



**School-to-Work Program
Student/Agency Agreement Form**

I, _____, have selected _____
(Print Student's Name) (Employment Agency Name)
as my Employment Agency (Agency) for the School-to-Work program (S2W) and we will begin
working together on this date: _____.
(Date Required)

By choosing this agency, and signing this form, I am requesting that King County Developmental Disabilities Division (KCDDD) pay this Agency for supported employment services through S2W, effective on the date written above.

My S2W team consists of my:

Teacher, _____, at _____ School District

Parent/Provider, _____

Employment Consultant (if determined), _____

Developmental Disabilities Case Manager (if applicable), _____

I understand the following about what it means to participate in S2W:

- The Agency will work with my S2W team to help me find a job before I leave school in June of my 21st year/transition from school; however I am not guaranteed a job through S2W.
- If a good job match is found on my behalf, I am willing to accept the position while I am still in school, and will modify my school schedule accordingly.
- An Employment Consultant will work with my school staff to help me learn new things and become as independent as possible on the job.
- Funding for services after school is not guaranteed. If I need help to keep my job or continue looking for a job after I leave school, the Agency may be able to continue to help me if we can identify funding for these services.
- If I have questions or concerns about my services, or if I wish to change agencies, I will communicate with someone from my S2W Team.

Please sign and date below:

(Student)

(Date)

(Employment Agency Representative)

(Date)

(Parent/ Provider)

(Date)

(Guardian, if other than Parent/Provider)

(Date)

For Paid Service This Fully Completed Form Must Be Sent to and Approved By:

<p>Richard Wilson, Program Manager King County Developmental Disabilities Division 401 Fifth Ave, Suite 520, Seattle, WA 98104 Fax: (206) 205-1632; Phone: (206) 263-9044; Richard.Wilson@kingcounty.gov</p>	<p>Emily Hart, Program Manager King County Developmental Disabilities Division 401 Fifth Ave, Suite 520, Seattle, WA 98104 Fax: (206) 205-1632; Phone: (206) 477-7661 Emily.Hart@kingcounty.gov</p>
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