



Partners in Transition

Request for Service

District _____

Number of Students _____

Teacher _____

Contact Number _____

Please check the following service you are interested in for your class:

- Tour of business
Business name or type _____
- Presentation by Business
Business name or type _____
- Community Service Opportunity
- Presentation by Community Agency
(ie: Stop Domestic Violence, Planned Parenthood, Champlain Valley Family Services, North Country Center for Independence, NYSP)
- Presentation by VESID
- Trip to OneWorkSource for Resume development, job search lesson, etc...
- Tour of College
College Name _____
- Assistance providing work opportunities in school
- Assistance with IEP Development
- Other Transition Related Activity _____
Cost(if known) _____

Teacher Signature

Date

*Please turn this form in to the Transition Services Provider in your district, Dave Slater or Jamie Garrant. They will assist in scheduling and securing funding for busing.