary importance is addressing any life-threatening complications of intoxication. The following situations would require immediate care in a hospital: severe cases of alcohol intoxication; heart problems or stroke caused by use of amphetamines, crack, cocaine and other drugs; overdose on
benzodiazapines (e.g., diazepam [valium], clonazepam [klonopin]), opiates (e.g., oxycodone, oxycontin) and other “downers.” Untreated, any of these conditions can lead to death.

Drug and alcohol withdrawal can also lead to medical emergencies requiring immediate treatment. Alcohol withdrawal can result in heart problems (e.g., arrhythmias), seizures or delirium tremens (an acute delirious state), all which can be potentially fatal. Benzodiazapine withdrawal can result in tremors (“shakes”), seizures and potentially death. Opiate withdrawal is not thought to be life-threatening in most cases but can be a very traumatic and painful experience.

Many people seek assistance in going through the process of stopping their drug and alcohol abuse. This may include inpatient detoxification involving admission to a hospital—either a general hospital or a detoxification facility—and treatment with the appropriate medications to avoid serious complications of acute drug and alcohol withdrawal.

Multiple scientific studies have shown that psychiatric treatments are more effective in people who are not actively abusing drugs and alcohol. Many options exist for people who are newly sober or who are trying to avoid relapse on drugs and alcohol. These can include inpatient rehabilitation centers or supportive housing. Some people find therapy to be a helpful part of maintaining their sobriety. This can include individual therapy (e.g., cognitive behavioral therapy) as well as self-help groups such as Alcoholics Anonymous, Narcotics Anonymous or Smart Recovery.

Certain medications to help maintain sobriety have been safely tested in multiple studies. For alcoholism, available medications include disulfiram (Antabuse), acamprosate (Campral) and naltrexone (Revia). For opiate abuse, available medications include naltrexone (Revia, Vivitrol), methadone and buprenorphine (Subutex, Suboxone). Given how complicated these choices may be, it is necessary for any individual with dual diagnosis and their loved ones to discuss medication management strategies with their doctors.

Families, friends and others can be most helpful in providing empathic and non-judgmental support of their loved one. This can be critically important as a significant majority of people will relapse into drug and alcohol abuse at some point in their lives, even if they are eventually able to achieve long-lasting sobriety. With this support, the proper medical treatment and effective psychosocial treatments, many people with dual diagnosis will be able to actively participate in their journey to recovery.
APPENDIX G

Wisconsin Technical College

Key Contact Persons for Students with Disabilities
## 2013-2014 WTCS Key Contact Persons for Students with Disabilities

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<thead>
<tr>
<th>Technical College</th>
<th>Contact</th>
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## 2013-2014 WTCS Key Contact Persons for Students with Disabilities

