MANTECA

ADULT TRANSITION PROGRAM
Level I & II
Manteca Unified School District

Adult Transition Program Enrollment Packets

Welcome to the 2024-2025 school year in the Manteca Unified School District's Adult Transition Program! **Please complete the attached registration packet** to enroll your student for next year.

If you **need assistance** in completing the forms, **please call Heather Ordaz at 209-825-8302** by May 1st to make other arrangements. We appreciate your prompt attention to this paperwork.

Have a wonderful, restful summer. We look forward to seeing you all in August!

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MUSD Adult Transition Program

Please Check Appropriate Boxes, Sign and Return this Form
with Registration Packet

I, _____, have received, read, and understand the following information:

- ☐ MUSD Adult Transition Program Handbook: **I acknowledge and agree to all regulations of the Adult Transition Program.**
- ☐ MUSD Adult Transition Program Calendar

Along with this form, I am returning the following completed forms:

- ☐ Registration Form
- ☐ Emergency Form
- ☐ Community-Based Instruction Participation Approval Form
- ☐ Internet Use Consent Form

If you are a new student to Manteca Unified School District, please submit documents:

- ☐ Latest IEP
- ☐ Birth Certificate
- ☐ Utility Bill (Proof Of Residence)
- ☐ Transcripts
- ☐ Shot Record

All forms need to be completed and returned in order to participate in the MUSD Adult Transition Program.

_____ _____
Signature of Student Date

_____ _____
Signature of Parent / Guardian (if applicable) Date

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ADULT TRANSITION PROGRAM
Level I & II

Manteca Unified School District

STUDENT INFORMATION				
Last Name (Legal)	First Name (Legal)	Middle Name	Gender M / F	Home Phone #
Birthdate	Birthplace	If foreign born, date first entered a US school		
Street Address		City		Zip
Mailing Address (if different)		City		Zip

PARENT / GUARDIAN INFORMATION

Student Currently Resides With: (check one)

__ Mother / Father __ Mother __ Father __ Mother / Stepfather __ Father / Stepmother __ Legal Guardian
__ Grandparents __ Relative __ Self __ Foster / Group Home __ Other: _____

Father/Guardian Full Name	Home Phone	Cell Phone
Employer	Work Phone	E-mail Address
Mother/Guardian Full Name	Home Phone	Cell Phone
Employer	Work Phone	E-mail Address
Stepfather / Caregiver	Work Phone	Cell Phone
Stepmother / Caregiver	Work Phone	Cell Phone

ETHNICITY (Primary, Select One)

Asian (select one)
__ Chinese
__ Japanese
__Korean
__ Vietnamese
__ Laotian
__ Cambodian
__ Other

Native Hawaiian / Pacific Islander (select one)
__ Hawaiian
__ Guamanian
__ Samoan
__ Tahitian
__ Other Pacific Islander
__ Asian Indian

__ **White not of Hispanic Origin**
__ **Black / African American**
__ **American Indian / Alaskan**
__ **Filipino**
__ **Hispanic / Latin**

Secondary Ethnicity (if applicable): _____

HOME LANGUAGE SURVEY

Which language did your child learn when they first began to talk?

Which language does your child most frequently use at home?

What language do you use most frequently to speak to your child?

Name the language most often spoken by adults at home?

What language do you use for written correspondence?

PREVIOUS SCHOOL INFORMATION

First time enrolled in MUSD? __ YES __ NO	Name of Last School Attended	Address (if not in MUSD)
Attendance Contract? __ YES __ NO	Disciplinary Contract? __ YES __ NO	Current Expulsion Order? __ YES __ NO

Special Programs: __ English Learner __ Speech / Language __ Adapted PE __ Physical Therapy
__ Migrant __ Indian Education __ Vision Services __Occupational Therapy

OTHER CHILDREN LIVING IN THE HOME

Name	School Attending	Name	School Attending
Name	School Attending	Name	School Attending

I the parent/legal guardian/caregiver of this minor, or self if age of majority, certify that information given on this enrollment form is true and correct.

