Transition Interagency Group Envisioning the Realization of Self of the San Luis Valley
What is “Transition”?
Transition is the successful movement from school to meaningful adult life. An effective transition process is based on individual needs and consists of coordinated activities in the following domains:
- Education
- Career
- Community/Independent Living
- Recreation & Leisure
- Health

Education
Education is the process of obtaining and developing knowledge and skills specifically through normal experiences. Education participation refers to the ability to access and engage in appropriate programs, and/or courses for lifelong learning.

Career
Career is a person’s progress in any trade, profession or occupation. Career participation refers to the ability to achieve a satisfactory level of suitable and meaningful work that will provide income and/or personal satisfaction.

Community/Independent Living
Persons with special needs must have the means or an appropriate representative made available to express their needs, have an understanding of their condition and capacity, and be able to make informed decisions impacting their lives.

Recreation & Leisure
Recreation and leisure are the ways people spend their free time. Recreation and leisure participation refers to the ability to access and participate in activities related to sports, hobbies, special interests and/or relaxation

Health
Persons with special needs must have the means or an appropriate representative made available to express their needs, have access to an Adult Provider within a Medical Home, and be able to make informed decisions including those related to sexual and reproductive health.

Agency Directory
Blue Peaks Developmental Services ............(719) 589-5135
Center for Disabilities .........................(719) 589-2224 TTY ....(719) 589-5821
Colorado Workforce Center
Alamosa .............................................(719) 589-5118
Monte Vista ......................................(719) 852-5171
Division Of Vocational
Rehabilitation (DVR) .........................(719) 589-5158 TTY ...(719) 589-5150
Health Care Program for Children
With Special Needs (HCP) .................(719) 589-5639
Alamosa .............................................(719) 274-4307
Conejos ............................................(719) 672-3332
Costilla .............................................(719) 658-2416
Mineral .............................................(719) 657-3352
Río Grande .....................................(719) 655-2533
Saguache ...........................................(719) 589-5821
Rocky Mountain SER .......................(719) 589-5821
San Luis Valley Board of Cooperative
Educational Services (BOCES) ............(719) 589-5851
SLV Behavioral Health Group ............(719) 589-3671
School to Work Alliance Program (SWAP) ......(719) 589-3676
Social Security Administration ..........(888) 475-0297 Ext. 21003
Trinidad State Junior College ..........(719) 589-7035
Adams State University .....................(719) 587-8226

TIGERS is an interagency group assisting youth with special needs to transition into adult life.

Vision
Our vision is to become the State’s leader in helping individuals with disabilities, their families and communities be successful in all aspects of life.

Mission
We advocate and promote successful independent living for persons with disabilities as they transition into adulthood by supporting, guiding, empowering them, their families & communities to their highest potential through education, employment, creative opportunities, awareness and living skills enhancement.
Blue Peaks provides services and supports for people with developmental disabilities residing in the San Luis Valley to achieve their fullest potential for integrated and responsible living and working in the community.

“Open the Door to Supports”

The goal of Health Care Program for Children and Youth with Special Needs is to improve the health, development and well-being of Colorado’s children with special needs and their families by connecting them with care through information, referrals and support.

“Together We Will Find a Way”

Adams State University seeks to provide equal educational opportunities for persons with disabilities. The Office of Disability Services/Diversity coordinates services, provides reasonable accommodations, and serves as a resource for students, faculty and staff.

“Helping Young People Successfully Transition to Independence”

The mission of the Chafee Foster Care Independence Program is to prepare youth for successful emancipation from foster care.

Chafee Counselors assist with assessment & development of independent living skills. Services are offered with the intent of increasing skills & creating opportunities that will enhance a youth’s ability to be self-sufficient.

The SLV Behavioral Health Group offers counseling and education to adults, adolescents, children, families and seniors to improve the quality of life for the citizens of the San Luis Valley.

The Colorado Workforce Center assists job seekers in obtaining employment by helping with resume preparation, job searches, and connecting job seekers with employers. The Disability Program Navigator assists individuals with disabilities to navigate the various systems that provide services & supports needed to obtain and/or maintain employment.

