

I, _____, have selected _____
(Student's Name) (Employment Agency Name)

as my Employment Agency (Agency) for the School-to-Work program (S2W).

- I am participating in a 2-year S2W model and Job Foundations will be my first phase of service beginning _____.
- I am participating in a 1-year S2W model, beginning with Job Foundations on _____ with an expected S2W start date of _____.
- I am not participating in Job Foundations and will begin S2W services on _____.

My S2W team:

Teacher, _____, at _____ School District

Parent/Provider, _____

Employment Consultant (if determined), _____

Developmental Disabilities Administration Case Manager (if applicable), _____

Division of Vocational Rehabilitation Counselor (if determined), _____

I understand:

- If I'm participating in Job Foundations, my Agency submits my report to King County to be reviewed within 30 days of receipt.
- If I'm participating in a 1-year S2W model, there may be a gap in services between the end of Job Foundations and beginning of S2W services. The Job Foundations report must be approved by King County before funding for S2W services can be authorized.
- My Agency will work with my S2W team to help me find a job before I leave school in June of my 21st year and 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.
- S2W expects, but cannot guarantee, funding for my services when school ends. The S2W team will support me in exploring all funding options available.
- 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.

By completing and signing this form I am requesting that King County Developmental Disabilities and Early Childhood Division fund supported employment services effective on the date above.

(Student)

(Date)

(Employment Agency Representative)

(Date)

(Parent / Provider)

(Date)

(Guardian, if other than Parent / Provider)

(Date)

Send this fully completed form to S2WReports@kingcounty.gov

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