Signature: Date:

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Emergency Form for _____ (Student Name)

EMERGENCY CONTACTS **(MUST PROVIDE AT LEAST TWO PHONE NUMBERS)** * It is crucial that we have information to reach someone in case of emergency!			
Contact #1 Name	Home Phone	Cell Phone	Work Phone
	City	Relationship to Student	
Contact #2 Name	Home Phone	Cell Phone	Work Phone
	City	Relationship to Student	
Contact #3 Name	Home Phone	Cell Phone	Work Phone
	City	Relationship to Student	
Contact #4 Name	Home Phone	Cell Phone	Work Phone
	City	Relationship to Student	

MEDICAL INFORMATION			
Primary Care Physician	Phone Number	Date Last Seen	Hospital of Choice
Specialist	Phone Number	Specialist	Phone Number
Medical Insurance Provider	Name of Insured Person	Policy / Group Number	Phone Number

Allergies	Other Health / Medical Conditions
__ Bee Sting __ Peanuts __ Food __ Other List:_____ _____ _____	__ Asthma __ Cancer __ Diabetes __ Hearing __ Cystic Fibrosis __ Heart Problems __Orthopedic __ Seizures __ Vision __Hemophilia / Bleeding __ Other List: _____

Any Health or Physical Limitations or Restrictions? __ YES __ NO	Describe:
Any Diet Restrictions or Needs? __ YES __ NO	Describe:
Hospitalized in the Last Year? __ YES __ NO	Describe:
Any Other Medical Concerns for Student? __ YES __ NO	Describe:

MEDICATIONS / PROCEDURES / TESTS				
Medication 1	Needed at School? ___ YES ___ NO	How Often?	How Much?	Needs Help With? ___ YES ___ NO
Medication 2	Needed at School? ___ YES ___ NO	How Often?	How Much?	Needs Help With? ___ YES ___ NO
Medication 3	Needed at School? ___ YES ___ NO	How Often?	How Much?	Needs Help With? ___ YES ___ NO
Medication 4	Needed at School? ___ YES ___ NO	How Often?	How Much?	Needs Help With? ___ YES ___ NO

Have you provided the school with a medication authorization or doctor's order signed by a medical provider for any medicine, procedure or test to be provided during school hours or in the event of an emergency? ___ YES ___NO

Manteca Unified School District school nurses will review this information and may contact you. If necessary, the school nurse will work with you to address your student's health or medical condition.

I, the parent/legal guardian of this student, certify that all of the information on this form is true and correct. I understand that MUSD will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and that the information becomes part of the student's permanent educational record. This information will be shared with individuals working at or with the school district for providing safe, appropriate, and least restrictive educational settings and school health services and programs. In case of emergency, the school has my permission to obtain medical care for my child or send my child to the hospital of my choice by ambulance at my expense. My signature below also provides consent for emergency medical treatment.

Signature: _____ Date: _____

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REQUEST FOR STUDENT PARTICIPATION
FIELD TRIP / EXCURSION / COMMUNITY-BASED INSTRUCTION

From time to time, students will be participating in field trips, excursions, and community-based instruction. In order to integrate these curricular experiences into your student's school program, it will be necessary for you to read and sign this participation approval form.

Field trips generally take place within San Joaquin County boundaries during school hours. Excursions are events scheduled outside of the county boundaries, sometimes during non-school hours. You will be notified in advance of any scheduled field trips or excursions. These activities are voluntary, and you may deny participation in each event. Notification and permission will be obtained for each field trip or excursion planned during the school year.

Community-Based Instruction will be provided on a regularly scheduled basis throughout the school year. This off-campus instruction will be provided in the community by school staff during school hours. *Your signature is needed to initiate your participation in community-based instruction.* This will be the only signature needed for the school year. Every effort will be made to provide you with periodic written and/or telephone communication to describe instruction that is provided while in the community.

