Transition Center Overview

LINK stands for:

L	*Life Skills Development* • Curriculum focused on essential life skills such as personal finance management, household chores, and self-care.
I	*Individualized Career Planning* • Tailored career assessments and planning to align students' strengths and interests with vocational opportunities.
N	*Navigating Workplace Environments* • Training on workplace etiquette, communication skills, and understanding workplace norms and expectations.
K	*Knowledge of Resources* • Education on community resources, support services, and assistive technologies available to individuals with disabilities.

These components aim to provide a comprehensive framework for LINK, helping students with disabilities transition successfully into adulthood through education, skill development, and practical experience.

Making a LINK Referral

A student who is being referred to LINK:

- ☐ Is 18 - 22 years old
- ☐ Is receiving Special Education services
- ☐ Has a current IEP with Transition Plan, Evaluation, and High School and Beyond Plan (HSBP)
- ☐ Has had the opportunity to attend four years of high school
- ☐ Has met a Graduation Pathway
- ☐ Has been recommended by the Individualized Education Program (IEP) team

*The following form is to be completed by the school district administrator responsible for Special Education services. Please include all requested documentation. The Transition Services Program Manager will confirm submission and request a meeting to discuss student enrollment. If you have any questions regarding student eligibility and/or to follow up on an intake form, please email yvclink@esd105.org or call 509-426-3345.

LINK Student Intake Form

Student & Family Information

Student Name:		Age:		Birthday:	
Student Email:		Student Phone:			
School District:		Anticipated Graduation Year:			
Parent/Guardian 1		Phone:			
Parent/Guardian 2		Phone:			
Transfer of Rights:	☐ Adult Student is Legal Guardian ☐ Parent/Guardian have Guardianship ☐ Parent/Guardian have Power of Attorney ☐ Adult Student & Parent/Guardian have a Shared Decision Making Agreement				

Special Education & Graduation Status

1. Student is receiving Special Education Services	☐ Yes	☐ No
2. Student is on track to earn a high school diploma	☐ Yes	☐ No
- If no, please explain their expected outcome.		
3. Student has satisfied the credit requirements for graduation	☐ Yes	☐ No
- If no, what do they still need?		
4. Student has met a Graduation Pathway	☐ Yes	☐ No
- What pathway did the student meet?		
- If no, what will the student do ?		

Related Services & Student Needs

☐ Speech	☐ Occupational Therapy	☐ Physical Therapy
☐ Behavior Intervention Plan (BIP)	☐ Emergency Response Protocol (ERP)	☐ 1:1 Adult Support Person
☐ Health Care Plan	☐ Other:	

Attachments: Please attach the following documents

- Copy of current IEP with Transition Plan
- Copy current Triennial Evaluation
- Copy of High School & Beyond Plan
- Copy of BIP, ERP, Health Care Plan, etc. (if applicable)
- LINK Center Consent Form

Special Education Administrator

Name:		District:	
Email:		Phone:	
Desired Student Enrollment:	☐ Full Time Student Enrollment (6.5 hours per day) ☐ Part Time Student Enrollment (3.25 hours per day) ☐ Hourly ☐ _____ hours per week		
Signature:		Date:	

Return Student Intake Form & Attachments to:

ESD 105 Transition Services Program Manager
yvclink@esd105.org
509-426-3345

LINK Transition Center Consent

I, _____, consent to attend the LINK Transition Center. I understand that the center staff and resources are designed to assist me in transitioning into adulthood by providing education, skill development, and practical experience.

I have read and understood the center overview and eligibility criteria. I agree to participate in the activities and assessments that are part of attending LINK. I also consent to the collection and sharing of my educational records and other relevant information with the center staff to support my participation and progress towards my goals.

Participant's Signature:

_____

Date: _____

Parent/Guardian's Signature (if applicable):

_____

Date: _____

School District Administrator’s Signature:

_____

Date: _____