“Where Colorado Comes to Work”

The San Luis Valley Board of Cooperative Services partners with teachers, counselors, parents and outside agencies to provide support for students and young adults with special needs throughout their school experience.

“Parent-School-Community Partnerships Ensuring Transition Planning and Successful Futures for Young Adults with Disabilities”

The School to Work Alliance Program works collaboratively with SLV BOCES and DVR to provide direct services to youth who have mild to moderate needs in employment and need short-term support to become employed and achieve successful community outcomes.

“Leading Youth with Special Needs to Successful Employment Outcomes in Today’s Business World”

The Division of Vocational Rehabilitation assists individuals whose disabilities result in barriers to employment to succeed at work and live independently.

“It is Ability, Not Disability that Counts”

Rocky Mountain SER provides employment, training, and educational opportunities to Colorado’s disadvantaged population.

“Satisfying Colorado’s Diverse Training, Educational and Employment Needs.”

Trinidad State Junior College believe students of any ability have the right to a post-secondary education.

“TSJC—A Great Place to Start... Or Start Over”
Tips, Tricks, and Challenges to Successful Interagency Work

TIPS AND TRICKS
- Develop a means to communicate efficiently with everyone in the group through an email list or other electronic means. Update this list at every meeting.

- Meetings and trainings are much better attended when snacks or meals are provided.

- Establish regular meetings times. Hosting the meetings can be rotated from one agency to another to increase familiarity with each agency, its location, and staff. Attendance may improve with early morning meetings because there are fewer scheduling conflicts.

- Send agendas and minutes to team members the week before the next meeting.

- Marketing tools such as mugs, banners, and flyers with the group logo; radio/TV publicity; newspaper articles; and other social media are very useful in raising community awareness.

- Employer recognition efforts can result in many rewards back to the community through strengthened relationships with employers and increased job opportunities to persons with disabilities.

- Carpooling to meetings and trainings allows team members to have fun, get to know each other, increase understanding of roles and responsibilities, and to problem solve.

- Take time to learn about each other’s agency, its system, purpose, priorities, eligibility guidelines, services, regulations, and funding sources.

- Strong, effective communication among team members is based on commitment and tenacity.

- Allow group members to agree to disagree.

- A Memorandum of Understanding (MOU) by each agency promotes continuity of participation despite changes in staff personnel and team representatives.

- Parent-Teacher Conferences have become an excellent venue for one-on-one Transition to Adult Life planning discussions. It is very helpful if the students attend these sessions, as well.

CHALLENGES
- Use of a Data Collection Tool is challenged by difficulties with determining which referrals, activities, or outcomes are unique to T.I.G.E.R.S. rather than as a result of the individual agency.

- An “Interagency Authorization to Send, Receive, Exchange, Use or Disclose Information” Consent Form is not used despite hours of thought, discussion, and work to develop it.

- Client-focused staffings were attempted but concerns about confidentiality aborted this process.
Scenario 1
Joan is a 15 year old. She has a learning disability. She has been in special education since 2nd grade. She is currently in the 9th grade. Her goal is to work as a receptionist in a local business. Through her school transition services outlined on her IEP, she has learned that she needs some post secondary training. She is preparing to meet her goals by taking a keyboarding class and computer class in high school.

Tom is a 16 year old with Down Syndrome. He has received special education and local Community Center Board-Family Support Services since he was 2 months old. Due to Tom’s diagnosis, he has some health concerns. He attends school in his local extended services classroom and is in the 10th grade. Tom wants to work on automobiles. He loves to tinker with automobile parts and change the oil in his mother’s car.