PARTICIPATION APPROVAL

I, _____, hereby give my permission to participate in the community-based instruction provided by the MUSD Adult Transition Program. I also agree to be escorted off-campus by any school-approved means on a regularly scheduled basis throughout the school year. I reserve the right to withdraw this permission at any time.

_____ _____
Date Signature - Student

_____ _____
Date Signature - Parent / Guardian (if applicable)

MEDIA USAGE APPROVAL

I give permission for my photo/video taken on outings or during school events to be used in the classroom, on brochures or on media post to promote the program and/or celebrate accomplishments.

Date_____ Signature of Student_____

MANTECA UNIFIED SCHOOL DISTRICT
ANNUAL STUDENT USE OF INTERNET AND/OR E-MAIL
CONSENT AGREEMENT AND WAIVER FORM

Student Name: _____ School: _____
(Please print first and last name of student)

Teacher: _____ School Year: _____ Grade/Room: _____

The following form must be read and signed by you and your parent or legal guardian. Please select from the following by checking the appropriate box.

❒ **YES** - I will allow my child to access the Internet using District computers.
❒ **NO** - I do not want my child to access the Internet using District computers.

By selecting "YES—I will allow my child to access the Internet on District computers" and signing the Consent and Waiver form, my parent/guardian and I agree to abide by the following restrictions. I have discussed these rights and responsibilities with my parent/guardian.

Further, my parent/guardian and I have been advised that Manteca Unified School District, and the school site do not have control of the information on the Internet, although it attempts to provide prudent and available barriers. Other sites accessible via the Internet may contain material that is illegal, defamatory, inaccurate, or potentially offensive to some people. While the District's intent is to make Internet access available to further school and District educational goals and objectives, account holders will have the ability to access materials which may not be appropriate and meet these goals and objectives. The District believes that the benefits to students to access the Internet, in the form of information resources and opportunities for collaboration, far exceed any disadvantages of access. But ultimately, the parent/guardian of minors are responsible for setting and conveying the standards that their student should follow. To that end, District, and school supports and respects each family's right to decide whether or not to apply for Manteca Unified School District Data Processing Network (MUSDNet) access. Any questions should be directed to the MUSD Information Technology Department at (209) 858-0911.

The District and school make no warranties of any kind, whether express or implied, for the services it is providing. The District will not be responsible for any damages a user suffers. This includes loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions caused by the District/school's negligence or by user's error or omissions. Use of any information obtained via the Internet is at the user's own risk. The District and school specifically deny any responsibility for the accuracy of or quality of information obtained through its services. All users need to consider the source of any information they obtain and consider how valid that information may be.

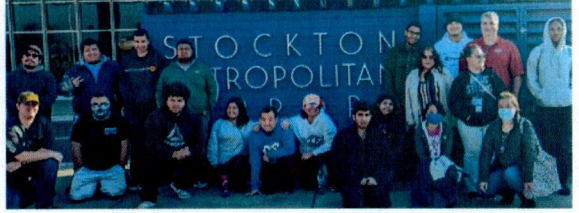
In accordance with the Electronic and Communications Privacy Act of 1986, 18 USCS Section 2510, all students are hereby given notice that there are no facilities provided by MUSDNet for sending or receiving private or confidential electronic communications. No student shall be permitted to bring their own technology to school and connect to the Internet outside of MUSDNet's filtered system without the approval of the school administration. All messages shall be determined to be readily accessible to the general public. Do not use this system for any communications which the sender intends only for the sender and intended recipients to read. By your use of MUSDNet, you agree to hold harmless the school and District, thereof, against any and all claims arising out of said use, no matter the cause of fault.

REQUIRED SIGNATURES

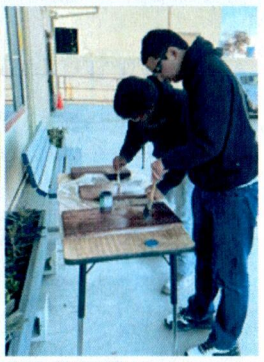
I understand and will abide by the provisions and conditions of this contract. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my user account, and the appropriate legal action. I also agree to report any misuse of the information system to the school site technology representative, teacher, or administrator. Misuse can come in many forms, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, and other issues described in this document. All the rules of conduct described in District or school site policies, procedures, and handbooks apply when I am on the network.

