

Please Note

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF.

******Prior to filling out the application it is highly recommended that the transition student and a guardian tour the program or attend an Open House.**

Completed Application Packet - include Transition Assessment

Current IEP including PTP

High School Transcript

Transition Assessment – most recent vocational evaluation or career interest survey

Work Evaluations if available

Return completed Packet or if you have any questions contact:

Joy Crenshaw

Transition Coordinator
1-608-526-3372 ext. 6135
crejoy@holmen.k12.wi.us

Holmen High School
1001 McHugh Rd
Holmen, WI 54636

APPLICATION FOR ADMISSION

APPLICANT PERSONAL INFORMATION:

Name: Last, First, Middle Initial: _____

Current School District: _____

Address: _____

Email Address: _____ Cell/Home Phone: _____

Date of Birth: _____ Male Female Choose not to identify

PARENT/GUARDIAN PERSONAL INFORMATION:

Parent 1 Name: _____
Address: _____
Cell/Home: _____ Work Phone: _____
Email Address: _____
Parent 2 Name: _____
Address: _____
Cell/Home: _____ Work Phone: _____
Email Address: _____

SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor? (DVR)

Yes Name of Counselor: _____

No

Do you have a Case Manager, Social Worker, or IRIS consultant?

Yes Name and Contact email: _____

No Agency that they work for: _____

TRANSPORTATION:

How do you plan to get to Project _____?

Self Family School Public Other

ADDITIONAL INFORMATION

List any health or medical issues that may impact the ability for you to participate in transitional activities:

Please list any other challenges or limitations that impact your ability to live independently:

Please explain any accommodations or assistive technology you currently use.

Why do you think Project _____ would be a good fit for your student?
Please include their transition goals in your answer.

Applicant Primary Disability?