**YTP Agreement to Participate**

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

I understand that information about my child 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 my student in obtaining adult services that will lead competitive employment.

I understand that the YTP is a program offered in the high school by the Linn-Benton-Lincoln Education Service District 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 my son or daughter will have the same rights under federal and state rules and regulations as for any special education or vocational rehabilitation program.

I understand that participation is voluntary and my child can stop participating any time I choose. If I decide not to have my son or daughter participate in YTP it will NOT affect any application to OBRS at a later date nor will it affect my student’s 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** my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Youth Transition Program (YTP)  
  
\_\_\_\_\_ **do not** want my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Youth Transition Program (YTP)

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Print Name Parent Signature

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Date