

Transition Recordkeeping and Resource Binder

Nine Sections are organized by letters: A-I
Cover page and table of contents included

Supplies Needed

13-- Front-loading sheet protectors
5 --side loading sheet protectors
9-- 2 pocket insertable reference dividers
1--4 or 5 inch binder

Directions:

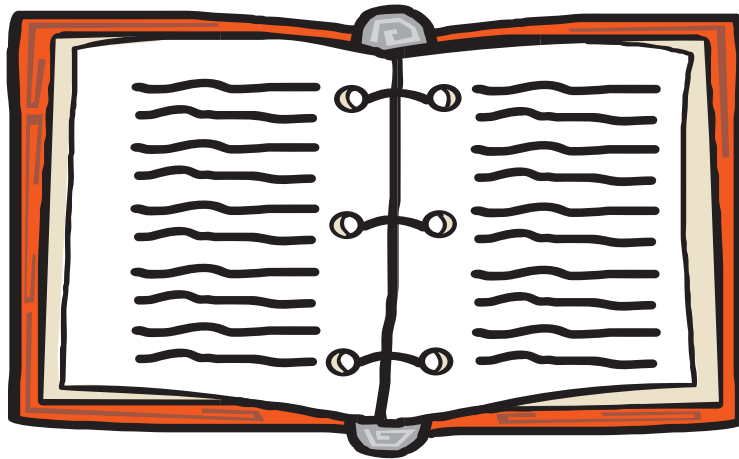
Students & parents can use this both as a recordkeeping and a resource binder.

- ❑ Use colored paper for the title page of each section (A-I) and the table of contents. You may want to enclose the colored paper section dividers /table of contents with a clear top loading sheet protector.
- ❑ Separate each section by a divider with a pocket to hold booklets, etc. You will need nine of them. Three hole punch binder contents and file behind appropriate heading.
- ❑ Three hole punch and file YOUR papers (8 x 11.5) behind designated divider page (such as your IEP, MFE, and other documents). A list of documents to include is listed on each section page. If desired, you can store papers in a side loading sheet protector and skip the three-hole punch. Other examples: store social security card in sheet protector behind Social Security Benefits page, etc.
- ❑ Fill out all forms contained in the binder (family information form, emergency contact form, etc.). However, before completing form, please make a blank duplicate copy and save for future changes. Use side loading sheet protectors to store papers that cannot be three hole punched. Examples might include birth certificate, report card, SSI card, etc. Again, file behind appropriate divider.
- ❑ Use a 4 to 5 inch binder

Free Resource booklets to order and include with your resource binder are:

Estate and Future Planning for Ohioans Guardianship in Ohio	Ohio Developmental Disabilities Council, 8 East Long St., Suite 1200, Columbus Oh. 43215 1-800-766-7426
Social Security: What You Need to Know To Get SSI Social Security: Working While Disabled-How We Can Help	www.socialsecurity.gov
Taking Charge of Your Life: Know About Guardianship	Ohio Legal Rights, 8 East Long St., Suite 500, Columbus, Oh. 43215 1-800-282-9181
Student with Disabilities: Preparing for Postsecondary Education	www.edpubs.ed.gov or 1-800-4EDPUBS

**Adult
Transition Recordkeeping
and
Resource Binder**



**Created For The Families of Middletown City School District
By
Linda McDowell, Parent Mentor
513-420-4620 or lmcdowell@middletowncityschools.com**

Adult Transition Resource and Recordkeeping Book

Table of Contents

Section A: Personal and Family Document

- ❑ Birth Certificate
- ❑ Social Security Card
- ❑ Ohio ID or Driver's License
- ❑ Religious Records
- ❑ Insurance Policies
- ❑ Court Custody Records
- ❑ Guardianship
- ❑ Probate Record
- ❑ Family Information Form
- ❑ Emergency Contact Information