1. Break into groups. An agency representative will join your group.
2. Read the scenario.
3. Identify Transition Team Members, which may include:
   - Joan
   - Tom
   - Parents
   - Family Advocate
   - BOCES Special Education Teacher and Transition Coordinator
   - Consumer Navigator from the Workforce Center
   - Vocational Rehabilitation Counselor
   - Mental Health Worker
   - Community Centered Board Case Manager
   - School-to-Work-Alliance Program (SWAP) Specialist
   - MCH/Health Care Program for Children with Special Needs’ Representative/Care Coordinator
   - Employer
   - Others!
4. Appoint a parent as a spokesperson to represent your group.
5. Discuss this scenario and determine the issues.
6. Discuss what school and community agency supports are available for this family and their children.
7. What should you as a parent know about IEP and transition at these ages?
8. What is the student’s role in the IEP/transition process?
9. Be prepared to share your results with the whole group.

Debrief will include these programs and concepts:
- School to Work Alliance Program (SWAP)
- Division of Vocational Rehabilitation (DVR)
- Community Centered Board (all the continuum of services—sheltered work, sheltered and supported living and others)
- 504 planning
- Consumer Navigator through the Workforce Center
Mental Health and Behavioral Health Services
- Health Literacy/Adult Systems of Care
- Age of Majority
- Guardianship
- Independent living skills
- Individualized Education Plan (IEP) will reflect changes in goals and services as needed.

Scenario 2
Joan is now 16 and is in the 10th grade. Joan’s IEP reflects that she wants to maybe go to a community college and is interested in being a secretary. Teachers report that Joan is showing some disruptive behaviors in the classroom. They also report she continues to struggle with her reading and writing.

Tom is now 18 and is in 12th grade. He continues to attend classes in an extended services classroom. His IEP reflects his and the family’s goals of having Tom learn independent living skills and job skill preparation. He is very interested in working as a greeter at Wal-Mart.

1. Break into groups. An agency representative will join your group.
2. Read the scenario.
3. Appoint a parent as a spokesperson to represent your group (this is an advocacy promotion activity).
4. Discuss this scenario and determine the issues.
5. Discuss what school and community agency supports are available for this family and their children.
6. What should you as a parent know about IEP and transition at these ages?
7. What is the student’s role in the IEP/transition process?
8. Be prepared to share your results with the whole group.

Scenario 3
Joan is 18 years old is graduating from high school. She will be attending the community college to attend a 2 year clerical skills program. She has good filing skills and entry-level computer skills, but is not skilled on the telephone or as a front desk reception. Now, when she is anxious, she is very difficult to understand. Joan has been the target of many inappropriate and cruel jokes by her peers. Her self esteem has suffered significantly. Her way of showing anxiety is to act silly in new situations. She is having difficulty asking for help when she does not understand new directions. She wants to work while she is going to college.

Tom is turning 21 and will no longer be eligible for public school services.

1. Break into groups. An agency representative will join your group.
2. Read the scenario.
3. Appoint a parent as a spokesperson to represent your group (this is an advocacy promotion activity).
4. Discuss this scenario and determine the issues.
5. Discuss what community agency supports are available for this family and these young adults.
6. What should you as a parent know about IEP and transition at these ages?
7. What is the student’s role in the IEP/transition process?
8. Be prepared to share your results with the whole group.
# Transition to Adult Life

An Action Plan for a Community-Based Interagency Group

**Agency Address Line**
**Phone:** 555-555-5555
**Email:** abc@example.com
**Website:** www.sdfdaf.com

**Prepared By:** ______________________ (Name)  
**Agency/Location:** ______________________

**Overall Goal:** ________________________________________________________________

<table>
<thead>
<tr>
<th>Actions Steps to Be Taken</th>
<th>Who Should Be Involved?</th>
<th>Barriers</th>
<th>Resources or Supports Needed</th>
<th>When Will This Be Done?</th>
</tr>
</thead>
</table>
| **Example:** Convene a group of local stakeholders in my community interested in Transition to Adult Life | -Me and/or my supervisor!  
-A representative from Schools, Higher Education, Workforce Center, DVR, Health Care, Mental Health, CCB, and others. | -How is the timing for your agency & your community?  
-Is Transition to Adult Life in alignment with the goals of your agency?  
-Staff time and capacity?  
-Agency funding? | -Interest, readiness, and commitment.  
-Meeting space.  
-Allocation of staff time.  
-Technical support to create contact list, take minutes, organize meeting details.  
-Funding/Budget: In kind services by each agency. This can evolve! | April 1, 2012 |

