

The Ohio Rehabilitation Services Commission
and
The Ohio Department of Mental Retardation and Developmental Disabilities
together with
The Nisonger Center of The Ohio State University
are seeking applicants for the 2009

TRANSITION WEEKEND: MY LIFE, MY FUTURE

For families, students and their transition team members.

June 26-27, 2009
Embassy Suites Columbus- Dublin
5100 Upper Metro Place
Dublin, Ohio, 4301
Phone: 1 (614) 790-9000

Please **mail** or **fax** this application to the address below:

Tom Fish, Ph.D.
Ohio State University, Nisonger Center
257 McCampbell Hall
1581 Dodd Drive
Columbus, OH 43210
Phone: 614-292-7550
Fax: 614-292-3727

Application Deadline: May 20, 2009

Funding for Transition Weekend: My Life, My Future was made available by The Ohio Rehabilitation Services Commission and The Ohio Department of Mental Retardation and Developmental Disabilities Interagency Cooperative Program.

Transition Weekend: My Life, My Future

What is Transition Weekend?

Transition Weekend: My Life, My Future is an opportunity for students, their families, and the student's interdisciplinary transition team to learn about the transition process, attend job training sessions, and brainstorm the next steps in each student's life after high school. The weekend is full of information, entertainment and guidance and we would love for you to attend! If you are interested, please complete an application.

Application Deadline: May 20, 2009
Transition Weekend: June 26-27, 2009
Embassy Suites Columbus- Dublin, Ohio

Weekend Activities/Expected Outcomes:

- Explore the student's goals for life after school
- Determine the student's skills and vocational interests
- Provide students the opportunity to gain work experience during the weekend and use their feedback to guide their transition plan
- Develop a transition plan that connects students with rehabilitation and mental retardation/developmental disabilities (MR/DD) programs
- Explore the family's expectations for their son or daughter after graduation
- Identify names and contact information for community resources and support persons and define the roles these agencies will take in assisting the student's transition from school to adult life
- Provide students and families the opportunity to network with others

Student Eligibility:

- Students with MR/DD
- Students who have two-three years remaining of high school
- Students expecting to be employed in the future

Times: TBA

Attendance: Students and families must attend both days of Transition Weekend. Supporting transition team members are encouraged to attend both days.

Assistance: A facilitator will be assigned to each family to lead Transition Weekend activities with help from additional support providers.

Contact: Tom Fish, fish.1@osu.edu
614-292-7550

Feedback from Previous Transition Weekends:

"It was amazing. I like the new people I met and making new friends."
~Student

"I would encourage more parents to participate in this meeting and to begin considering transition needs at an earlier age. I feel this was a very educational and learning experience and has given me some new goals as a parent to help in improving my child's future."
~Parent

Transition Weekend: My Life, My Future

Student, Family and Team Application Form

Eligible student applicants MUST have a diagnosis of MR/DD, have two-three years remaining of high school, and expect to be employed in the future. Students and their families are encouraged to complete this application with support from a school team member, BVR/BSVI Counselor and/or MR/DD staff member.

Student Information

Name: _____ Age: _____ Sex: _____ M _____ F
Home address: _____ City: _____
Zip: _____ County: _____ Email: _____
Student's disability: _____ Expected graduation date: _____
What is the student's desired employment outcome? _____

Family Information

Name of parent(s) or primary caregiver(s) who will be attending: _____
Relationship to student: _____ Email: _____
Home address: _____
City: _____ Zip: _____ County: _____
Home phone: _____ Work phone: _____
Names of other parents or family members who will be attending:
1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

Attending Transition Team Members

Please list **only the transition team members **who will be attending** the weekend:

High School Information

Name of high school: _____ County: _____
Name of teacher(s): _____
Name of transition specialist(s): _____
School phone: _____ Primary contact email: _____

County Board of Mental Retardation and Developmental Disabilities (MR/DD) Information

Has the student been determined eligible for MR/DD services?

Yes No Don't know

Name of Services Support Administrator (SSA): _____

Phone: _____ Email: _____

Ohio Rehabilitation Services Commission (ORSC) Information

Has the student applied for ORSC (BVR/BSVI) services?

Yes No Don't know

If no, why hasn't the student applied? _____

If yes, has the student been determined eligible for ORSC Services?

Yes No Don't know

If yes, name of counselor: _____

Phone: _____ Email: _____

Names of other team members who will be attending:

1. Name: _____ Position: _____

2. Name: _____ Position: _____

3. Name: _____ Position: _____

Hotel Arrangements

Each family will be allotted *one room for the family* and *one room for any team member(s)* wishing to attend the weekend to be paid for by the program. *Any additional rooms for family or other team members will be the responsibility of those individuals.*

Additional Information

*Additional application packets are available to download at:

<http://Nisonger.osu.edu>

<http://oaas.org>

<http://www.ode.state.oh.us/ctae>

Tom Fish
Nisonger Center
Ohio State University
Phone: 614-292-7550
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If anyone needs special accommodations or requires assistance with travel arrangements, please discuss your needs with Tom Fish by May 20, 2009.