Section B: Medical Information and Related Services

- ❑ Family Health History
- ❑ Child's Health History
- ❑ Physician's Information
- ❑ Prescription Information
- ❑ Special Diet Information
- ❑ Dental Information
- ❑ Counseling/Mental Health Information
- ❑ Insurance Information/Medicaid/Medicare
- ❑ Occupational Therapy
- ❑ Speech, Language, Audiology
- ❑ Physical Therapy
- ❑ Adaptive Equipment

Section C: Educational Information

- ❑ Multifactorial Evaluation
- ❑ Individualized Education Program (IEP)
- ❑ Progress Reports, Report Card
- ❑ Class Credit Worksheet
- ❑ Student Activities, Honors, Awards

Section D: Agency Information

- ❑ Social Security Administration.
- ❑ Bureau of Vocational Rehabilitation (BVR).
- ❑ Bureau of Services for the Visually Impaired (BSVI).
- ❑ Butler County Board of Developmental Disabilities, (BCBDD).
- ❑ Butler County Work Job Center.
- ❑ Agency interview form

Section E: Employment and Work Information

- ❑ Vocational Assessment
- ❑ Work/Skill Evaluations
- ❑ Types of Employment
- ❑ Resume, Pocket Resume
- ❑ Work History and Personal Reference Form
- ❑ Employer Evaluations
- ❑ Pay Check Stubs, (needed to verify employment, income or address)

Section F: College Information

- ❑ College Services and Programs
- ❑ College Interview Form
- ❑ Ohio College's with Disability Services
- ❑ Student Letter

Section G: Community/Independent Living

- ❑ Transportation
- ❑ Rental and Housing Leases or Written Agreements
- ❑ Independent Living Checklists
- ❑ Voter Registration Form
- ❑ Selected Service Registration
- ❑ Special Olympics Forms
- ❑ Library Card

Section H: Legal and Financial Information

- ❑ Guardianship
- ❑ Wills and Trusts
- ❑ Tax Information, W'2s, 1040's
- ❑ Banking Information

Section I: References and Resources

- ❑ Transition Timelines
- ❑ Questions to Answer Before Graduation
- ❑ Student Transition Interview
- ❑ Planning for Living Independently
- ❑ Planning for Employment
- ❑ Planning for Education after High School
- ❑ Goal Sheet
- ❑ Laws for Colleges, etc.
- ❑ College Preparation

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513-420-4620

Section A: Personal/Family Information

Official Documents:

- ❑ Birth Certificate
- ❑ Social Security Card
- ❑ Ohio ID or Driver's License
- ❑ Religious Records
- ❑ Insurance Policies
- ❑ Court Custody Records
- ❑ Guardianship
- ❑ Probate Records

Family Information:

- ❑ Family Information Form
- ❑ Emergency Contact Information Form

Birth Certificate

This document will be necessary in order for you to receive services from many agencies such as:

- ❑ School or College
- ❑ Social Security Administration
- ❑ Rehabilitation Services Commission (or BVR)
- ❑ Department of Human Services
- ❑ Department of Health
- ❑ Ohio Board of Developmental Disabilities

Don't have a copy of your birth certificate?

- ❑ If you were born in Middletown, call 425-7850 to get a certified copy of your birth certificate for a fee.

- ❑ If you were born in Ohio, you may get a copy from:
Ohio Department of Health, Vital Statistics
65 South Front Street
P.O. Box 15098
Columbus, Ohio 43215
Phone: (614)-466-2531

- ❑ If you were born out of state, contact the state department of health or similar agency of that state for information.

Date Form Completed

Family Background Information Form

Child's Full Name: _____
Last First Middle

Social Security Number: _____

Address: _____
No. & Street City State Zip Code

Phone Number: _____ Age: _____ Date of Birth: _____
Years, Month

Date of Adoption/Custody: _____ Agency: _____

Parent/Guardian Information

Full name of mother: _____
Last First Middle

Mother's Place
Of Employment: _____
Company Occupation

Phone Number: _____ Check if okay to call

Full name of father: _____
Last First Middle

Father's Place
Of Employment: _____
Company Occupation

Phone Number: _____ Check if okay to call

Family Background Information Form, pg. 2

Parent's address if different from child's address:

Mother's Name: _____ Phone: _____

Mother's Address: _____

Father's Name: _____ Phone: _____

Father's Address: _____

Other people living in home:

Name	Sex	Age	Relationship

Family members licensed to drive: _____ Number of cars: _____

*Family religious preference: _____

****Family Income**

- Under 5,000
- 5,000 –10,000
- 10,000-15,000
- 15,000-20,000
- 20,000-25,000
- 25,000-30,000
- Over 30,000

**THE FAMILY/BACKGROUND INFORMATION FORM SHOULD BE UPDATED
REGULARLY.**

*Religious information is requested because some service providers focus their activities toward a specific religious group.

**In some cases, cost of services becomes an issue. Agencies can serve you most effectively if they have some idea of family income and need

Emergency Contact Information

Parent/Guardian Emergency Contact Information:

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

In case of emergency, if parent or guardian is not available, contact:

Name	Relationship	Phone
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Street Address	City/State	Zip Code
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Hospital to be used in case of emergency:

Name	City
------	------

Dentist to be called in case of emergency:

Name	Phone
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Doctor to be called in case of emergency:

Name	Phone
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Section B: Medical Information and Related Services

Medical Information

- ❑ Family Health History
- ❑ Child's Health History
- ❑ Physician's Information
- ❑ Prescription Information
- ❑ Special Diet Information
- ❑ Dental Information
- ❑ Counseling/Mental Health Information
- ❑ Insurance Information/Medicaid/Medicare

Related Services

- ❑ Occupational Therapy
- ❑ Speech, Language, Audiology
- ❑ Physical Therapy
- ❑ Adaptive Equipment
- ❑ Mobility Training

Medical Information

Medical information is useful:

- to help school officials decide if a new medical evaluation is needed.
- when visiting a new agency to see if they can help with needed services.
- to document medical problems when applying to agencies such as:
 1. Social Security Administration for Supplemental Security Income (SSI)
 2. Rehabilitation Services Commission, the Bureau of Vocational Rehabilitation (BVR) or the Bureau of Services for the Visually Impaired (BSVI)
 3. Board of Developmental Disabilities (BDD)
 4. Local Department of Mental Health

Family Health History

Information about the health of your immediate family may prove useful in your diagnosis and treatment. Complete the information below and note the age when the disease first occurred.

Condition	Yes	No	Family Member/ Relative Name	Age at First Occurrence
Diabetes				
Cancer				
Heart Trouble				
High Blood Pressure				
Blood Disorder				
Birth Defect				
Muscle Disease				
Blindness				
Deafness				
Seizure Disorder				
Other Disorders (cerebral palsy, etc.)				

Additional Information/Comments:

Physician and Medical Information

1. Doctor's Name: _____

Street Address	City, State	Zip Code
----------------	-------------	----------

Telephone: _____ Type of Doctor _____

How long have you been a patient? _____ Current _____ Yes _____ No _____

Diagnosis: _____

History of Abuse: _____

Other Medical Conditions including mental health: _____

2. Doctor's Name: _____

Street Address	City, State	Zip Code
----------------	-------------	----------

Telephone: _____ Type of Doctor _____

How long have you been a patient? _____ Current _____ Yes _____ No _____

Diagnosis: _____

History of Abuse: _____

Other Medical Conditions including mental health: _____

Medication

Please list any medications you take.

Medication	Date Prescribed	Dosage/Time	Prescribing Doctor	Condition for Medication

Do you have any allergies? _____ No _____ Yes _____

If so, please list _____

Are you allergic to any medications? _____ No _____ Yes

If so, please list _____

Are you on a special diet? _____ No _____ Yes If so, please describe _____

Record of Illness and Surgery

Record of Illness

List accident/illness, including chicken pox, measles, hepatitis, whooping cough, etc.

Nature of Illness/Injury	Date	Length of Illness	Physician	Office, Clinic, Hospital	Treatment

Record of Surgery

List surgery and specify what was repaired or removed and note X-rays taken, medication, and special diet.

