**Capable and Ready!: A Teacher’s Guide**

08/29/2017

Dear Colleagues,

Able SC is excited to introduce you to a transition program designed to teach your students with disabilities to be ready for employment after high school. Capable and Ready! teaches students the skills needed to gain and sustain employment. Over the past decade a movement has started to make competitive employment the first option for people with disabilities. A large key to the success of this movement is making sure that as students transition from high school they receive the training they need to be ready to start work or a post-secondary education.

The Capable and Ready! program was created to help complement what you are already doing in your classrooms. The program has two parts, group instruction and one-on-one instruction. The group lessons come in the form of two curricula: the first is a 6-lesson sequence on self-advocacy in the workplace, and the second is a 6-lesson sequence on soft skills in employment. Both curricula are made up of lessons with defined objectives. The one-on-one lessons are an optional add-on to group instruction to allow the students the independence to choose the goals they would like to achieve from a comprehensive list pertaining to either career exploration or college exploration skills. Should you want to add-on one-on-one lessons to the work being done with your students, simply let us know!

We teach students to speak up for themselves and their needs within the context of a workplace. Throughout our lessons we emphasize and explicitly teach the soft skills that employers desire, including problem-solving and communication skills. Overall, our lessons will have students building essential skills and understanding the process of obtaining and sustaining employment.

We recognize it as a great privilege to be able to join forces with teachers in South Carolina schools towards improving post-school outcomes for students with disabilities. Here at Able SC, we envision a South Carolina where these students leave high school empowered to pursue their goals and advocate for themselves every step of the way. As we prepare to begin working with your students over the course of the school year, we wanted to provide you with some information on our perspective as an organization and on the coordination of our partnership.

Firstly, if you’ve not partnered with a Center for Independent Living like Able SC before, there are a couple of key things to know about us as an organization:

1. We are a 501(c)3 non-profit that is staffed and board directed at all times by no less than 51% people with disabilities. As an organization rooted in the lived experience of people with disabilities, we believe that all people can live lives directed by their own desires, goals, and preferences. Independence does not mean never needing help; it simply means exercising one’s right to direct that help and move closer to the type of life one wants.
2. Many young adults that we work with may have never had the opportunity to work with a successful adult or young adult with a disability. Much of our work in the classroom is grounded in the evidenced-based, peer-to-peer approach, highlighting that shared experience in the delivery of our curricula.
3. We do not believe that disabilities are barriers, but rather, that people with disabilities may simply need to approach their goals in different ways to reach their goals. Nor do we believe that having a disability is something to hide, cure, or fix. We recognize it as something that contributes to who we are as people. For students that may have never had explicit conversations about their disability or who prefer not to identify as a person with a disability, this can sometimes be a stumbling block to fully participating in the work we do in the classroom. We have found that many students that start out with little awareness of their disability or an aversion to talking about it end up learning something that causes them to begin thinking of things in a much different, more positive light.

If you ever have any questions about our approach with your students, please don’t hesitate to let one of our staff members know!

Secondly, we understand how busy things get during the school year. So that we don’t add any stress to your already hectic schedules, below you’ll find an outline of the “nuts and bolts” of our partnership.

1. The dates and times that have been scheduled for visits to your school are: (insert dates and times in an organized fashion here). If you recognize that a scheduled visit conflicts with your class schedule, please let us know as soon as possible. In the event a visit needs to be cancelled at the last minute, please email the Able SC staff member leading your class visits: (insert name and email here). We do our absolute best to ensure that we don’t need to cancel scheduled visits, but if the lead Able SC staff member is unable to attend a scheduled visit, they will attempt to find a colleague to fill in for the visit or email you to inform you of a cancellation. A follow-up email will be sent within the week to begin a conversation about rescheduling that visit in a manner that works for you.
2. The main topics that will be covered in our instruction are (insert topics here with clarification on the times of year they will be covered if there is more than one curricula). If there are any special considerations for facilitating a lesson, the lead Able SC staff member will begin a conversation to make those arrangements. If you need the explicit objectives covered in each of these lessons or an outline of the lesson for your own documentation purposes, please feel free to let your lead Able SC staff member know.
3. In the pages that follow, you’ll find the paperwork that we’ll need on file for all of the students that will be taking part in our work together. It typically requires 10-15 minutes of class time to complete. Additionally, you’ll find a parental consent form. This form provides parents with information on the project and gives them a place to either consent or deny consent to their son or daughter participating. In this way, we can safely assume that students may participate if we have not received a form back from their parent(s) denying consent. **We ask that students are assisted in filling out this paperwork and that we have returned parental consent forms with that paperwork before the time of our first visit. If you would like for us to deliver hard copies of these documents, please let us know as soon as possible.** The wording of the student paperwork is derived from the requirements of our funders, and it is not always very clear. For this reason, we’ll draw your attention to a couple of important items that students will see as they go through the document.
   1. **All parts of the form must be filled out fully.** Even if a student is under 18, they are still allowed to sign when asked to do so since this is not a legal document, provided what they are signing is explained to them.
   2. The first page is fairly straightforward, but students may need help with spelling and a reminder to write legibly. Additionally, some students will need help identifying their last 4-digits of their SS number, category of disability, and/or diploma track.
   3. The second page is a bit more complicated to facilitate. After question #2, students will elect to either have an “Independent Living Plan” or no have no plan. This is the language that is used to ask whether or not people want our services (Independent Living Plan) and the goal that drives those services (from previous page). Students will then need our grievance policy explained to them, including the role of an agency called the Client Assistance Program. They will check the “Yes” box once that has been explained. And finally, students will need their right to confidentiality explained to them. This is a great place for an impromptu lesson on personal information. They will check the “Yes” box once their right to privacy has been explained to them.

