

Student Intake Form
2026-2027
School Year

"Building relationships,
making connections, transforming lives"

RICHLAND
School District

Community Based Transition Center

What is the Community Based Transition Center (CBTC)?

A program that provides transition related services and instruction with a community focus for adult students aged 18-22 who are eligible for special education services in the Richland School District. Students in this program will focus on learning how to successfully engage with their community through Community Based Instruction, small group work cohorts, transportation training and independent living skills. Students will complete their High School and Beyond Plan while enrolled in the CBTC.

Eligibility

Adult students, ages 18-22, currently accessing extensive needs instructional placement at a district high school are eligible for this program

- Currently accessing extensive needs instructional placement at a district high school, who benefit from high level of staff support
- DDA eligibility is considered likely based on current evaluation
- Ability to work independently for at least 5 minutes
- Ability to maintain safe behavior within the classroom and community
- Have met all graduation requirements, EXCEPT High School and Beyond Plan

Enrollment Process

Student placement in the CBTC program is made through the IEP process. Staff from the CBTC must be invited to the IEP held prior to the student enrolling in the CBTC program. Students remain enrolled in their boundary school while attending the CBTC.

Staffing

Special Education Life Skills Teacher (1), Career & Technical Education Teachers (1), Job Coaches(5)

Agency Connections

Students in the program will have regular access to outside agencies including the Department of Vocational Rehabilitation (DVR) and Developmental Disabilities Administration (DDA). Connections between disability related organizations within the community will be under ongoing development.

Related Services

All Related Services and Specially Designed Instruction will be provided for adult students enrolled at CBTC based on their IEP. Each of these services will be provided with a Transition focus in mind.

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CHECKLIST

Please complete each section of the following form. Incomplete items will not be accepted.

The following requirements must be met before the intake process can begin:

- Student is age 18 on or before August 31st of the year entering the program
- Student has earned the required 24 credits per graduation requirement or has enough credits approved from counselor
- Student has completed a graduation pathway identified and cleared through high school counselor.
- High School and Beyond Plan has **NOT** been completed

Students will be required to:

- Attend CBTC Information Night
- Obtain a Washington State ID Card (Application)
- Invite CBTC staff to annual IEP
- Observation of student by CBTC staff
- Dial A Ride Eligibility - Ben Franklin Transit Dial-A-Ride Application (Spanish) (Complimentary pass provided by RSD)

Submit the following documents with your completed application:

- ☐ Graduation Pathway Documentation (counselor)
- ☐ BIP/ERP*
- ☐ Behavior documentation from PowerSchool*
- ☐ Health Plan*
- ☐ IEP
- ☐ Current High School and Beyond Plan
- ☐ Legal Guardianship Court Documents (if applicable)

*if appropriate

Direct any questions to one of the following CBTC Staff:
amy.deschane@rsd.edu Scott.piippo@rsd.edu

Please return this intake packet on or before April 2, 2027 to:

Community Based Transition Center/ Amy DesChane
TLAC
6972 Keene Rd.
West Richland, WA 99353

Revised 8/2/26

Community Based Transition Center

INTAKE FORM

Student Name: _____

Date of Birth: _____ Age: _____ Home School:_____

Special Education Case Manager: _____

High School Counselor: _____

Parent/Guardian's Name: _____

Is student their own guardian? ____ YES ____ NO If no, please list the name of the Legal

Guardian: _____
*attach the legal court document showing guardianship

Student Residence: _____

City: _____ Zip Code: _____

Student Home Phone Number: _____

Student Cell Number: _____

Student Email: _____

Parent/Guardian Home Phone Number: _____

Parent/Guardian Cell Number: _____

Parent/Guardian Email: _____

DDA Case Manager (if applicable): _____

DVR Counselor Name (if applicable): _____

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Work Exploration/Experience

Students Future Employment Goals:

- ☐ Part-Time Employment
- ☐ Full-Time Employment

Career Focus/CTE Work Experience:

- ☐ Enclave/Group Supported
- ☐ On the Job Training/In Building
- ☐ Independent Community Placement
- ☐ Community Placement with Job Coach

How many hours per week has the student participated in work experience? _____

Have you ever been terminated and/or suspended from a job/work experience?

- ☐ Yes
- ☐ No

If yes, please explain: _____

_____

Have you ever quit a job or work experience?

- ☐ Yes
- ☐ No

If yes, please explain: _____

_____

Is the student interested in maintaining their current work experience placement?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Is the employer interested in maintaining the current work work experience placement?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

If no, please explain:

_____

_____

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Transportation

Do you have a current valid driver's license?

- ☐ Yes
- ☐ No

Do you have experience riding public transportation?

- ☐ Yes
- ☐ No

Do you live on or near a public bus route?

- ☐ Yes
- ☐ No

Are you currently eligible for Dial-A-Ride services?

- ☐ Yes
- ☐ No

Adult Services

Which of the following agencies are you currently utilizing or have used in the past? (check all that apply)

- ☐ Developmental Disabilities Administration (DDA)
- ☐ Division of Vocational Rehabilitation (DVR)
- ☐ Job Foundations (Benton Franklin County)
- ☐ Social Security Administration (SSA)
- ☐ Mental Health Services
- ☐ Other community agency or supports: _____

  _____

Personal Advocacy - What helps you?

What is your disability? _____

Do you have any health issues? _____

Do you have any behavioral/social issues? _____

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Describe any assistive technology or other supports that help you in the classroom or on the job: _____

Describe any challenges you may have to noise, personal space, touch or other_____

_____

_____

Do you prefer to work alone or with others? _____

Do you have any difficulties working with others? _____

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Student Questions *Please have* the ***student*** *participate in answering these questions.*

Why do you want to come to the Community Based Transition Center?

_____

_____

_____

Are you prepared to work each day? _____

If no, why not?

_____

_____

What are your employment goals?

_____

_____

_____

_____

What do you like to do in your free time?

_____

_____

_____

Next Steps

- Case manager will submit the completed intake form and all requested documents to CBTC @ TLAC. Incomplete applications will be returned.
- Once your completed intake form is received an observation will be scheduled. The student will be observed at their home high school and/or work site.
- Program recommendations and letters will be sent to the student's high school case manager, the student and family or guardian.

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Signatures

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Special Education Case Manager Signature _____

Date _____

High School Counselor Signature _____

Date _____

Home School Administrator Signature _____

Date _____

For CBTC Use ONLY			
Date Received		Received By	
Review Completed		RSD Assessment Coordinator	
Observation Scheduled		Letter Sent	