How will you know when you have reached your goal? When we have had our first meeting, representatives from at least two agencies attend, and the minutes indicate a Plan for Next Steps for our newly identified community-based, interagency group!
# Transition to Adult Life

An Action Plan for a Community-Based Interagency Group

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**Agency Address Line**
Phone: 555-555-5555
Email: abc@example.com
Website: www..afdfsdf.com

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**Prepared By:** __________________________ (Name)  
**Agency/Location:** __________________________

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**Overall Goal:** _____________________________________________

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<th>Actions Steps to Be Taken</th>
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</table>

How will you know when you have reached your goal?
Request for Follow Up Form

Youth’s Name ___________________________ DOB ___________________

School/School District __________________________

Primary Care Provider __________________________

Health Insurance  Yes or No  If yes, Name of Insurance __________________________

Does the youth receive Supplemental Security Income (SSI)?  Yes or No

Is the youth receiving other services? Yes or No
    If so, which services:________________________________________________________

Guardian Name(s): ___________________________ County __________________________

Address ___________________________ City __________________________ Zip Code __________

Home Phone ______________ Work Phone ______________ Cell Phone ______________

I would like more information or assistance with (circle all that apply):

Higher Education  Vocational Training  Employment

Residential Placement/Day Programming  Independent Living  Respite

Guardianship  Supplemental Security Income (SSI)  Recreation/Leisure

Health Care / Mental / Behavioral / Sexual / Reproductive Health  Health Insurance

Other:________________________________________________________

Next Steps:

Guardian Signature: ___________________________ Date: ________________

TIGERS REP. Signature: ___________________________ Date: ________________
Guardianship can be done without hiring an attorney. Forms are available online; the filing fee is only $164.00 and can be filed in The Probate Court in your county.

Type in the following address into the **address bar**: [www.courts.state.co.us](http://www.courts.state.co.us) (not into the browser bar)

Click on the tab labeled **Self help/ Forms**.

Look on the left hand side and click on **List By Category**.

Scroll down toward to bottom of page and in the **Probate Folder** there is another folder named **Protective Proceedings**.

Click on **New Case link** under Protective Proceedings.

Click on **Guardianship Adult**.

Use the arrows to move page to the left and find instruction, click on the blue and white box to open the instruction page.

This page has all the forms and instructions. The instructions will guide you step by step to which forms you need. Click on the specific form (template) type in the information needed and print. Make sure to have a copy for yourself before submitting the courts.

It seems a little overwhelming at first, but it really isn’t that bad. Please call if you have questions.
Transition Interagency Group Envisioning Realization of Self

(T.I.G.E.R.S.)

