# WHERE AM I GOING? How will I get there?



## a GUIDE TO CREATING YOUR FUTURE through transition planning

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"WHERE AM I GOING? HOW WILL I GET THERE?" is a handbook designed to help you, the student, gather information you need, participate in creating your future, and make decisions about the directions your life will take. This process is called "transition planning."

This handbook has been developed by the Statewide Independent Living Council of Hawai'i, The Developmental Disability Council of Hawai'i and The Po'ohala Family Support Council1<sup>1</sup>. It is intended to serve as a resource for students and families in participating in the development of the transition portion of the student's Individualized Educational Program (IEP). This handbook is for your (the student's) use, and you do not need to share the information in it with others unless you wish to do so. It is important to use the information, however, when making decisions about your future. To get the full benefit of this workbook we encourage you to use it with a mentor or someone in your support circle who is familiar with Hawai'i's resources.

While you are in school, you receive services which are required under the Individuals with Disabilities Education Act. This will change when you graduate from high school. Then you will no longer automatically receive services. You will have to apply for the services which you will need. You will have to TRANSITION -What is it?

<sup>1</sup> This document is based on the work "Where am I Going, How Will I Get There" jointly developed by the Educational Equity Team of the Nevada Department of Education, Nevada Parents Encouraging Parents (PEP) and the Nevada Parent Network and is used with permission.

show that you meet the agency's requirements before you can receive their services. Your transition planning book will help you do that.

Planning for adult life is like getting ready for a trip. You must have an idea of where you are going so that you will know what to take with you and how you will get there. Transition planning helps you and your family think about life after school and identify long-range goals and the steps required to achieve those goals. It will help you make decisions about the rest of your school days to make sure that you are gaining the skills and connections to agencies and services which you will need. Transition planning will provide a map for your trip.

Transition involves making changes. When you make changes in your life you must make changes in your plans. When you decide where you want to go on your trip, you look at a map and decide which road to take. When you decide what job you want to do, you must also decide what you need to learn in order to do that job. When you decide where you want to live, you must then decide what steps you must take in order to accomplish that goal.

The answers to the questions in this handbook will guide you in making choices and decisions about many areas of your life. These decisions are important in planning for your future.

Transition planning occurs as part of the IEP process. Students age 14 to 16 must have a statement of transition service needs focusing on the course of

#### TRANSITION PLANNING

study such as a vocational education program or advanced placement classes. You need to be an active participant in developing this plan. Planning for transition should begin as early as possible, however you must have a written transition plan as a part of your IEP by the age of 16. You may have separate transition planning meetings but your final plan becomes a part of your IEP. Transition goals are written to guide you from school to post-school activities. The plan must be based on your needs, and must consider what you like and your interests. The plan must include instruction, community experiences, development of employment and other post-school adult living objectives, and, if appropriate, daily living skills and a vocational evaluation. As a member of the IEP team which makes these plans, you must make sure that your ideas and goals are talked about and written down in your transition plan.

What does all of this mean to you? How do you become an active member of the IEP team? What will you need to know? How will you let others know what you want? This handbook will guide you on this new road. You will be led step-by-step, area-by-area to answer questions about your hopes for the future, the skills which you have and those you want to learn. The information will then be used to determine what skills you need to learn and what experiences and services are needed to assist you in making the transition to adult life. Goals and objectives will be developed using your input as a basis for decision-making. Take your time and answer the questions as completely and clearly as you can. You are making a map for your future.

While the focus of this handbook is on you, you could choose to use it with your family, a teacher or mentor. This 'helper' can go through the pages with you and offer explanations and encouragement. If someone else is writing for you, ask them to read it back to you to be sure they understood what you wanted to say. Remember it is your plan and you need to make sure it expresses your wishes. It is ok to ask others for help when you need it, but trust in yourself. This handbook will help you manage information about yourself and participate as a responsible member of the IEP Team which is planning for transition. As an active member of the team, you will need to work with other members of the team in order to make decisions which are in your best interest. You will need to learn to speak up for yourself, to take responsibility for your life and to ask for help when you need and want it.

"WHERE AM I GOING? HOW WILL I GET THERE?" is meant to be used over and over. It will be a record of where you are this year and next year and the year after that. The answers to the questions in each section will be of use in your IEP meeting when deciding which agencies and programs will be of benefit to you. You may wish to complete this with the help of your counselor, parent, guardian or a mentor.

The following questions are about you, who you are and what you like. Think about the people you know, the people who know you, your skills and abilities and the dreams you have. Take time to think about your answers. Discuss them with family, teachers and friends. The choices are yours, but the people around you may have some important information to give you. USING THIS GUIDE Here are some suggestions for using this handbook:

- 1. Do not mark on the original pages before you read this information.
- Before you mark on any page, make copies of all the pages which have questions and checklists. The pages will have this mark:



- 3. Put the originals back in the notebook.
- 4. To get the most out of this workbook answer all of the questions. If you need help with some of the answers, don't be afraid to ask for it. Be sure to include the date at the top of each page.
- Put a \* or ✓ next to items you need to go back to. You may need to add more information or you may want to discuss these items as possible goals in your plan.
- 6. Put the completed pages with the same blank pages. Keep the sections together so that you will have a record of your answers each year on the same topics. This will remind you of things which have changed or which you still need to do.
- 7. Next year, follow these same steps: make

copies of the question and checklist pages, complete the pages, and put them in the correct sections in the book.

The process of planning requires that you work with other people to achieve your goals. You need to be sure that you communicate so that others **COMMUNICATION** understand you. Here are some suggestions which will **SKILLS** help you make your point:

- Gather your information by using this book and plan what you want to say.
  Knowledge is power and will help to build your confidence and self-esteem.
- Speak clearly and in a voice that is loud enough to be heard. If you use an interpreter or assistive device, be sure to arrange for that.
- Look at the person with whom you are communicating.
- K.I.S.S means "Keep it short and simple." It is very powerful to just state what you want to say, then stop and let silence do its work.
- Write, plan, and rehearse. Plan and write what you want to say. Then go over it with a friend or family member.

- Learn from the times when you did not say what you wanted to. Go ahead and figure out what you should have said or done and do that the next time. THERE WILL BE A NEXT TIME AND YOU WILL BE GREAT!
- Avoid detours. State simply, "That's not the point. That is not what we are talking about." Stay focused. Keep your main ideas and your goals written on 3 by 5 inch cards if necessary.
- Try it, you will like it. Communicating what you want and need makes the difference in transition planning. It gets easier with practice.
- Each section will end with a Resource sheet this is where you can list the people or agencies that can help you with your goals. Make as many copies of this page as you need to list all the resources available to you.



