



2024 18-21 Transition Academy Checklist

Please note: All items on this checklist must be completed and submitted together for consideration to the 18-21 Transition Academy.

All Students:

- Completed application and assessment with signatures.
- \$150 non-refundable processing fee made payable to Journey21.
- Photo of applicant
- Letter from current or past High School Case Manager describing the applicant's, strengths, areas for improvement, accommodations currently receiving, and work experiences
- Copy of high school IEP
- Copy of official high school transcript
- Most recent psychological evaluation (i.e. Wechsler Intelligence Scale)
- Letter of recommendation from employer or high school teacher
- If a Division of Vocational Rehabilitation (DVR) Client:
 - Copy of Individual Plan of Employment – IPE
 - Copy of Functional Assessment Report – FAR
- If receiving waiver funding, the following is required:
 - IRIS, a copy of ISSP and IPE
 - Community Care or MyChoice Wisconsin-Member Centered Plan

Please mail all materials to:

Journey21
Attn: Heidi Hamilton
1671 Old School House Road
Oconomowoc, WI 53066

Questions? Please contact:

Heidi Hamilton
Program and Enrichment Center Director
Heidihamilton@journey21.org
262-399-0102

2024 18-21 Transition Academy Application

Student Contact Information:

Name: _____
Preferred Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Primary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Secondary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

About the Applicant:

Diagnoses:	
Medical Conditions:	
Medications:	

2024 18-21 Transition Academy Application

Does the applicant have allergies? Yes No If yes, please list what kind?

Medication:	
Food:	
Seasonal:	
Other:	

Does the applicant have a history of seizures? Yes No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the applicant have a special diet? Yes No If yes, please describe:

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Waiver/Funder Contacts:

What is your current waiver funding? IRIS CLTS MyChoice Community Care N/A

If you have waiver funding, please provide contact name for IRIS Consultant, Family Care Case Manager or CLTS Case Worker:

Name: _____
Work Phone: _____
Email: _____

Academic Levels:

Skills Area:	Grade Level or Age Level Equivalency:
Reading Skills:	
Math Skills:	

2024 18-21 Transition Academy Application

Writing Skills:	
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Education & Work History:

High School:

Name:	Dates Attended:

Has the applicant graduated from high school? Yes No If no, please indicate expected graduation date: _____

If still attending high school are all graduation requirements met? Yes No
If no, what requirements and classes still need to be met?

Has the applicant ever been dismissed or suspended from any program? Yes No
If yes, please state the circumstances and date(s)?

Did the applicant participate in an 18-21 program? Yes No If yes, please list the internships and work experiences in which the applicant participated in:

Jobs or Volunteer Work Experiences:

Employer Name	Job Duty	Unpaid?	Paid?	Hrs/Wk?	Dates?
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Applicant Self-Assessment

Independent Living & Self Care

I was able to walk and find my classes in school <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I had one-one-one assistance while in high school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I do chores such as making my bed and taking out trash <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can read a digital clock and tell time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I take daily showers/baths without reminders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to handle money/make change <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can prepare a lunch or snack <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I currently feel like I eat healthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can eat independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I exercise regularly, # of days a week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to be more active and would like an exercise plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel anxious or stressed often	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can do my own laundry <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have basic cooking skills <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Technology

I can type and use a computer keyboard <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft Word to create letters and documents <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft Excel to create spreadsheets <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft PowerPoint to create flyers and presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use the computer to play games and listen to music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a cell phone to talk or text others <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use assistive technology to access computer programs/phones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to email family and friends <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have an Instagram account or other social media accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

~~Applicant Self-Assessment & Signatures~~

Behavior & Communication

I have/had a Behavior Intervention Plan-BIP as part of my IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have/had a Functional Intervention Behavior Plan-FIB as part of my IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am sensitive to a noisy environment or bright lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use an appropriate tone of voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am comfortable starting a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give personal space to the people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I display appropriate behaviors in public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I don't understand directions, I ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need 2 or less prompts to stay on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I become frustrated or anxious easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I interrupt and can dominate a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can follow simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a difficult time putting down my phone or tablet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I ask for help or speak up when I don't understand something	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Interests: I enjoy participating in the following activities (please check all that apply):

<input type="checkbox"/> Music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Movies	<input type="checkbox"/> Cooking	<input type="checkbox"/> Art
<input type="checkbox"/> Legos	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sports	<input type="checkbox"/> Baking	<input type="checkbox"/> Hiking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Board Games
<input type="checkbox"/> Special Olympics (please specify):				
<input type="checkbox"/> Other (please specify):				

Guardian/Parent Signature: _____ **Date:** _____

Print Name: _____

Signature of Applicant: _____ **Date:** _____

Print Name: _____