Resource List


# Six Core Elements of Health Care Transition (HCT)

<table>
<thead>
<tr>
<th>Pediatric Health Care Setting</th>
<th>Adult Health Care Setting</th>
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<tbody>
<tr>
<td><strong>1. Transition Policy</strong></td>
<td><strong>1. Young Adult Privacy and Consent Policy</strong></td>
</tr>
<tr>
<td>• Develop a practice health care transition policy and share with providers, staff, youth, and families</td>
<td>• Develop a practice young adult privacy and consent policy; share with providers, staff, patients, families</td>
</tr>
<tr>
<td>• Educate all staff about HCT best practices</td>
<td>• Educate all staff about privacy and consent practices</td>
</tr>
<tr>
<td><strong>2. Transitioning Youth Registry</strong></td>
<td><strong>2. Young Adult Patient Registry</strong></td>
</tr>
<tr>
<td>• Identify transitioning youth (current/future) and enroll in a transition registry; monitor all preparation, planning and outcomes (e.g. coordination of care)</td>
<td>• Identify/enroll young adults in a practice registry; indicate levels of complexity; monitor adaptation to young adult model of care; note health/wellness status</td>
</tr>
<tr>
<td><strong>3. Transition Preparation</strong></td>
<td><strong>3. Transition Preparation</strong></td>
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<tr>
<td>• Assess and track all readiness for adult health care activities with youth and families</td>
<td>• Discuss young adult model of health care (see definition); explain how to use the primary care practice including all access options</td>
</tr>
<tr>
<td>• Use the Transition Readiness Assessment (youth/family) to address gaps in preparation, knowledge, and skills</td>
<td>• Use/continue to use the Transition Readiness Assessment (youth/family) to address gaps in knowledge/skills</td>
</tr>
<tr>
<td><strong>4. Transition Planning</strong></td>
<td><strong>4. Transition Planning</strong></td>
</tr>
<tr>
<td>• Address all health care transition needs/gaps setting goals together with youth and family</td>
<td>• Offer transitioning youth pre-transfer “get acquainted” materials and/or encounter(s) up to a year before transfer Prior to their first visit, request their:</td>
</tr>
<tr>
<td>• Use the:</td>
<td>- Health Care Transition (HCT) Action Plans:</td>
</tr>
<tr>
<td>- Action Plan Example One, Action Plan Example Two</td>
<td>- Portable Medical Summary</td>
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<tr>
<td>- Portable Medical Summary</td>
<td>- Emergency Care Plan (if needed)</td>
</tr>
<tr>
<td>- Emergency Care Plan (if needed)</td>
<td><strong>5. Transition and Transfer of Care</strong></td>
</tr>
<tr>
<td>• Name and notify adult primary care practice of youth’s pending transfer of care date (one year out) and arrange for individualized introduction</td>
<td><strong>5. Transition and Transfer of Care</strong></td>
</tr>
<tr>
<td><strong>5. Transition and Transfer of Care</strong></td>
<td>Transfer from pediatric to new adult care location:</td>
</tr>
<tr>
<td>Transfer from pediatric to new adult care location:</td>
<td>• Review Transfer of Care Checklist, (pediatric/young adult) sent in the “Transition Package” to prepare for initial visits</td>
</tr>
<tr>
<td>• Assure direct communication with adult PCP and team (email, phone, in person “handshake”)</td>
<td>• Talk with and receive communications from pediatric PCP/team (email, phone, in person “handshake”)</td>
</tr>
<tr>
<td>• Use the tool - Transfer of Care Checklist (pediatric/young adult)</td>
<td>• Provide office visit/encounters for transitioning young adults and continue with transition preparation and planning as needed</td>
</tr>
<tr>
<td>• Send a “Transition Package” containing a transfer letter and items named above and in the Transfer of Care Checklist</td>
<td>• Transition to young adult model of care in same location:</td>
</tr>
<tr>
<td>• Initiate or coordinate specialty transitions as appropriate</td>
<td>• Clarify PCP and coordinator of care contacts for young adult patient; implement Core Elements 3 and 4 as indicated; assist on-going specialty care transfers</td>
</tr>
<tr>
<td>• Transition to young adult model of care in same location: See Core Elements 3, 4, and 5 in the right-hand column</td>
<td><strong>6. Transition Completion</strong></td>
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<tr>
<td>• Pediatric PCP/team are a resource for each transferred patient and their adult PCP/team following care transfer. Pediatric PCP/team makes contact with adult PCP/team ~3 months post transfer to ensure success and continuity of care</td>
<td>• Consult with pediatric PCP/team as needed; each young adult is integrated using a young adult model of care; the adult practice declares successful and complete HCT</td>
</tr>
<tr>
<td>• Transition/transfer is declared complete</td>
<td>• Continue forward with a young adult model of care and appropriate care planning for all patients</td>
</tr>
</tbody>
</table>

© Got Transition™ • 18 Low Avenue, Suite 1 • Concord, New Hampshire 03301 • 11/2011 • Got Transition is a program of the Center for Medical Home Improvement™ at Crotchley Mountain Foundation • Contact ann.walls@gottransition.org • National Health Care Transition Center is funded through a cooperative agreement (U39MC18170) from the US Maternal and Child Health Bureau, HRSA, DHHS
The Future of Sex Education
A Strategic Framework Executive Summary

