**Adult Student Agreement to Participate**

(for students 18 and over)

I understand that the Youth Transition Program (YTP) can provide instruction, planning, and job training for competitive employment while I am in high school. A Transition Specialist can offer follow-up support services for at least one year after I leave high school. I understand that the YTP will work with me and the Office of Vocational Rehabilitation Services (OVRS) to help me decide on specific services.

I understand that information about me will be gathered during high school and for at least one year after high school. The information that will be gathered can include academic records, Special Education or IEP information, medical records (including substance abuse if applicable), job experiences and skills, community living experiences, social skills and more. This information will be used to assist me in obtaining adult services that will help me achieve competitive employment.

I understand that the YTP is a program offered by (Your district information here

) and the office of Vocational Rehabilitation Services. The YTP will also work closely with the University of Oregon to gather the data necessary to evaluate how well the program is working. I understand that I will have the same rights under federal and state rules and regulations as I would for any special education or vocational rehabilitation program.

I understand that my participation is voluntary and I can stop participating any time I choose. If I want to quit participating in YTP it will NOT affect any application to OVRS at a later date nor will it affect my participation in any school programs.

I have signed the Authorization to Use and/or Disclose Educational and Protected Health Information form and have received a copy.

**I have read and understand the above information and:**

\_\_\_\_\_ would **like** to participate in the Youth Transition Program (YTP)  
  
\_\_\_\_\_ **do not** want to participate in the Youth Transition Program (YTP)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date