WHO AM I?

Date

I am good at:

I am not so good at:

I like doing these things:

I don't like doing these things:

What I have learned about myself:

WHO AM I?



Date

I learn best when:

These are the ways I have already become independent:

I would like people to know that:

Before I finish high school, I would like to learn these things:

These people are some of my friends:

| /Ph  | /Ph. |
|------|------|
| /Ph  | /Ph. |
| /Ph  | /Ph. |
| /Ph. | /Ph. |



WHO AM I?

Date

These are some of the people who know the most about me:

| /Ph                                     | /Ph. |
|---|------|
|   |      |
| /Ph                                     | /Ph. |
| If I need help, I can ask these people: |      |
| /Ph                                     | /Ph. |
| /Ph.                                    | /Ph. |

You will need to work with your family or someone at school to get the information you need to answer the following questions.

My disability is:

I have these questions about my disability:

I need these things to support me:

I know I can succeed when I do this:

Who am I?

#### Date

Think about what you would like to do; where you will do it, who you will do it with and the skills you will need to do this work. Don't be afraid to dream big. Put down your ideas and thoughts about what you would like your future to look like. You can write a paragraph, put down a single thought or word. This is your chance to share your hopes and dreams about your life and the future.





Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?                       |  |     | Yes |  |    | No |
|---|--|-----|-----|--|----|----|
| If yes, how much are they and what do they cover?         |  |     |     |  |    |    |
|   |  |     |     |  |    |    |
|   |  |     |     |  |    |    |
| Is there a waiting list?                                  |  | Yes |     |  | No |    |
|   |  |     |     |  |    |    |
| Are there other agencies which might be able to help you? |  |     |     |  |    |    |



### WHAT KIND OF EDUCATION DO I NEED?

#### Date

When you go on a trip, you pack your suitcase with items you will need wherever it is you are going. You will need to do the same thing with the skills you need to learn in order to do the job you want to have. Think about the skills you need for the job or career you want. You can get some of these skills while you are still in school. You can learn other skills in on-the-job training, a work/study program or vocational education classes. Think about what you will need to learn before you leave high school.

While you are in high school, you can ask for help from a counselor or teacher who can tell you about different kind of jobs and careers. There are tests you can take which will help decide what you would like to do. You may be able to participate in a work/study program. You may visit different job sites to learn what people who work there do.

Whether you are planning to go to work after high school or go on to trade school, community college or university, there are some classes you will need to take. Talk to your counselor about the requirements for high school graduation. List the classes you will need.

Classes:

## WHAT KIND OF EDUCATION DO I NEED?



Date

There are two diploma options which are available: a standard diploma and an adjusted diploma. Talk with your IEP team or counselor to learn about the requirements for each option.

If you are planning to begin work as soon as you graduate from high school, what classes do you need to take to help you get a good job after graduation?

You may want to continue to go to school after high school graduation. This type of education is called post-secondary. If this is your plan, there may be some required courses which you will need to take in high school. You will need to get information from the school you would like to attend in order to know which classes you need to take in high school.

I would like more information about:

- Trade/vocational school
- □ Community College
- University or college



## WHAT KIND OF EDUCATION DO I NEED?

#### Date

If you have a disability, the law says that post-secondary schools must make reasonable accommodations for you. You may need support services such as an interpreter, note takers, a study center or counseling services. The college or trade school you plan to attend will have information on the services which are available. Use the information you gather on this page of the document to help you determine what accommodations you may need.

Which services will I need?

| Counseling               |       | Interpreter           |
|--------------------------|-------|-----------------------|
| Note taker               |       | Tape recorded classes |
| Tutor                    |       | Alternative testing   |
| Assistive technology dev | vices |                       |
| Other                    |       |                       |
|                          |       |                       |

Many post-secondary schools have financial aid available such as scholarships, student loans and grants. Talk to your guidance counselor about the possibility of getting help to pay for post-secondary education.



WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

Are there any charges for services?  $\hfill\square$  . Yes  $\hfill\square$  . No

If yes, how much are they and what do they cover?

#### WHERE WILL I WORK? WHAT WILL I DO?

Deciding what kind of work you want to do is one of the most important parts of transition planning.

Going to work immediately after high school may not be the best choice for you. However whether you choose to go on to school, get vocational training or go right to work, another option is to explore AmeriCorps. AmeriCorps is national service. It gives young people an opportunity to give back to their community by serving others. In exchange for this service you will receive a living allowance and an education award that can be used by you to attend school or training. It also gives you an opportunity to explore your likes and dislikes in different fields that you may be interested in working. Whichever you choose, you will still need to think about the job or career which you would like to have as an adult. These questions and checklists should help you begin to make these plans.

## WHERE WILL I WORK? WHAT WILL I DO?



Date

| I prefer to work                   | Alone<br>With a few people<br>With lots of people |
|------------------------------------|---|
| I would like to work               | Indoors<br>Outdoors                               |
| I like this type of work           | Seated<br>Active                                  |
| I would like to work<br>during the | Day<br>Night                                      |

Do I know what kind of work I would like to do?

If yes, what kind of work is that?

Why would I like to do this?

## WHERE WILL I WORK? WHAT WILL I DO?



| Date      |                 |           |               |          |       |        |     |  |
|-----------|-----------------|-----------|---------------|----------|-------|--------|-----|--|
| Have I a  | Iready done w   |           |               | Yes      |       | No     |     |  |
| Did I en  | joy it? Why o   | r why n   | 043           |          |       |        |     |  |
| What ki   | nd of work wo   | uld I lik | e to try now  | ?        |       |        |     |  |
| What do   | I need to lea   | rn in or  | der to get t  | his job? |       |        |     |  |
| How will  | I get to work   | ?         |               |          |       |        |     |  |
|           | Walk            |           | Car           |          | Drive | e myse | elf |  |
|           | Taxi            |           | Bike          |          | Bus   |        |     |  |
|           | Assisted        | transpo   | rtation       |          | Othe  | er     |     |  |
| Will I ne | ed any of the   | se?       |               |          |       |        |     |  |
|           | Driver's t      | raining   |               |          | A ca  | n      |     |  |
|           | A driver's      | s license | 2             |          | Car i | nsurai | nce |  |
| Have I e  | ver been test   | ed on m   | y work skills | 5        |       |        |     |  |
| and inte  | rests (a vocati | onal ass  | sessment)?    |          | Yes   |        | No  |  |
| Have I e  | ver filled out  | a job ap  | oplication?   |          | Yes   |        | No  |  |
| Do I hav  | e a resume?     |           |               |          | Yes   |        | No  |  |
| Have I e  | ver been inter  | rviewed   | for a job?    |          | Yes   |        | No  |  |



## WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?     |           | Yes       | No |
|---|-----------|-----------|----|
| If yes, how much are they and who       | it do the | ey cover? |    |
| Is there a waiting list?                |           | Yes       | No |
| Are there others who may be able to hel | o you? _  |           |    |

## WHAT ABOUT FRIENDS AND RECREATION?



#### Date

As you go on your journey, you will want to have some fun; there will be new places to see and things to do. In the same way, as you become an adult, you will meet new people and make new friends. You will have more time to use as you wish. You will make decisions about whether or not you will get married and whether or not you will have children.