Background
In July 2007, staff from Advocates for Youth, Answer and SIECUS met to discuss the future of sex education. The three partners were looking forward to the elimination of federal abstinence-only-until-marriage funding. Ten years of research and advocacy that questioned the effectiveness of the abstinence-only-until-marriage approach inspired the three organizations to begin envisioning a time when schools were willing and able to implement comprehensive sex education for the students they serve.

In May of 2008, Advocates, Answer and SIECUS formalized their discussions with funding from the Ford Foundation, George Gund Foundation and Grove Foundation; the Future of Sex Education (FoSE) Project was launched. The purpose of the project is to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools in the United States.

The three partners conducted research, interviewed 75 stakeholders in the fields of sexuality, sex education, education, public health, and policy/advocacy and convened a summit of 40 experts to assess the current state of sex education in the U.S. and to identify gaps and barriers to meeting FoSE’s vision.

As a result of this work, Advocates, Answer and SIECUS drafted a strategic framework for advancing sex education in public schools. The framework is intended for national organizations in support of state and local efforts to advance sex education in public schools within the context of comprehensive school health education and includes the goal of advancing federal, state and local policies that enable and support comprehensive sex education as well as the goal of advancing the implementation of comprehensive sex education by building the capacity of schools to incorporate and sustain comprehensive sex education for the youth they teach.

Below is an abridged version of the strategic framework, including goals and objectives. For the full strategic plan, including a list of short-, mid- and long-term strategies to meet these goals and objectives, please contact one of the FoSE organizing partners.

While FoSE’s vision addresses Pre-K through Grade 12, the organizing partners acknowledge that the framework presented here is geared toward grades 5–12.

Strategic Framework for Advancing Comprehensive Sex Education in Public Schools

Vision
Every young person enrolled in a public school receives developmentally, culturally and age-appropriate, comprehensive sexuality education in Pre-K through Grade 12.

Goal I
To champion policies at the national, state and local levels which support the implementation of comprehensive sexuality education in public schools.

Objective 1. At the national level, create an enabling environment that includes federal policies, regulations and funding to support and sustain comprehensive sexuality education at the local level.

Select short-term strategies under this objective include: continued advocacy against federal abstinence-only-until-marriage funding; working with the Obama administration, including the new Office of Adolescent Health, the CDC, and the Surgeon General’s Office to advance comprehensive sexuality education; creating a white paper on sexual health that recognizes young people’s rights to honest sex education; advocating for improvements within the Elementary and Secondary Education Act that support comprehensive sex education; and, advocating for a dedicated long-term funding stream for comprehensive sex education.

Objective 2. At the state and local levels, improve policies and standards and advocate for state funding to enable implementation and sustainability of comprehensive sexuality education in local districts.
Select short-term strategies under this objective include: assisting state and local organizations to advocate effectively for improved state and local policies; coordinating networking opportunities between and among state and local organizations to share lessons learned; and, collecting/tracking and sharing model state and local legislation, regulations and standards across states.

Objective 3. Mobilize community stakeholders in support of comprehensive sexuality education in public schools.

Select short-term strategies under this objective include documenting best practices and drafting case studies on how communities have successfully mobilized parents, youth, professionals and religious leaders to support sex education implementation; assisting communities and states in compiling and mobilizing databases of supporters; and engaging school health advisory committees to advance sex education wherever possible.

Goal II
To ensure that public schools have the capacity to implement and sustain quality comprehensive sexuality education.

Objective 1. Improve the capacity of health and education professionals working in schools to select, implement and evaluate quality comprehensive sexuality education.

Select short-term strategies that focus on improving pre-service and in-service training include: convening a small group of teacher preparation faculty to discuss and document best practices in teacher preparation; advocating that universities improve pre-service training and professional development for undergraduate health teachers regarding both the content and pedagogy of sex education; convening a group of professors within higher education who also provide professional development; and, exploring and widely disseminating state, regional and district level models to improve in-service training for school personnel on sex education.