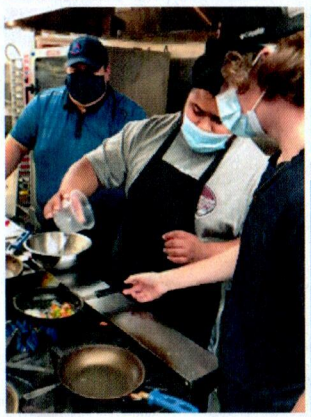
Student Signature: _____ Date: _____
Parent/Guardian Name (print): _____ Phone: _____
Parent/Guardian Signature: _____ Date: _____

Return this completed form to the school office where your child attends within one week of receiving. One form per student is required.

















PROGRAM ADMINISTRATION

Dr. Jody Burriss
Director of Special Education

Larry Machado
Principal

Heather Ordaz-
Program Support Specialist
hordaz@musd.net

LEVEL II PROGRAM STAFF

Scott Thornton—Teacher
sthornton@musd.net

Kim French—Teacher
kfrench@musd.net

Program Specialist-TBD

MANTECA

YOUNG ADULT TRANSITION PROGRAM
Level I & II
Manteca Unified School District

LEVEL II PROGRAM OFFERING

Level II Program focuses on placing higher functioning students into trade programs, jobs, and independent living.

MUSD Special Education
Manteca Unified School District
2271 W Louise Ave
Manteca, CA 95337

(209) 825-8302

PROGRAM MISSION

The program is designed to support the goals of each student beyond school. It is our goal to help students achieve their highest levels of independence across community, daily living and work settings and to leave our program with the necessary life skills to navigate the community for leisure, extended education, personal needs and work.

ENTRANCE CRITERIA

- **Age 18-22 years**
- **Completed 4 years of H.S.**
- **Not diploma track**
- **Mild/Moderate (LH)-YAP**
- **Voluntary**

PROGRAM COMPONENTS

LIFE SKILLS

Building skills needed and utilized in everyday life.

Personal Care: laundry, hygiene, health & wellness, medical needs, nutrition, groceries, shopping.

Financial Literacy: banking, credit, money handling, credit, personal budget, paying bills.

Social Skills: social cues, self-advocacy , social media use and abuse, communication skills.

Transportation: road signs and directions, public transit, DMV preparation, road safety.

Independent Living: housing, paying bills, living expenses, cooking, cleaning & home maintenance.

Vocational: preparing for employment, job applications, career pathways, resumes, interviews, industry tours and speakers. Department of Rehabilitation, Trade Programs, Junior College Applications.

COMMUNITY BASED INSTRUCTION (CBI)

are addressed within the classroom, and then transferred to the community to receive hands-on instruction in real time.

TOUR EXAMPLES

MJC & Delta Junior College
Greater Valley Conservation Corps
Amazon Warehouse
Stockton Metropolitan Airport
Safeway
Dollar Tree Warehouse
Trades Career Fair
Job Fairs
Del Osso Farms
Costco

WORKABILITY

is a paid work placement/training program operated by San Joaquin County Office of Education. Student can work in a community business for up to 40-hours each school year. It is designed to provide vocational training, expose students to workplace practices, and assist students in identifying job tasks they enjoy.