Life is better when we share it with family and friends. You may have questions about how to be a good friend and get along with people. You will make decisions about your free time and how you wish to spend it. There are many possibilities for using your time. These questions may help.

What makes me a good friend?

What kinds of things do I like to do for fun at home?

in the community?

at school?

What are my interests?

- Visiting friends
- Participating in sports
- Other:

- Going to the movies
- Watching sports activities

## WHAT ABOUT FRIENDS AND RECREATION?



#### Date

| What are m   | y hobbies?            |         |                 |         |         |               |
|--------------|-----------------------|---------|-----------------|---------|---------|---------------|
|              | Doing crafts          |         | Making music    | :       |         | Photography   |
|              | Collecting things     |         | Cooking         |         |         | Gardening     |
|              | Playing video game    | S       |                 |         |         |               |
|              | Other:                |         |                 |         |         |               |
|              |                       |         |                 |         |         |               |
| How do I lik | ke to spend my free   | time?   |                 |         |         |               |
|              | Alone                 |         |                 | With 1  | friend  | 5             |
|              | With family           |         |                 | With a  | organiz | zed groups    |
| Will I need  | help to participate i | n any o | of the free-tin | ne acti | vities  | I want to do? |
|              | Yes 🛛                 | No      |                 |         |         |               |
| What kind o  | of help will I need?  |         |                 |         |         |               |

Would I like more information on activities which are going on at:

- □ The libraries □ The theaters
- The sports arenas
- The parks

- A church, synagogue or temple
- Other

| WHAT ABOUT FRIENDS AND REC                         | CREATI |                       |      |
|--|--------|-----------------------|------|
| Date   |        |                       |      |
| Have I used public transportation?                 |        | Yes                   | No   |
| Have I volunteered?                                |        | Yes                   | No   |
| If so, what did I do there?                        |        |                       |      |
| Do I have someone to talk to about<br>my feelings? |        | Yes                   | No   |
| Who?   | /      | Ph                    | <br> |
|  | /Pł    | 1                     | <br> |
| Do I want to get married?                          |        | Yes<br>No<br>Not sure |      |
| Do I want to have children?                        |        | Yes<br>No<br>Not sure |      |



WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?     |           | Yes       | No |
|---|-----------|-----------|----|
| If yes, how much are they and who       | it do the | ey cover? |    |
| Is there a waiting list?                |           | Yes       | No |
| Are there others who may be able to hel | o you? _  |           |    |



## WHAT WILL I DO WITH MY MONEY?

#### Date

Being independent takes money. Someone has to pay for your food, housing, clothing, and transportation. Just as you need to plan for your spending on a trip, you will need to plan your spending for daily living expenses. The following questions may help you make those plans. You may want to discuss them with your family or your teachers.

How much money will I need for:

| Recreation | \$ |
|------------|----|
|------------|----|

Food \$\_\_\_\_\_

| Transportation | \$ |
|----------------|----|
|----------------|----|

- Clothing \$\_\_\_\_\_
- Health care \$\_\_\_\_\_
- Utilities \$\_\_\_\_
- Other \$\_\_\_\_
- Other \$\_\_\_\_

TOTAL \$\_\_\_\_\_



#### Date

Where will I get the money I need?

Family

- Job 🛛 State or federal support
  - Supplemental Security Income
- Other kinds of assistance
- Supplemental Security Disability Income

Do I know how to do these things?

Make change Balance a checkbook Pay bills Save money Open a bank account Budget Write a check Pay taxes 

| Will I ne | eed financia | l help | when I | leave school? |  | Yes |  | No |
|-----------|--------------|--------|--------|---------------|--|-----|--|----|
|-----------|--------------|--------|--------|---------------|--|-----|--|----|

If yes, you need to ask for information about federal, state and local support programs such as Supplemental Security Income (SSI), Plan for Achieving Self Sufficiency (PASS, which is a subsection of SSI), Medicaid and others which may help you.



WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

Are there any charges for services?  $\hfill\square$  . Yes  $\hfill\square$  . No

If yes, how much are they and what do they cover?



## HOW WILL I STAY HEALTHY?

#### Date

When you were a child, your parents took care of your health needs. As you grow older, there are many things you can begin doing to take care of yourself. To stay healthy you will need information about the doctors, dentists, and other professionals who take care of you. Many people have more than one doctor. You may want to keep a record of them.

| Do I have a doctor?                                      |          | Yes |                     | No |             |                |
|--|----------|-----|---------------------|----|-------------|----------------|
| Name:  |          |     |                     |    |             |                |
| Address:   |          |     |                     |    | <del></del> |                |
| Phone number:  |          |     |                     |    |             |                |
| Do I have a dentist?                                     |          | Yes |                     | No |             |                |
| Name:  |          |     |                     |    |             |                |
| Address:   |          |     |                     |    |             |                |
| Phone number:  |          |     |                     |    |             |                |
| When I go to the doctor o<br>what I need to do to stay h |          |     | k question<br>D Yes |    | •           | alth and<br>No |
| Do I understand what they                                | tell me? |     | Yes                 |    | No          |                |

## HOW WILL I STAY HEALTHY?



| Date |
|------|
|------|

| Do I have a medical condition which requires ongoing treatment? |                |         |        |          |        |         |            |              |
|---|----------------|---------|--------|----------|--------|---------|------------|--------------|
| -   | 163            |         | INU    |          |        |         |            |              |
| If yes  | s, what is the | at cond | ition? |          |        |         |            |              |
|   |                |         |        |          |        |         |            |              |
| What  | kinds of tre   | atment  | do I r | need?    |        |         |            |              |
|   | Medication     |         |        | Diet     |        |         | Ongoing do | octor visits |
|   | Other          |         |        |          |        |         |            |              |
| Who d   | can help me v  | with my | healt  | h needs  | ?      |         |            |              |
| Whicl   | h non-family   | membe   | r woul | d I cont | act in | n an en | nergency?  |              |
|   | Name:          |         |        |          |        |         |            |              |
|   | Address:       |         |        |          |        |         |            |              |
|   |                |         |        |          |        |         |            |              |
| Phone number:   |                |         |        |          |        |         |            |              |
| Do I carry medical information                                  |                |         |        |          |        |         |            |              |
|   | ne at all time |         |        |          |        | Yes     |            | No           |
| You should always carry a card with you which list:             |                |         |        |          |        |         |            |              |

- 1. The name, address, and phone number of your emergency contact;
- 2. A list of medications you are currently taking; and
- 3. The name of your health insurance company.