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| Lisa Sadowski     | Deaf/Hard of Hearing Specialist  
sadowskil@gtc.edu | x                 | Kenosha Campus  
3520 – 30th Avenue  
Kenosha, WI 53144-1690  
and  
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262-564-2564 | | |
| Pamela Herr       | Disability Support Instructor  
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262-619-6301 | | |
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262-619-6301 | | |
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262-619-6301 | | |
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920-693-3561 | State Relay System – 711 | 920-693-3561 |
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920-693-3561 | State Relay System – 711 | 920-693-3561 |
| Madison           | Sandy Hall  
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sghall@madisoncollege.edu | x                 | Truax Campus  
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608-246-6691 | | 608-246-6691 |
| Kevin Carini      | Disability Resource Specialist –  
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1701 Wright Street  
Madison, WI 53704-2599 | 608-243-4612  
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211 North Carroll Street  
Madison, WI 53703 | 608-258-2411 | 608-243-4244 |
| Jenny Kwapil      | kwapil@madisoncollege.edu | x                | x                  | Fort Atkinson Campus  
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608-246-6691  
920-261-3768 |
| Mid-State         | Patti Lloyd | x                | x                  | Wisconsin Rapids Campus  
500 – 32nd Street North  
Wisconsin Rapids, WI 54494 | 715-422-5452 | State Relay System – 711  
715-422-5440 |
| Gina Klukas       | gina.klukas@mstc.edu | x                |                    | Wisconsin Rapids Campus  
500 – 32nd Street North  
Wisconsin Rapids, WI 54494 | 715-422-5455 | State Relay System – 711  
715-422-5440 |
| Mary Marks        | mary.marks@mstc.edu | x                | x                  | Stevens Point Campus  
933 Michigan Avenue  
Stevens Point, WI 54481 | 715-342-3113 | State Relay System – 711  
715-342-3134 |
| Milwaukee         | Christine Zollicoffer | x                | x                  | Downtown Milwaukee Campus  
700 West State Street  
Milwaukee, WI 53233-1443 | 414-297-7087 | 414-297-8982  
414-297-7705 |
| Carolyn Spain     | spainc@matc.edu | x                |                    | Downtown Milwaukee Campus  
700 West State Street  
Milwaukee, WI 53233-1443 | 414-297-6581 | 414-297-6986  
414-297-8185 |
| Cheralyn Randall  | randallc@matc.edu | x                |                    | Downtown Milwaukee Campus  
700 West State Street  
Milwaukee, WI 53233-1443 | 414-297-6874 | 414-297-7740 |
| Catherine Bohte   | bohtec@matc.edu | x                |                    | Downtown Milwaukee Campus  
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<td>Transition Specialist</td>
<td><a href="mailto:milesk@matc.edu">milesk@matc.edu</a></td>
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<td>Aura Hirschman</td>
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<td><a href="mailto:hirschma@matc.edu">hirschma@matc.edu</a></td>
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<td><a href="mailto:kathleen.larkin@nwtc.edu">kathleen.larkin@nwtc.edu</a></td>
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<td>Colleen Gonzalez Transition / Retention Specialist <a href="mailto:cgonzal4@wctc.edu">cgonzal4@wctc.edu</a></td>
<td>x</td>
<td>x</td>
<td>Pewaukee Campus 800 Main Street Pewaukee, WI 53072</td>
<td>262-691-5281 State Relay System - 711 262-691-5089</td>
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<tr>
<td>Deb Jilbert Director Counseling, Special Services &amp; Academic Support <a href="mailto:djilbert@wctc.edu">djilbert@wctc.edu</a></td>
<td>x</td>
<td>x</td>
<td>Pewaukee Campus 800 Main Street Pewaukee, WI 53072</td>
<td>262-691-5210 State Relay System - 711 262-691-5089</td>
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<tr>
<td>Donna Langwasser Senior Interpreter <a href="mailto:dlangwasser@wctc.edu">dlangwasser@wctc.edu</a></td>
<td>x</td>
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<td>Pewaukee Campus 800 Main Street Pewaukee, WI 53072</td>
<td>262-691-5148 State Relay System - 711 262-691-5089</td>
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<tr>
<td>Kristina Stellpflug Instructional Support Specialist <a href="mailto:stellpflugk@westerntc.edu">stellpflugk@westerntc.edu</a></td>
<td>x</td>
<td>x</td>
<td>La Crosse Campus 400 Seventh Street North Post Office Box C-0908 La Crosse, WI 54602-0908</td>
<td>608-785-9875 State Relay System – 711 608-785-9875</td>
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<tr>
<td>Kris Follansbee Deaf &amp; Hard of Hearing Specialist <a href="mailto:follansbeek@westerntc.edu">follansbeek@westerntc.edu</a></td>
<td>x</td>
<td>x</td>
<td>La Crosse Campus 400 Seventh Street North Post Office Box C-0908 La Crosse, WI 54602-0908</td>
<td>608-785-9551 State Relay System – 711 608-785-9551</td>
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<tr>
<td>Benita Allen Dean, Student Services <a href="mailto:benita.allen@witc.edu">benita.allen@witc.edu</a></td>
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<td>Ashland Campus 2100 Beaser Avenue Ashland, WI 54806</td>
<td>715-682-4591 Ext. 3136 715-468-7755 715-682-8040</td>
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<tr>
<td>Donna Jones-Ilsley Accommodations Specialist <a href="mailto:donna.jones-ilsley@witc.edu">donna.jones-ilsley@witc.edu</a></td>
<td>x</td>
<td>x</td>
<td>Ashland Campus 2100 Beaser Avenue Ashland, WI 54806</td>
<td>715-682-4591 Ext. 3157 715-468-7755 715-682-8040</td>
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## 2013-2014 WTCS Key Contact Persons for Students with Disabilities

<table>
<thead>
<tr>
<th>Technical College</th>
<th>Contact</th>
<th>Support Services</th>
<th>Transition Services</th>
<th>Address</th>
<th>Telephone #</th>
<th>TTY</th>
<th>Fax</th>
</tr>
</thead>
</table>
| New Richmond Campus | Lori Denzine  
Accommodation Specialist  
lori.denzine@witc.edu | x | x | New Richmond Campus  
1019 South Knowles  
New Richmond, WI 54017 | 715-246-6561 Ext. 4393 | 715-468-7755 | 715-246-2777 |
| Rice Lake Campus | Todd Solberg  
Dean of Student Services /  
Disability Specialists Manager  
todd.solberg@witc.edu | | | Rice Lake Campus  
1900 College Drive  
Rice Lake, WI 54868 | 715-234-7082 Ext. 5277 | 715-468-7755 | 715-234-1241 |
| Rice Lake Campus | Heidi Diesterhaft  
Accommodation Specialist  
heidi.diesterhaft@witc.edu | x | x | Rice Lake Campus  
1900 College Drive  
Rice Lake, WI 54868 | 715-234-7082 Ext. 5522 | 715-468-7755 | 715-234-1241 |
| Superior Campus | Emily Oxton  
Accommodation Specialist  
emily.oxton@witc.edu | x | x | Superior Campus  
600 North 21st Street  
Superior, WI 54880 | 715-394-6677 Ext. 6327 | 715-468-7755 | 715-394-3771 |