



## Application

### GFPS Adult Transition Program (ATP)

*This application must be completed and turned in to your case manager by November 1st of your senior year.*

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone numbers home # \_\_\_\_\_ cell # \_\_\_\_\_

Email address \_\_\_\_\_

Names of your parents or guardians \_\_\_\_\_

Parent or guardian addresses, telephone numbers, emails \_\_\_\_\_

I \_\_\_\_\_ want to apply to be in GFPS Adult Transition Program for next school year.

Students: Check all that sound like you:

- I will have met all of my GFPS graduation requirements by the end of this school year
- I have respectful behavior
- I can manage my own behavior and be safe when I am home alone or in the community
- I am serious about learning to be as independent as I can in the community
- I am serious about learning to be as independent as I can in a job
- I am serious about learning to be independent in accessing the community
- I am serious about living in an apartment/supported living arrangement in the future
- I know and follow GFPS rules of attendance, positive participation, and dress code
- I know that I will need to have a personal monthly budget for the ATP (bus pass, spending money)

Student signature \_\_\_\_\_

Date \_\_\_\_\_



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#### Parents/Guardians:

Motivation to succeed in adult life is an essential ingredient for success in this program. Family support for independence is a key factor in deciding which students are admitted to the ATP.

- Do you agree to support the objectives of this program as far as allowing your student to work toward as much independence and community participation as is possible? \_\_\_\_\_  
yes or no
- Do you agree to support the goal of this program to have your student learn to get around the community independently, either by using public transportation or by driving? \_\_\_\_\_  
yes or no
- Is it your desire that your student lives in an apartment/supported living arrangement in the future? \_\_\_\_\_  
yes or no
- I understand that students in the ATP must follow GFPS rules of attendance, positive participation, and dress code. \_\_\_\_\_  
Yes or no
- I understand that budgeting is an important part of the ATP and my student needs to purchase a monthly bus pass and bring money for community participation. \_\_\_\_\_  
Yes or no

Parent/guardian signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_



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**Personal Profile of:** \_\_\_\_\_  
Your name

Tell important information about you. This can be written out or typed. A teacher or parent can help you, but it does not need to be perfect. We would like it to be your ideas. It is good to write at least one or two sentences for each part. If you want to write more, you can add another sheet of paper. You can use pencil if it is easier, but **be sure to sign in ink.**

- **Tell what things you do in the community.** Do you go to the mall? Do you belong to a club? Are you in Special Olympics? Do you go to movies or bowl? Do you hang out with friends? Tell the things that you think are important.

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- **Tell how you get around in the community when you want to go places.** Do you always get rides? Do you use Dial-A-Ride? Do you use the city bus? Do you walk or ride your bike? Do you drive? Do you plan to get your license someday?

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- **Tell about jobs you have had.** (Volunteer, unpaid, and paid.) Which jobs did you like the best? What are you good at?

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*Personal profile continued*



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- **What is your disability?** Name it and tell what things are difficult for you.

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- **What do you like to do for fun?** What do you do in your spare time at home and in the community?

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- **Tell your hopes and dreams for the future.** What will you be doing and where will you be in 5 years? (job, residence, etc.)

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- **What things do you do at home?** What can you cook? What chores do you do? Do you do laundry? Do you make your own appointments? Do you take your own medications (prescribed and/ or over-the-counter)?

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- **What kinds of things do you want to learn at the ATP next school year?**

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**Student signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*Note: Please make sure that all sections are complete and signed in ink.  
Incomplete applications will be returned.*