## HOW WILL I STAY HEALTHY?

| Date                                   |                           |          |         |       |      |     |    |
|--|---------------------------|----------|---------|-------|------|-----|----|
| Do I have health i                     | nsurance?                 |          | Yes     |       | No   |     |    |
| How long will I be                     | covered und               | der this | insurc  | ance? |      |     |    |
| Will I need to insu                    | ure myself a              | fter I · | turn 18 | \$?   |      | Yes | No |
| How will I do that                     | ?                         |          |         |       |      |     |    |
|  |                           |          |         |       |      |     |    |
|  |                           |          |         |       |      |     |    |
| Do I take any med                      | lications?                |          |         |       |      | Yes | No |
| Do I know the tim<br>the amount to tak |                           | •        |         | 3,    |      |     |    |
| by myself without                      |                           |          |         |       |      | Yes | No |
| Do I have an exer                      | cise plan?                |          |         |       |      | Yes | No |
| What kinds of exe                      | ercise do I l<br>Swimming | ike to d | ?0      | Aero  | bics |     |    |
|  | Walking                   |          |         | Runn  | ing  |     |    |
|  | Other                     |          |         |       |      |     |    |



## WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?      |          | Yes       | No |
|--|----------|-----------|----|
| If yes, how much are they and what       | t do the | ey cover? |    |
| Is there a waiting list?                 |          | Yes       | No |
| Are there others who may be able to help | you? _   |           |    |

## WHERE WILL I LIVE?



#### Date

You will have choices to make about the place you will live. On a trip you might choose a motel, a hotel, a campground or the home of relatives or friends. As an adult, you will have more independence and will have other choices to make such as your own home, an apartment, a group home, or a place where people will help me. You need to think about the kind of place you would like to live and the people you would like to have living with you.

I would like to live:

| Alone                    |        | With friends or roommates     |
|--------------------------|--------|-------------------------------|
| With my family           |        | With other relatives          |
| In a group home (a place | with o | others who have disabilities) |
| With a spouse (husband,  | wife,  | partner)                      |
| Other                    |        |                               |
|                          |        |                               |

Will I need a supported living arrangement?  $\Box$  Yes  $\Box$  No

What kinds of living skills such as personal care, cooking, cleaning and shopping do I do now?

What kinds of living skills, such as personal care, cooking, cleaning and shopping do I need to learn?

To live on my own I will need:



WHERE WILL I LIVE?

Date

How would I find a place to live?

What help would I need to do this?

Will the place I live in need to be accessible?  $\Box$  Yes  $\Box$  No

There are many possible accommodations which may be made. Some examples are ramps, special height counters, lighted doorbell signals, special door handles, technical assistance devices, and hand rails. List below what you may need in order to live more independently.





## WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?     |           | Yes       | No |
|---|-----------|-----------|----|
| If yes, how much are they and who       | at do the | :y cover? |    |
| Is there a waiting list?                |           | Yes       | No |
| Are there others who may be able to hel | p you? _  |           |    |

### WHAT ARE MY RIGHTS AND RESPONSIBILITIES?

People in the United States have many rights which are guaranteed to them by the laws of our country. One of these laws is the Individuals with Disabilities Education Act (IDEA) which gives certain rights to all students with disabilities ages three through 21. Under this law, you have the right to a free appropriate public education which includes the transition planning which this handbook talks about.

There are other laws such as the Americans with Disabilities Act (ADA) which also apply to individuals with disabilities. As both a student and an adult, you have rights under the ADA as well as FERPA (Federal Education Rights and Privacy Act), Section 504 of the Rehabilitation Act and the Vocational Rehabilitation Act.

All of us have the right to choose where we will live, what kind of work we will do, who we will see and who we will live with. These are guaranteed by our laws and Constitution.

We also have responsibilities. We must obey the laws of our country which require us to pay our taxes and obey traffic rules.

At least one year before you reach the age of 18 you must receive a written statement which tells you that the rights your parents now have will transfer to you when you reach the age of 18.

As an adult, you will have the same rights as any other person.

Having a disability does not change or lessen your rights under the law. You have the right to vote, the right to enter a public building, the right to use a public restroom, and the right to a minimum wage for your work.

# Because you have rights, you also have responsibilities.

You are responsible for speaking up for yourself in an appropriate manner, just as you expect others to speak to you. You have the right to speak up when you do not like something. You need to learn how to do so without becoming angry. You have a responsibility to learn about the choices which you can make and then try to make the best ones for you.

# > When you become an adult, you will have a right to certain information which others have about you.

You are entitled to have copies of this information, to participate in meetings where decisions are made about your program and life, and to have your questions answered.

# > You and your parents have a right to privacy and confidentiality.

Except under very limited circumstances, schools, doctors, and other agencies cannot share information about you with others unless you or your parents have given permission by signing a consent form that explains why they will share the information and with whom.

### > You and your parents have a right to due process.

If you disagree with the educational program offered

to you, you or your parents have a right to have a due process hearing. You have a right to tell your side of the story

## > You and your parents have a right to notice.

You must be informed of your rights and meetings must be scheduled at a time which is convenient for both you and the school.

# When you become 18, the law says you are a legal adult.

If you are a male, you must register for the draft with the Selective Service, regardless of disability. You can also register to vote when you become 18 and are also expected to represent yourself in legal matters. Legal matters include things like renting an apartment, getting a loan, signing a contract or being admitted to a hospital.

When you reach 18, your parents are no longer legally responsible for you. You are responsible for yourself.

There may be times, however, when you need your parents to help with some legal responsibilities such as signing medical releases, handling your finances, or conducting personal business in your name. If someone else is going to represent you, they must have the legal right to do so. There are several options for choosing someone to represent you. You may contact the Legal Aid Society of Hawai'i, the Hawai'i Disability Rights Center or the Hawai'i State Bar Lawyer Referral Service to obtain the name of an attorney or advocate who can help you.