Objective 2. Improve the quality of comprehensive sexuality education taught in schools by making available standards, curricula, programs and classroom resources that are developmentally, culturally, and age-appropriate and based on best practices.

Select short-term strategies under this objective include: creating National Sexual Health Standards; piloting the standards in select communities; disseminating examples of existing state and/or local sexuality education standards through existing networks, workshop and presentations; providing technical assistance and training on program selection and adaptation; and, advocating within the research community for additional curricula, lesson plans and classroom resources that are developmentally, culturally and age-appropriate.

Objective 3. Nurture school and community systems to ensure implementation and sustainability of quality comprehensive sexuality education.

Select short-term strategies under this objective include: building understanding of public school systems among sexuality education advocates so they are able to effectively communicate with school administrators; preparing and disseminating an issue brief that makes connections between sex education and academic achievement; documenting and highlighting best practices/case studies on how communities have successfully mobilized parents, youth, professionals and religious leaders to support sex education implementation to bring districts into compliance; assist communities and states in compiling databases of supporters and strategies/tactics to use this information for mobilization at the community level.

Note: For a copy of the full strategic framework please contact one of the FoSE organizing partners:
Advocates for Youth: info@advocatesforyouth.org
Answer: answered@rci.rutgers.edu
SIECUS: siecus@siecus.org

www.FutureofSexEd.org
Transition Interagency Group

Envisioning Realization of Self

(T.I.G.E.R.S.)

History—Events

Evolution of T.I.G.E.R.S.
Timeline of Events
Newspaper Articles

T.I.G.E.R.S. Forms, Tools and Other Materials

T.I.G.E.R.S. HTML Presentation (also available in power point form)
T.I.G.E.R.S. Brochure
Scenarios (used to generate and guide discussions with families, youth, and school personnel)
San Luis Valley Interagency Authorization to Send, Receive, Exchange, Use or Disclose Information
Transition to Adult Life: Action Plan
Transition to Adult Life: Action Plan with Example
Request for Follow Up Form
Data Collection Tool
Spreadsheet by Agency to track data from Data Collection Tool
Spreadsheet by Date to track data from Data Collection Tool
Tips, Tricks and Challenges to Successful Interagency Work
Index of Materials Handout
T.I.G.E.R.S. Resource List

Additional Transition to Adult Life Resources

AMCHP Pyramid
Colorado Department of Public Health and Environment, Health Care Program for Children for Special Needs (HCP) Health Care Transition
Guardianship Tips for Colorado Residents
Health Literacy: Free online course for health care professionals and student improve patient-provider communication.

The Computer Science Collaboration Project aims to efficiently increase participation of underrepresented groups in computer science opportunities and activities by effectively building collaborations between K-12, community-based organizations, higher education and industry.
Project E.S.T.E.E.M (Experience Science, Technology, Engineering, Electronics, and Math) Engaging Youth with Disabilities 2012 Mini-Grantee led by Trinidad State Junior College
Institute on Community Integration/University of Minnesota
MCH Life Course Tool Box

National Center on Secondary Education and Transition

National Guardianship Association
National Heath Care Transition Center~6 Core Elements of Health Care Transition in Got Transition?

National Sexuality Education Standards
Pediatric Perspective and Practices on Transitioning Adolescents with Special Needs to Adult Health
Policy Brief: Moving into Adulthood for Youth with Disabilities and Serious Health Concerns.

South Central Regional Office Website Orientation Page see SECTION 10.

TRANSITION TO ADULT LIFE

Support for Families of Children with Disabilities

Transition Coalition

For More Information you can contact:

- San Luis Valley BOCES (719) 589-5851
- School to Work Alliance Program (SWAP) (719) 589-5851
- Department of Vocational Rehab (DVR) (719) 589-5158
- Blue Peaks Developmental Services (719) 589-5135