Transition Services for Students with Disabilities in College, University or Community-Based Settings

Site Name: _____

Site Location/Address: _____

Primary Contact Person: _____

Organization or School: _____

Address: _____

Phone Number: _____ Fax: _____ E-mail: _____

Web Site: _____

Region: ACES ☐ CES ☐ CREC ☐ EASTCONN ☐
EDUCATION CONNECTION ☐ LEARN ☐

Towns Served: _____

Serves students only from above districts: ☐ Yes ☐ No

Open to qualified students from other districts on tuition, space-available basis: ☐ Yes ☐ No

Students Served:

Ages served: 16 & 17 ☐ 18 – 21 ☐ 21 + ☐

Do you specialize in working with students with a specific disability? ☐ Yes ☐ No

If yes, please specify (**check all that apply**):

☐ Autism
☐ Deaf-Blindness
☐ Deaf or Hard of Hearing
☐ Emotional Disturbance (ED)
☐ Intellectual Disability (ID)
☐ Multiple Disabilities
☐ OHI – Other Health Impairment
☐ OHI – ADD/ADHD
☐ Orthopedic Impairment
☐ Specific Learning Disability (SLD)
☐ Speech or Language Impairment
☐ Traumatic Brain Injury (TBI)
☐ Visual Impairment
☐ Other(s) – please specify:

Services Offered (Check all that apply.):

- ☐ College Classes for Credit
- ☐ College Classes **not** for Credit (audit/non-credit courses)
- ☐ Community-based career exploration opportunities
- ☐ Community-based Independent Living Skills assessment
- ☐ Community-based Independent Living Skills training
- ☐ Community-based vocational assessment
- ☐ Functional academics ***(not earning credits toward a high school diploma)***
- ☐ Group-supported employment
- ☐ Job coaching services
- ☐ Job development
- ☐ Job placement
- ☐ Job shadowing
- ☐ Mentors
- ☐ Mobility training
- ☐ Occupational/Physical Therapy
- ☐ Paid employment – minimum wage or above
- ☐ Paid employment – stipend
- ☐ Recreation/leisure programs
- ☐ Residential programs
- ☐ Respite care
- ☐ Sheltered workshops
- ☐ Social skills training
- ☐ Transportation training
- ☐ Volunteer experience/community service
- ☐ Other(s) – please specify:

Time with Non-Disabled Peers (TWNDP):

Percentage of time that students with disabilities are integrated with non-disabled peers in transition services activities:

- ☐ 80% to 100%
- ☐ 40% to 79%
- ☐ 0% to 39%

Brief description of key transition service components:

Number of Students Served Annually: _____

Site hours of Operation: _____

Number of days operating per week: _____

Services offered for: 10 months ☐ 12 months ☐

Other (please describe): _____

This survey was completed by:

Name: _____

Title: _____

Phone: _____

E-mail: _____

Please return by mail to: Dr. Patricia L. Anderson
CT State Department of Education
Bureau of Special Education
P.O. Box 2219
Hartford, CT 06145-2219

OR

By e-mail to: patricia.anderson@ct.gov **or** by Fax to: 860-713-7051

If you would like to attach any program brochures or other brief documents that help to describe your program, please do so.

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Print Button