Things I might want more information about:

- Registering to vote
- □ Living wills
- Power of attorney

- I Guardianship
- Trusts and wills
- Legal assistance

Conservatorship

Advocacy

As an adult, you will need to speak up for yourself. When you do this, you are being a "self-advocate." Good self-advocates are informed about the topic. They speak calmly and clearly. They listen while others speak and consider the importance of what they are hearing.

| Am I able to act as my own advocate at this time? 🛛 Yes |  | No |
|---|--|----|
|---|--|----|

IF the answer is No, Who can I get to assist me with my plans?

What do I need to help me become a better self-advocate?

- Training and practice
- More opportunities to make choices
- □ Support group
- Other:

If I had a problem with a teacher, an employer, a family member or someone I had done business with, who would I ask for help?

/Ph.\_\_\_\_

If I needed help in understanding my rights and responsibilities, who would I go to for help?\_\_\_\_\_\_/Ph.\_\_\_\_\_



## WHO CAN HELP ME?

Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?      |          | Yes       | No |
|--|----------|-----------|----|
| If yes, how much are they and wha        | t do the | ey cover? |    |
| Is there a waiting list?                 |          | Yes       | No |
| Are there others who may be able to help | o you?   |           |    |

### HOW DO I GET INFORMATION?

When you get ready to go on a trip, you gather information about the places you want to visit. You may talk to friends who have been to the same place. You get information about bus, train or plane schedules; about places to stay and how much that will cost; about how long it will take to get there and what the weather might be like when you arrive. After you put the information together, you make decisions about your trip.

It is the same with transition planning. All through your life, people have been learning about you. Your family has information; so does the school; so do doctors and others who have worked with you. There are tests, letters, evaluations, reports, assessments and IEPs. This information has been used to make choices about the classes you take and the services you receive. At times during your life you will need various types of information. Gathering the information listed on the following page will be useful to you in the future.

Ask someone to help you organize this information. You will need to have your school records, medical records, family information and work history. You should place copies of these records in your notebook with this guide. Dividers will keep the information organized and easy to find.

## IMPORTANT RECORDS AND PAPERS

## Date

Some of the records which you may need are: Personal records including:

- Birth certificate
- Social Security Card
- □ Family information
- Developmental history (when you first walked, talked, rode a bike, etc.)
- Residential history (where you have lived, the

support and supervision you need)

 Records from agencies that are providing you with services, especially those that show that you meet their eligibility requirements

Medical records including:

- Names and addresses of doctors, dentists and therapists
- Immunization record
- Dates and results of any surgeries or medical procedures
- Specialist and therapist reports

Educational records including:

- □ Copies of IEPs
- Educational assessment reports
- □ School progress reports and report cards

Vocational information including:

- Reports from vocational assessments
- Vocational courses taken
- □ Work record, including dates, contact persons and telephone numbers.
- □ Letters of reference
- □ Your resume



## WHAT DO I DO WITH THE INFORMATION?

The information you put together about the trip helped you decide where and when you were going, how you were going to get there, who was going with you and what you wanted to see when you got there.

The information you have gathered in this handbook can be used in the same way. It can guide you in decisions about where you want to work and what kind of work you want to do; what you must learn and do to get that kind of job; what you will do with your free time and even who is going to live with you. If you do not understand some of the information, ask someone you trust for help. Your family and teachers are probably very familiar with the information. Now **you** need to be familiar with it.

Records can help in different ways:

- They can help you understand what has worked for you in the past and what might work for you in the future,
- They can alert you to situations or choices which may be dangerous for you, and
- > They can let you know if your plans are working.

While you are in school, you receive services which are required under the Individuals with Disabilities Education Act. This will change when you graduate from high school. Then you will no longer automatically receive services. You will have to apply for the services which you will need. You will have to show that you meet the agency's requirements before you can receive their services. Your transition planning book will help you do that.

## WHAT IS MY ROLE ON THE TEAM?

Transition planning in Hawaii is done as a part of the Individualized Educational Program (IEP) and you should be invited to attend any IEP meeting where your transition plan will be developed. Your parents or guardian will also be a part of this team. Your interests and preferences must be considered when the team makes decisions about transition services.

Your role on the team is to be a self-advocate. This means using the information you have gathered to tell the team what you would like to have in your transition plan.

The information you have gathered by using this handbook will help you prepare for the IEP meeting. By reading this book, answering the questions, completing the checklists and organizing your records you have already begun to take some of the steps necessary to become an active and responsible member of the team.

You have already begun to:

- think about what you want for your future
- take a look at yourself
- > think about your goals and what you need to do to reach them
- look at the resources you may need after graduation if you are going to be independent
- gather your records and other information about yourself
- learn about programs, services, and resources you may be able to use
- learn about your rights and responsibilities
- learn ways to speak up, to be a self-advocate
- increase your ability to manage your own life.

## WHO ELSE IS ON THE TEAM?

- > your family,
- your teachers and other school representatives, and
- representatives from agencies which provide transition services that you need.

You may also invite other people who might be helpful such as other relatives, a friend, advocate, employer or neighbor. Anyone you think has important information or who can help you plan for transition can be invited to the IEP meeting.

The school is responsible for inviting agency representatives. However, you may ask the school to invite a certain agency when you believe that agency provides services which you will need in transition.

## WHEN AND WHERE WILL THE MEETING BE HELD?

The school should work with you and your family to make arrangements for the meeting. The school **must** send a notice which contains the date, time and place you have agreed upon for the meeting. If you cannot attend at the time that is on the notice, write or call and arrange for the meeting to be held at a mutually agreeable time and date.



Here are some suggestions of things you might do before the meeting. Check them off as you complete each task.

- □ Invite the people you want to help you.
- Review what you have written in this handbook. Practice talking about the things that are important to you.
- □ Make notes about any questions you want to ask, either by writing them down or by tape recording them.
- □ Review your IEP from last year as well as previous transition plans.
- □ Ask the school for any special help you may need at the meeting, such as an interpreter or note taker.
- □ Write main points on 3 by 5 inch cards to make it easier for you to remember them.
- □ Practice with friends or family.

## WHAT SHOULD MY TRANSITION MEETING BE ABOUT?

Your transition planning meeting should be about your dreams and your goals for the future. Bring this workbook with you to the transition meeting and discuss it with the team. It will help you as you prepare your plan. There are four main activities that should take place at your IEP meeting where transition planning is discussed:

- 1. Information is reviewed.
- 2. Goals and objectives are developed.
- 3. Problems and possible solutions are identified.
- 4. Choices and decisions are made.

