

# Start on Success Application

## Information and Instructions

### ABOUT



The Virginia Department of Education, Department for Aging and Rehabilitative Services (DARS), and the Center on Transition Innovations (CTI) at VCU seeks to partner with school divisions to improve transition services and postsecondary education and employment outcomes for at-risk high school students with disabilities pursuing a regular diploma.



Start on Success (SOS) is a high-quality work-based learning program that provides selected students with a CTE course and paid internship in the community with support from the school, mentors, families, community agencies, and a business.



Since 2014, SOS has been implemented in multiple school divisions across Virginia. Applications will be accepted to expand to additional school divisions for the next school year. For more information about SOS and the replication guide, go to: <https://centerontransition.org/projects/startonsuccess.cfm>

### TIMELINE FOR START ON SUCCESS PROGRAM

- 1** Request for SOS applications announced annually — August/September
- 2** Applications due — October
- 3** Selection of school divisions — October/November
- 4** Program development begins — November/December
- 5** SOS implementation begins the school year following application — August/September

## INSTRUCTIONS FOR APPLICATION

Interested school divisions are required to provide supporting documentation to highlight current transition practices for students with disabilities. The completed documents will provide the selection committee with crucial information on current secondary transition practices and the school division's readiness for a new initiative.

Applications are not considered complete unless all information and two community recommendation forms (one from DARS) are received by the deadline. Incomplete applications will not be considered.

### Criteria for the application of the school division:

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- Must have administrative buy-in as evidenced by signature on the last page of the application.
- Must have a large enough pool of potentially eligible students 16 and older with an IEP, pursuing a standard or advanced diploma to result in the recruitment of 6-8 participants.
- Must have the capacity to have 6-8 students per year in SOS beyond the 3-year pilot.
- Must have potential business partnerships within the community that could support 6-8 students.
- Must have transportation available that may be public, school, or family.
- Must have school staff for the CTE course and staff to provide support on the job site.
- Must have few or limited work-based learning partnerships in place for students with IEPs earning a regular diploma.
- Must have two community partner recommendation forms (one must be from DARS) completed and submitted by the deadline.

## ROLES AND RESPONSIBILITIES

If selected, the school division will agree to partner with CTI for three years. The roles and responsibilities of the parties are listed below.

### CTI will provide:

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- intensive technical assistance to develop and implement SOS during year one.
- ongoing technical assistance to assist school divisions to strengthen SOS infrastructure during year two including exploring a funding source for the program.
- assistance to identify funding sources to cover student wages beyond year three.

The length of technical support provided by CTI staff is dependent on grant funding through the Virginia Department of Education.

## The selected school division will agree to:

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- facilitate monthly meetings with the SOS program planning team.
- maintain the fidelity of SOS using resources provided by CTI staff.
- provide staff to teach the CTE course.
- provide staff to support students at the internship site.
- facilitate or provide transportation to the worksite.
- gather SOS data through stakeholder surveys to inform interested collaborators and financial contributors.
- coordinate with CTI staff to ensure satisfaction, outcomes, and data surveys are completed and returned each year when implementing SOS.
- participate in professional development activities related to the development and implementation of the Start on Success program.
- welcome visitors and respond to those interested in replicating the program.
- secure funding for the student wages by year three.

## Department for Aging and Rehabilitative Services (DARS) will:

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- attend monthly team meetings.
- provide information about VR services to students, families, and staff.
- meet with students and families to determine eligibility for VR services.
- provide reimbursement for student wages incurred during the first three years of the SOS program, depending upon annual funding.

## DETAILS FOR SUBMISSION

The deadline for submission is the first Friday in October. Signatures from the special education administrator and the division superintendent must be included in the application for consideration.

Please email the final application to Kelly Ligon, [kligon@vcu.edu](mailto:kligon@vcu.edu).

For additional information please contact:

**Kelly Ligon**

VCU Center on Transition Innovations

1314 West Main Street

PO BOX 842011

Richmond, VA 23284-2011

Phone: 804 827-0998

[kligon@vcu.edu](mailto:kligon@vcu.edu)

# Start on Success Program Application

## APPLICANT INFORMATION

Name of School Division:

Primary Contact Person with Knowledge of Application:

Email:

Phone:

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Secondary Contact Person with Knowledge of Application:

Email:

Phone:

## SCHOOL DIVISION DEMOGRAPHICS

1 Number of high schools in division:

1-10

10+

2 Number of rising seniors in the division with an IEP earning a regular (Standard or Advanced) diploma:

1-25

26-50

51-75

76-100

100+

3 Number of rising juniors in the division with an IEP earning a regular (Standard or Advanced) diploma:

1-25

26-50

51-75

76-100

100+

## STATE PERFORMANCE PLAN DATA

Please include data and detailed information concerning your school division's practices surrounding secondary transition in the sections below. To answer these questions use the latest version of the Annual Performance Plan/State Performance Report and Local Determination Accountability Matrix which is available on the [VDOE website](#).

### 4 Indicator 1 — Graduation

Percent of youth with IEPs graduating from high school with a regular diploma %

State Target met?

