



2026 18-21 Transition Academy Checklist

Please note: All items on this checklist must be completed and submitted together for consideration to the 18-21 Transition Academy.

All Students:

- Completed application and assessment with signatures
- Photo of applicant
- Letter from current or past High School Case Manager describing the applicant's strengths, areas for improvement, accommodations currently receiving, and work experiences
- Copy of high school IEP
- Copy of official high school transcript
- Most recent psychological evaluation (i.e. Wechsler Intelligence Scale)
- Letter of recommendation from employer or high school teacher
- If a Division of Vocational Rehabilitation (DVR) Client:
 - Copy of Individual Plan of Employment – IPE
 - Copy of Functional Assessment Report – FAR
- If receiving waiver funding, the following is required:
 - IRIS, a copy of ISSP and IPE
 - Community Care or MyChoice Wisconsin-Member Centered Plan

Please mail all materials to:

Journey21
Attn: Heidi Hamilton
1671 Old School House Road
Oconomowoc, WI 53066

Questions? Please contact:

Heidi Hamilton
Enrichment Center Director
Heidihamilton@journey21.org
262-399-0102

2026 18-21 Transition Academy Application

Student Contact Information:

Name: _____
Date of Birth: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Primary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Information (Secondary):

Name: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

About the Applicant:

Diagnoses:	
Medical Conditions:	
Medications:	

2026 18-21 Transition Academy Application

Does the applicant have allergies? ☐ Yes ☐ No

If yes, please list what kind?

Medication:	
Food:	
Seasonal:	
Other:	

Does the applicant have a history of seizures? ☐ Yes ☐ No

Date of last seizure:	
Frequency:	
Type – what to expect:	
Response Protocol:	

Does the applicant have a special diet? ☐ Yes ☐ No If yes, please describe:

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Waiver/Funder Contacts:

What is your current waiver funding? ☐ IRIS ☐ CLTS ☐ MyChoice ☐ Community Care ☐ N/A

If you have waiver funding, please provide contact name for IRIS Consultant, Family Care Case Manager or CLTS Case Worker:

Name: _____

Work Phone: _____

Email: _____

Academic Levels:

Skills Area:	Grade Level or Age Level Equivalency:
Reading Skills:	
Math Skills:	
Writing Skills:	

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Education & Work History:

High School:

Name:	Dates Attended:

Has the applicant graduated from high school? ☐ Yes ☐ No If no, please indicate expected graduation date: _____

If still attending high school are all graduation requirements met? ☐ Yes ☐ No
If no, what requirements and classes still need to be met?

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Has the applicant ever been dismissed or suspended from any program? ☐ Yes ☐ No
If yes, please state the circumstances and date(s)?

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Did the applicant participate in an 18-21 program? ☐ Yes ☐ No If yes, please list the internships and work experiences in which the applicant participated in:

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Jobs or Volunteer Work Experiences:

Employer Name	Job Duty	Unpaid?	Paid?	Hrs/Wk?	Dates?
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Applicant Self-Assessment

Independent Living & Self Care

I was able to walk and find my classes in school <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I had one-one-one assistance while in high school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I do chores such as making my bed and taking out trash <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can read a digital clock and tell time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I take daily showers/baths without reminders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to handle money/make change <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can prepare a lunch or snack <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I currently feel like I eat healthy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can eat independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I exercise regularly, # of days a week	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need to be more active and would like an exercise plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I feel anxious or stressed often	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can do my own laundry <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have basic cooking skills <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Technology

I can type and use a computer keyboard <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft Word to create letters and documents <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft Excel to create spreadsheets <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use Microsoft PowerPoint to create flyers and presentations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use the computer to play games and listen to music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can use a cell phone to talk or text others <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use assistive technology to access computer programs/phones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I know how to email family and friends <input type="checkbox"/> with support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have an Instagram account or other social media accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant Self-Assessment & Signatures

Behavior & Communication

I have/had a Behavior Intervention Plan-BIP as part of my IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have/had a Functional Intervention Behavior Plan-FIB as part of my IEP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am sensitive to a noisy environment or bright lights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I use an appropriate tone of voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am comfortable starting a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give personal space to the people around me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I display appropriate behaviors in public	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If I don't understand directions, I ask for help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I need 2 or less prompts to stay on task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I become frustrated or anxious easily	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I interrupt and can dominate a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I can follow simple directions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a difficult time putting down my phone or tablet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I ask for help or speak up when I don't understand something	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Interests: I enjoy participating in the following activities (please check all that apply):

<input type="checkbox"/> Music	<input type="checkbox"/> Theatre	<input type="checkbox"/> Movies	<input type="checkbox"/> Cooking	<input type="checkbox"/> Art
<input type="checkbox"/> Legos	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sports	<input type="checkbox"/> Baking	<input type="checkbox"/> Hiking
<input type="checkbox"/> Bowling	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pickleball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Board Games
<input type="checkbox"/> Special Olympics (please specify):				
<input type="checkbox"/> Other (please specify):				

Guardian/Parent Signature: _____ **Date:** _____

Print Name: _____

Signature of Applicant: _____ **Date:** _____

Print Name: _____