At the beginning of the meeting, you and the other team members will look at all the information in your records. This is also an appropriate time to discuss the information you have gathered in this notebook. This information will focus on your goals and dreams for your future. It will give direction to the goals and objectives which will be developed in your transition plan.

Other information you and the other team members will need to review includes:

- > your past IEP and transition plan
- any new reports, assessments, or evaluations from the school or other agencies
- any new letters or reports from other important people such as doctors and therapists

The team will focus on what you need to do to prepare for your future during the years you are still in high school. These will be your new IEP goals. For each goal, the team will decide on steps needed to accomplish that goal. These steps are your IEP objectives.

The areas of your life that you and other team members could talk about as you write transition goals and objectives include:

- education, including high school and post-secondary
- > employment
- recreation and leisure activities
- social and personal skills
- independent living choices
- health and medical issues

The transition plan may cover several years and include many goals. If it does, you and the other team members will need to prioritize your goals. You will decide which goals are most important to work on now and which ones can be worked on in later years.

By the end of the meeting, your transition plan should be clear. You and the rest of your team should know where you are going, how you are going to get there, and what kind of help you will need. Everyone on the team should help with the decisions, but you should be the main person who decides. **After all, it is your life**.

Sometimes in decision-making, people disagree. You may wish to ask for a recess in the meeting or to have another person join the group who may be able to help the members of the team come to agreement. The best way to make decisions is to listen to all of the opinions and then choose what you believe is best for you. Important points to remember in problem solving and decision making are:

- Always look at more than one choice. Be creative. Don't be afraid to dream. Do not get stuck on the way it has always been.
- Think hard about all the possibilities. Look at the good and bad side of each choice and imagine what might happen if you choose it. Ask others on the team what they think might happen.
- Find ways to do what you really want to do. Do not drop an idea just because someone says it cannot be done. Find out who and what else can help you.
- Realize that there are always risks. If you choose to do something that you have never done before, it may be very hard to do. Sometimes you may fail. Be willing to try again or to try another way. And always remember that to fail is an opportunity to learn from the experience and to become a better person because of it.
- Always have another plan ready. Plan ahead. It is always good to plan with a "WHAT IF". If one thing does not work out have another plan ready.

## WHO CAN HELP ME?



Date

Name of person, program or agency:

Address and phone number:

What programs and services does this agency offer?

What are the eligibility requirements?

| Are there any charges for services?      |          | Yes      | No |
|--|----------|----------|----|
| If yes, how much are they and what       | t do the | y cover? |    |
| Is there a waiting list?                 |          | Yes      | No |
| Are there others who may be able to help | you? _   |          |    |



## HOW DID MY IEP MEETING GO?

#### Date

You worked hard to get ready for the IEP meeting by learning to speak up for yourself and be a good team member. After the meeting is over, look at the following checklist to help you decide if the meeting went well.

| Yes | No |  |
|-----|----|--|
|     |    | Were all the people you wanted at the meeting?               |
|     |    | Were you introduced to everyone that you did not know?       |
|     |    | Did you get to ask questions?                                |
|     |    | Were your questions answered?                                |
|     |    | Did other team members ask you what you thought?             |
|     |    | Did you use the information which you have gathered in       |
|     |    | this book?   |
|     |    | Did you get to talk about the things you like to do and what |
|     |    | you want for the future?                                     |
|     |    | Did the other team members listen to what you had to say?    |
|     |    | Did you and your family, friends and advocates help decide   |
|     |    | on the things that were written into your transition plan?   |
|     |    | Does your plan have goals for all the things that you think  |
|     |    | are important?   |
|     |    | Near your plan ray when easily should be completed?          |

- Does your plan say when goals should be completed?
- Do you like your transition plan?



What goals will you work on this year?

What did you like best about the meeting?

What do you wish had been different about the meeting?

If you checked a lot of "Yes" boxes on the previous page, your transition plan should be just what you wanted.

If you checked a lot of "No" boxes on the previous page, then perhaps the meeting did not go as well as you had hoped. Perhaps there are areas you have questions about or need more information about. You need to talk with your parents and the school team to let them know there are areas which need work.



Your IEP must be reviewed every year. Your transition plan will also be discussed as a part of your IEP. The team should ask several questions:

- > Is progress being made on the goals and objectives?
- > Are all the services and resources listed in the plan being provided?
- Has anything about you changed? Have your experiences during the year changed the direction you want to take?
- Does the plan need to be changed? Do goals and objectives need to be added? Do you need other services and resources?
- Is the agency helping you get the services you will need when you graduate?

You should also look at your plan often, about every six months, until you graduate, and ask yourself the following questions:

| Yes | No |   |
|-----|----|---|
|     |    | Am I learning what I need to know to become more independent?   |
|     |    | Do I like the classes and/or training programs I am taking?     |
|     |    | Am I learning new things in my classes and/or training program? |
|     |    | Am I learning how to do things in the community?                |
|     |    | Am I learning how to be friends with and work with people?      |



As we have said before, planning for transition is just like planning for a trip. As you make changes in the destination, you make changes in the route you take to get there.

Are there changes would you like to make in your transition plan? If so, list them here:

If you checked a lot of "No" boxes on the previous page or had a lot of changes to make, then your transition plan may not be working for you. You may wish to ask for another meeting to discuss areas which are not going as well as you had hoped.

#### AGENCIES/RESOURCES

Finally, no one makes it alone in this world. You have listed agencies, programs and people who can help you as you worked through this workbook. Do not be afraid to ask them for help. It is NOT a sign of failure. It is a sign of growing up and knowing that we need other people to make it work.

You may need to contact various community agencies for help. Each community has different agencies. The phone numbers for those agencies are not listed in this handbook. We have, however, listed the phone numbers of some service agencies which can help you locate these other resources.

NOTE: If any of the following links no longer work please notify SILC at the following email address: <u>Silc@hisilc.org</u>.