Yes

No

### 5 Indicator 2 — Dropout

Percent of students with disabilities in grades 7-12 who dropped out %

State Target met?

Yes

No

### 6 Indicator 14 — Postsecondary Outcomes

Percent of youth who are no longer in secondary school and had IEPs in effect at the time they left school %

- (A) Percent of youth enrolled in higher education within one year of leaving high school %

State target met?

Yes

No

- (B) Percent of youth enrolled in higher education or competitively employed within one year of leaving high school %

State target met?

Yes

No

- (C) Percent of youth enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school %

State target met?

Yes

No

- 7 List your school division's overall Results Driven Accountability (RDA) and Determination from the Local Determination Accountability Matrix:

RDA and Determination Total Performance %

Overall LEA Determination:

- meets requirements
- needs assistance
- needs intervention
- needs substantial intervention

## FAMILY ENGAGEMENT WITH TRANSITION PLANNING

- 8 How do you engage families in secondary transition planning? What strategies have you used? Do you have specific events or roles for families?

## TRANSITION SERVICES AND SUPPORT

- 9 Who in your school division is responsible for coordinating secondary transition?

Name: Job Title:

Availability: Full-time Part-time N/A Other:

- 10 List any evidence-based interventions your school division has implemented to address the dropout rate for students with disabilities. Include a description of each evidence-based intervention used and any collaboration with agencies.

11 List strategies or programs that your school division is currently using to keep youth engaged in the areas of academics and behavior. Include any evidence-based and/or research-based strategies. List other interventions in which you collaborate with other agencies (CSBs, Social Services, etc.).

12 Please describe any work-based learning opportunities, either general or special education-related, for students with disabilities pursuing a standard or advanced studies diploma, including any CTE collaboration.

13 Does your school division emphasize self-determination practices for students with disabilities?

Yes

No

If yes, check all the activities below that pertain to self-determination practices in your school division:

Students set goals and monitor progress.

Students lead their Transition IEP meetings.

Students provide input for IEPs via interviews.

Students are involved with the local Special Education Advisory Council.

Students attend the I'm Determined Youth Summit.

Students attend the Youth Leadership Forum/Academy (YLF/YLA).

14 Check the transportation options available in your city/county. (Check all that apply.)

Public

Private

Other:

None

## CAREER AND TECHNICAL EDUCATION

Use your school division's most recent Career and Technical Education Annual Performance Report data to answer the following questions.

- 15 Total number of students participating in CTE classes.
- 16 Number of students with disabilities participating in CTE.
- 17 Based on the report, the percentage of students with disabilities enrolled in CTE classes who achieved industry/trade certification or alternate occupational assessment certificates.

## INTERAGENCY COLLABORATION

- 18 Check all of the following community agencies that collaborate with your school division on a routine basis:

Center for Independent Living

Communities in Schools

Community Services Board

Local business advisory boards

Department of Juvenile Justice

Department of Social Services

Social Security/Work Incentive  
Planning and Assistance

Virginia Department for the Blind  
and Vision Impaired (DBVI)

Virginia Department for Aging and  
Rehabilitative Services (DARS)

Wilson Workforce and Rehabilitation  
Center (WWRC)

Youth Services/Workforce Investment  
Board (WIB)

Department of Behavioral Health and  
Developmental Services

The ARC

Other:

- 19 Name of the DARS counselor(s) assigned to your school or division.  
(Please state unknown if you do not know).
- 20 Are students with disabilities referred to DARS for Pre-Employment Transition Services (Pre-ETS) and/or VR adult services?
  - Yes
  - No—If no, state why:
  - Not Sure
- 21 Are students with disabilities in your division receiving Pre-ETS?
  - Yes
  - No
  - Not Sure



## COMMUNITY AND BUSINESS PARTNERSHIPS

- 22 Please identify businesses in the community that have a relationship with your division and provide students with opportunities for employment awareness, exploration, preparation, and training experiences.

Business Name:

Type of Business:

Length of Partnership:

Brief description of the work experience provided:

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## DIVISION RATIONALE

- 23 We want to hear how SOS will impact not only your school division but student outcomes. Please elaborate and describe the reason(s) your school division should be selected for the SOS program. Include administrative support for this initiative and benefits for the students.

## ADMINISTRATIVE SUPPORT

When developing or replicating a program it is essential to the infrastructure to obtain administrative support and buy-in. The applicant representing the school division must discuss the details of the application and obtain approval from the administration. The administration must plan to meet monthly with the division's SOS Program Lead to stay informed of the program's progress and seek opportunities for funding after year three.

### Certification Statement

With my signature, I certify, as an administrator of this school division, that:

1. Information on SOS, including the commitment required of the school division and personnel, has been discussed with me by the person applying on behalf of the school division.
2. The application is being completed and submitted with my knowledge and full approval.

Name, title, email, signature, and date of:

- Division Superintendent
- Director of Special Education
- Principal of the high school where the SOS program may be housed

### Division Superintendent

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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### Director of Special Education

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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### Principal of the high school where the SOS program may be housed

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_