Notes & Questions



Program Administration and class location

2271 W. Louise Ave

Manteca CA 95337

Heather Ordaz
Program Support Specialist
(209) 825-8302

Larry Machado
Principal
(209) 858-7330

TBD
Program Specialist

Dr. Jody Burriss
Director of Special Education

MUSD Transportation
(209) 825-3200 ext. 50444

MANTECA

ADULT TRANSITION PROGRAM
Level I & II
Manteca Unified School District

MUSD Special Education
Manteca Unified School District
2271 W Louise Ave
Manteca, CA 95337

(209) 825-3200

Program Entrance Criteria

- **Age 18-22 years**
- **4 years of high school completed**
- **Minimum 240 high school credits completed**
- **Not diploma track**
- **Moderate/Severe (SH)-ATP**
- **No major behavioral concerns**
- **Voluntary**

Program Staff

Office
Heather Ordaz
Program Support Specialist

Teachers

Corinna Guerrero	**Room 701**
Laura LaGrone	**Room 702**
Jesus Guerrero	**Room 703**

Program Specialist
TBD

Program Mission

The program is designed to support the goals of each student beyond school. It is our goal to help students achieve their highest levels of independence across community, daily living and work settings and to leave our program with the necessary life skills to navigate the community for leisure, extended education, personal needs and work.

Program Components

Life Skills

Classroom instruction is focused on building life skills, students will need and use in their everyday adult lives.

Personal Care: laundry, hygiene, health & wellness, medical needs, nutrition, groceries, shopping

Financial Literacy: banking, credit, money handling, personal budget

Social Skills: personal identification, social cues, self-advocacy , social media use and abuse

Transportation: road signs and directions, public transit navigation, pedestrian safety

Independent Living: housing, roommates, expenses, cleaning & home maintenance

Vocational: preparing for employment, job applications, career pathways, interviews, industry tours, Department of Rehabilitation

Community-Based Instruction (CBI)

Some school day activities take place in community settings. Students will be rotated through CBI groups so that all students have the chance to participate. Skills are addressed within the classroom, and then transferred to the community to receive hands-on instruction in real time. Examples include: shopping, recreation, social and leisure activities, banking, eating in a restaurant, and using public transportation.

Workability

The Workability program, operated by and in conjunction with the San Joaquin County Office of Education, is a paid work placement/training program at a community business for up to 40 hours per student each school year. It is designed to provide vocational training, expose students to workplace practices, and assist students in identifying jobs tasks they like. Space within the program is limited. Program participation is voluntary. Program expectations include:

- Arrive to school on time and at work ready to work
- Remain on-task and working for a 90 – 120 minute block of time.
- Show excellent personal hygiene
- Dress in required work uniform
- Demonstrate appropriate behavior and ability to follow directions at work.
- Limit jewelry to small earrings. No long, dangling jewelry. No beads or bracelets.
- Cover tattoos completely

MANTECA UNIFIED SCHOOL DISTRICT

2024-2025 Adult Transition Program Level 1 & Level 2

July 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

0 Instructional Days

August 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

22 Instructional Days

September 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

20 Instructional Days

October 2024

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

18 Instructional Days

November 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

18 Instructional Days

December 2024

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

15 Instructional Days

93 Semester Days

January 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

16 Instructional Days

February 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

18 Instructional Days

March 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

16 Instructional Days

April 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

20 Instructional Days

May 2025

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

17 Instructional Days

June 2025

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

0 Instructional Days

87 Semester Days

Legend
Regular Schedule 8:30am-1:30pm
Minimun Day Schedule 8:30am-11:30am
Late Start Schedule 9:30am-1:30pm
No School/Teacher Prep/In-Service
No School/School Closed
Graduation Ceremony

Student Breaks	
October 07-11	Fall Break
November 28-29	Student Break
December 23- January 7	Winter Break
March 10-14	Spring Break
April 18-21	Spring Break

May 15, 2025 Graduation/Certificate Ceremony

MANTECA

ADULT TRANSITION PROGRAM

Level I & II

Manteca Unified School District

Administrative Offices:
Physical: 2271 W. Louise Ave, Manteca CA
Mailing: P. O. Box 32, Manteca, CA 95336
District Transportation: (209) 825-3200 x50444
Special Education Department: (209) 858-0837
Principal: Larry Machado (209) 858-7330
Program Support Specialist: Heather Ordaz (209) 825-8302

Revised 02/06/2024