## **State Agencies and Organizations**

#### State Department of Education: Special Education

Special Education Section Hawaii Department of Education 637 18th Avenue, Room C-102 Honolulu, HI 96816 (808) 733-4400 E-mail: <u>debrafarmer@notes.k12.hi.us</u>

#### Programs for Infants and Toddlers with Disabilities: Ages Birth through 2

Early Intervention Section Department of Health 1600 Kapiolani Boulevard, Suite 1401 Honolulu, HI 96814 (808) 973-9650 E-mail: <u>suebrown@mail.fhsd.health.state.hi.us</u>

#### Programs for Children with Disabilities: Ages 3 through 5

Special Education Section Department of Education 637 18th Avenue, Building C Honolulu, HI 96816 (808) 733-4838 E-mail: <u>Michael\_Fahey@notes.k12.hi.us</u>

#### **State Vocational Rehabilitation Agency**

Division of Vocational Rehabilitation Department of Human Services 601 Kamokila Boulevard, Room 515 Kapolei, HI 96707 (808) 692-7719 E-mail: <u>nshim@dhs.state.hi.us</u>

#### **Office of State Coordinator of Vocational Education**

Office of the State Director for Career and Technical Education University of Hawaii at Manoa Lower Campus Road Lunalilo Portable 1 Honolulu, HI 96822 (808) 956-7461 E-mail: <u>kjones@hawaii.edu</u> Web: <u>www.hawaii.edu/cte</u>

#### **State Mental Health Agency**

Adult Mental Health Division P.O. Box 3378 Honolulu, HI 96801 (808) 586-4770 E-mail: <u>lcfox@mail.health.state.hi.us</u>

#### State Mental Health Representative for Children

Child and Adolescent Mental Health Division Department of Health 3627 Kilauea Avenue, Suite 101 Honolulu, HI 96816 (808) 733-9333 E-mail: cmdonker@camhmis.health.state.hi.us

#### **State Mental Retardation Program**

Developmental Disabilities Division P. O. Box 3378 Honolulu, HI 96801 (808) 586-5840 E-mail: <u>ayusk@mail.health.state.hi.us</u>

#### **State Developmental Disabilities Planning Council**

State Council on Developmental Disabilities 919 Ala Moana Boulevard, Suite 113 Honolulu, HI 96814 (808) 586-8100 Web: <u>www.hawaii.edu/ddcouncil</u>

#### **Protection and Advocacy Agency**

Hawaii Disability Rights Center 900 Fort Street Mall, Suite 1040 Honolulu, HI 96813 (808) 949-2922; (800) 882-1057 (in HI) E-mail: <u>pahi@pixi.com</u> Web: <u>www.pixi.com/~pahi</u>

#### **Client Assistance Program**

Contact Hawaii Disability Rights Center listed above

#### **Programs for Children with Special Health Care Needs**

Children with Special Health Needs Branch Department of Health 741 Sunset Avenue Honolulu, HI 96816 (808) 733-9070 E-mail: plheu@mail.fhsd.health.state.hi.us

#### **State Agency for People with Disabilities**

Disability and Communication Access Board 919 Ala Moana Boulevard, Room 101 Honolulu, HI 96814-4920 (808) 586-8121 (V/TTY) E-mail: <u>accesshi@aloha.net</u> Web: <u>www.state.hi.us/health/dcab/</u>

#### **State Education Agency Rural Representative**

Office of Information Technology Services P.O. Box 2360 Honolulu, HI 96804 (808) 586-3307 (V/TTY) Web: <u>http://doe.k12.hi.us</u>

#### **Regional ADA Technical Assistance Agency**

Pacific Disability and Business Technical Assistance Center 2168 Shattuck Avenue, Suite 301 Berkeley, CA 94704-1307 (800) 949-4232 (V/TTY) E-mail: <u>adatech@pdbtac.com</u> Web: <u>www.pacdbtac.org</u>

#### University Centers for Excellence in Developmental Disabilities

(formerly University Affiliated Programs) Center on Disability Studies University of Hawaii at Manoa 1776 University Avenue, UA 4-6 Honolulu, HI 96822 (808) 956-5011 Web: <u>http://cds.hawaii.edu</u>

#### **Technology-Related Assistance**

Assistive Technology Resource Centers of Hawaii 414 Kuwili Street, Suite 104 Honolulu, HI 96817-5050 (808) 532-7110 (V/TTY) E-mail: <u>atrc@atrc.org</u> Web: <u>www.atrc.org</u>

Aloha Special Technology Access Center, Inc. (Aloha STAC) 710 Green Street Honolulu, HI 96813 (808) 523-5547

#### **State Mediation System**

Hawaii Department of Education Special Education Section 637 18th Avenue Honolulu, HI 96816 (808) 733-4836 Web: <u>http://doe.k12.hi.us</u>

## **Disability-Specific Organizations**

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) 8181 Professional Place, Suite 201 Landover, MD 20785 (301) 306-7070 (800) 233-4050 (Voice mail to request information packet) E-mail: <u>national@chadd.org</u> Web: <u>www.chadd.org</u> National Attention Deficit Disorder Association (ADDA)

National Attention Deficit Disorder Association (ADDA) 1788 Second Street, Suite 200 Highland Park, IL 60035 (847) 432-2332 E-mail: mail@add.org Web: www.add.org

#### Autism

Autism Society of Hawaii P.O. Box 2995 Honolulu, HI 96802 (808) 595-3672 Web: webdata.soc.hawaii.edu/autism/

#### **Brain Injury**

Brain Injury Association of Hawaii 1775 S. Beretania, Room 203 Honolulu, HI 96826 (808) 941-0372 E-mail: <u>biahi@cchono.com</u>

#### **Cerebral Palsy**

United Cerebral Palsy Association of Hawaii 414 Kuwili Street, Suite 105 Honolulu, HI 96817 (808) 532-6744 E-mail: <u>ucpa@DiverseAbilities.org</u> Web: <u>www.ucpahi.org</u>

#### Epilepsy

Epilepsy Foundation of Hawaii, Inc. 245 N. Kukui Street, Suite 207 Honolulu, HI 96817 (808) 528-3058; (866) 528-3058 E-mail: <u>efh@hawaiiepilepsy.com</u> Web: <u>www.hawaiiepilepsy.com/efh</u>

#### **Hearing Impairment/Deafness**

Hawaii Services on Deafness Waikiki Community Center 310 Paoakalani Avenue, Room 201-A Honolulu, HI 96815 (808) 926-4763 (V/TTY) E-mail: <u>reimers@hsod.org</u> Web: <u>www.hsod.org</u>

Gallaudet University Regional Center Kapiolani Community College 4303 Diamond Head Road Honolulu, HI 96816 (808) 734-9210 (V/TTY) E-mail: <u>bridenba@hawaii.edu</u> Web: <u>http://gurc.gallaudet.edu/pacific-gurc.html</u>

#### **Learning Disabilities**

Learning Disabilities Association of Hawaii 200 N. Vineyard Boulevard, Suite 310 Honolulu, HI 96817 (808) 536-9684 (V/TTY); (800) 533-9684 E-mail: LDAH@gte.net