Nature of Surgery	Date	Length of Recovery	Physician	Office, Clinic, Hospital	Treatment

Insurance Information

Policy Holder's Name: _____

Policy Number: _____

Primary Insurance Company

Name: _____

Company Address: _____

Type of Coverage: _____

Is there a copay/deductible? _____ No _____ Yes

If so, how much _____

Secondary Insurance Coverage _____ No _____ Yes

Policy Number _____ Type of Coverage _____

Company Address _____

Do you have Medicaid? _____ No _____ Yes

Medicaid # _____

Do you have Medicare? _____ No _____ Yes

Medicaid # _____

Related Services

Related services include:

- ❑ Occupational Therapy.
- ❑ Speech, Language, Audiology.
- ❑ Physical Therapy.
- ❑ Adaptive Equipment.
- ❑ Mobility Training.

Occupational, Physical and Speech Reports are useful:

- ❑ To assist school officials in determining proper services, including transition services.
- ❑ When visiting an agency to see if they can offer needed services.
- ❑ To document progress.
- ❑ To document modifications or adaptations for employment.

Summary of Services

Please list any clinics, agencies, hospitals, programs or individuals that you have received services from. This includes educational, medical, psychological or vocational services.

Provider Name / Agency	Address/Phone	Dates of Service	Type of Service

Section C: Educational Information

- ❑ Multifactored Evaluation or Evaluation Team Report
- ❑ Individualized Education Program (IEP)
- ❑ Progress Reports, Report Card
- ❑ Class Credit Worksheet
- ❑ Student Activities, Honors, Awards
- ❑ Extra Curricular Activities
- ❑ School Transcript, Diploma

Multifactorial Evaluation Or Evaluation Team Report

The Multifactorial Evaluation or Evaluation Team Report should:

- ❑ Assess more than one area of your functioning.
- ❑ Be performed by a group of professionals.
- ❑ Be given in your native language.
- ❑ Unbiased (which takes into account your cultural background, race or disability).

Areas which may be included in a multifactorial evaluation/team report are:

- ❑ Health
- ❑ Vision and Hearing
- ❑ Social and Emotional Status
- ❑ Adaptive Behavior
- ❑ Ability to get and keep a job (employability)
- ❑ General Intelligence
- ❑ Academic Performance
- ❑ Communicative Status (listening, speaking, writing)
- ❑ Motor Abilities

Individualized Education Program (IEP)

An IEP should include:

- ❑ A description of your strengths and needs (present level of performance).
- ❑ Annual goals and short-term objectives.
- ❑ How progress will be measured.
- ❑ Statement of needed special education and related services.
- ❑ When services will start, where and how often they will be provided.

Transition as Part of the IEP

At age 16 there must be a written transition plan as part of the IEP. Links to other agencies of support such as the Butler County Board of Developmental Disabilities (BCBDD), Bureau of Vocational Rehabilitation (BVR) and Mental Health agencies should also occur. The transition plan of the IEP should include:

- ❑ Activities and Services
- ❑ Goals and Objectives
- ❑ Start and End Dates
- ❑ Responsible Person

Three specific areas should be considered:

- ❑ Postsecondary education and training
- ❑ Employment outcomes
- ❑ Independent living outcomes

At age 17, students are informed about the transfer of rights (age of majority) that will take place at age 18. Once a student reaches the age of 18 (also called the “age of majority”), all rights in the IEP process transfer to the student. In other words, students will sign their own IEP and take responsibility that the parent had previously assumed. The only exception to this is when there has been a determination (by the courts) that the student is not competent to exercise his or her rights.

Class Credit Worksheet

Required credits to graduate _____

Please list each class completed and credit earned below.

Language Arts Credits Needed=	Social Studies Credits Needed=	Math Credits Needed=

Other Required Courses Credits Needed=	Physical Education Credits Needed=	Science Credits Needed=

	Electives	

Extra Curricular Activities Form

Extra curricular activities include clubs, organizations, volunteer work, sports and other activities you may be involved in. This is helpful for college and work applications.

Activity or Club	Where It Occurred (school, community, church, etc.)	Start Date	End Date