#### **Mental Health**

Mental Health Association in Hawaii 200 N. Vineyard Boulevard, Suite 300 Honolulu, HI 96817 (808) 521-1846 E-mail: <u>mha@i-one.com</u> Web: <u>www.mhahawaii.org</u>

NAMI-OAHU 770 Kapiolani Boulevard, Suite 613 Honolulu, HI 96813 (808) 591-1297 E-mail: <u>mpoir14016@aol.com</u>

#### **Mental Retardation**

The Arc in Hawaii 3989 Diamond Head Road Honolulu, HI 96816 (808) 737-7995 E-mail: <u>info@thearcinhawaii.org</u> Web: <u>www.thearcinhawaii.org</u>

#### **Speech And Hearing**

Hawaii Speech-Language-Hearing Association P.O. Box 235850 Honolulu, HI 96853-3514 (808) 528-4742 Web: <u>www.hsha.org</u>

#### **Visual Impairments**

American Foundation for the Blind-West 111 Pine Street, Suite 725 San Francisco, CA 94111 (415) 392-4845 E-mail: <u>sanfran@afb.org</u> Web: <u>www.afb.org</u>

## **Organizations Especially for Parents**

#### Hawaii Families as Allies (HFAA)

Hawaii Families as Allies 99-209 Moanalua Road, Suite 305 Aiea, HI 96701 (808) 487-8785 E-mail: <u>hfaa.ohana@verizon.net</u>

#### Parent Training and Information Center (PTI)

Assisting With Appropriate Rights in Education (AWARE) 200 N. Vineyard Boulevard, Suite 310 Honolulu, HI 96817 (808) 536-9684 (V/TTY); (808) 536-2280 (V/TTY) E-mail: LDAH@gte.net

#### **Parent-To-Parent**

Special Parent Information Network (SPIN) 919 Ala Moana Boulevard, Suite 101 Honolulu, Hawaii 96814 (808) 586-8126 (V/TTY) E-mail: <u>accesshi@aloha.net</u> Web: <u>http://spinhawaii.org</u>

#### Parent Teacher Association (PTA)

Hawaii Congress of Parents, Teachers, and Students P.O. Box 30254 Honolulu, HI 96820-0054 (808) 834-7872; (877) 834-7872 E-mail: <u>hi\_office@pta.org</u> Web: <u>www.hawaiiptsa.org</u>

## **Other Disability Organizations**

Easter Seals Hawaii 710 Green Street Honolulu, HI 96813 (808) 536-1015; (808) 536-1015 (TTY) E-mail: <u>info@EasterSealsHawaii.org</u> Web: <u>www.eastersealshawaii.org</u>

Hawai'i Center for Independent Living 414 Kuwili St., #102 Honolulu, Hawaii 96817 (808) 522-5400 (Voice); (808) 522-5415 (TTY) E-mail: pl@pacificil.org Web: www.hcil.org

#### **Real Choices**

Computer access to Disability and long-term care information Web: <u>http://realchoices.org</u>

# Workforce Investment Act (WIA)

The Workforce Invest Act (WIA), the first major reform of the nation's job training system in over 15 years, was signed into law by President Bill Clinton on August 7, 1998 and went into effect July 1, 2000.

The purposes of WIA are to give American workers the chance to equip themselves with the skills and information needed to compete in the new economy and to help workers take responsibility for building a better future for themselves and their families.

WIA can be a wonderful resource to help you reach your educational or work goals. For information on how WIA can help you on your transition journey contact:

| County of Hawaii | <b>Big Island Workplace Connections, Hawaii Branch</b><br>180 Kinoole Street, Room 205<br>Hilo, Hawaii 96720<br>Tel: (808) 974-4126 |
|------------------|---|
|                  | Big Island Workplace Connections, Kona Office   |
|                  | 74-5565 Luhia Street  |
|                  | Kailua-Kona, Hawaii 96740   |
|                  | Tel: (808) 327-4770   |
|                  | Big Island Workplace Connections, Hamakua Office  |
|                  | 45-3380 Mamane Street   |
|                  | Honokaa, Hawaii 96727   |
|                  | Tel: (808) 775-8886   |
|                  | Fax: 775-8888   |
| County of Kauai  |   |
|                  | Workforce Development Division, Kauai Branch  |
|                  | 3100 Kuhio Hwy., #C-9   |
|                  | Lihue, Hawaii 96766   |

Tel: (808) 274-3056 Web site: <u>www.workwisekauai.com</u> Email: <u>info@workwisekauai.com</u>

#### County of Maui

Workforce Development Division, Maui Branch 2064 Wells Street, #108 Wailuku, Hawaii 96793 Tel: (808) 984-2091

Workforce Development Division, Kaunakakai Office 55 Makaena Street Kaunakakai, Hawaii 96748

Tel: (808) 553-1755

### City & County of Honolulu

## Oahu WorkLinks One-Stop Center Dillingham Plaza 1505 Dillingham Blvd., Room 110 Honolulu, Hawaii 96817

Tel: 843-0733

## Oahu WorkLinks One-Stop Center Honolulu Office 830 Punchbowl St., Room 112

Honolulu, Hawaii 96813 Tel: 586-8700

## Oahu WorkLinks One-Stop Center Kaneohe Office

45-1141 Kamehameha Hwy. Kaneohe, Hawaii 96744 Tel: 233-3700

Oahu WorkLinks One-Stop Center Makalapa Community Center in Aiea 99-102 Kalaloa Street, 2nd Floor Aiea, Hawaii 96701 Tel: 488-5630

Oahu WorkLinks One-Stop Center Waialua Shopping Center 67-292 Goodale Avenue Waialua, Hawaii 96791 Tel: 637-6508

Oahu Work\Links One-Stop Center Waianae Neighborhood Community Center 85-670 Farrington Hwy., Room 6 Waianae, Hawaii 96792 Tel: 696-7067

## Oahu WorkLinks One-Stop Center Waipahu Civic Center

94-275 Mokuola Street, Room 300 Waipahu, Hawaii 96797 Tel: 675-0010

Also:

Kapolei Resource Center 601 Kamokila Blvd., Room 588 Kapolei, Hawaii 96707 Tel: 692-7630

If you have access to the internet you can explore the various programs offered under the WIA at the following site:

http://www.state.hi.us/dlir/rs/loihi/CRCS/WIA\_ALLPROV.HTM

This workbook can be viewed or downloaded from the SILC Internet Homepage at: www.hisilc.org

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