Thank you for taking the time to read through this and for preparing your students ahead of our first visit. We look forward to all the valuable time we will be spending with your students as we delve into (insert topic/s here) and what that means for them. Please feel free to contact me or (insert name here) with any questions you may have.

Sincerely,

(Insert Name and Title Here)

*\*An Affiliate of careerBOOST™, a South Carolina Commission for the Blind program”*

**Student Information**

**First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last 4 Digits of Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County You Live In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month/Day/Year**

**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Language Spoken at Home:** English

Spanish

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Race or Ethnicity is (Check all that apply):**  Black White

Hispanic/Latino Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

**How would you categorize your primary disability (Check one)?**

Intellectual Hearing Autism Spectrum

Physical Developmental Delay Learning

Visual (seeing) Mental Health/Emotional ADHD

Speech (stutter, sentence structure, speech therapy, etc.)

**HIGH SCHOOL STUDENTS ONLY: I am on the following education track (Check one):**

State Diploma Occupational Certificate Certificate of Attendance Don’t Know

**2017-2018 School Year Goal Agreement**

**Goal: To be able to self-advocate for individual rights.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Able SC Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To qualify for Able South Carolina services, please answer the questions below:

1. What is your disability?

 Developmental  Hearing  Intellectual/Learning  Mental/Emotional Physical  Visual

Other Disability(ies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. My disability(ies) limits my ability to function independently in the following area(s):

 Self-care  Mobility  Education  Employment  Housing  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that it is my choice to have services provided to me through an Independent Living Plan (a form that states my goals) or I can choose not to have such a plan (waiver). I choose:

 Independent Living Plan  No Plan (Waiver)

If you are not happy with our services, you may:

**Step 1** – Speak with Able SC management. We will respond within five business days. First, contact our Community Outreach & Consumer Rights Coordinator to share your concerns. If needed, you can then call our Executive Director. Both can be reached at 1.800.681.6805.

**Step 2** – If you are unsatisfied with the Executive Director’s decision, you may ask in writing for the Board of Directors to review the situation.

**Step 3** – If you are still not happy, you may contact South Carolina’s Client Assistance Program (CAP) at 1-866-275-7273. A CAP brochure is provided to every new consumer.

**My right to contact CAP has been explained to me.** YES

All information you share will be kept private unless you give us written permission to share, or unless we are required to by the court. You also have the right to review your case file at any time.

Able South Carolina receives funding from different sources to provide services. Sometimes, our funding agencies will review our records to make sure we are using its funds in the right way. If the agency reviews your file, they must follow the same privacy rules as Able SC staff and cannot share your information with anyone.

My right to privacy has been explained to me. YES 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer’s Signature Date

By signing below, I agree as a representative of Able South Carolina that the individual is eligible for services and has met the basic requirements of Section 364.40.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Able SC Staff Signature Date

Dear Parents,

---High and Able South Carolina will be teaming up for a new program called Capable and Ready! to assist students in meeting their full employment potential after graduation. Throughout the program students will learn both self-advocacy skills and work readiness skills. If you want to learn more, you can visit www.able-sc.org/careerboost.

Able SC receives Federal funding for the Capable and Ready! program from the South Carolina Commission for the Blind in order to provide Pre-Employment Transition Services to students who are eligible for Vocational Rehabilitation. Able SC will need to collect certain demographic data required to provide these services. The demographic data required to be collected is the student’s name, address, phone number, date of birth, gender, race/ethnicity, disability, and last four digits of Social Security number. Able SC has strict confidentiality policies and procedures and any information collected will only be shared with the South Carolina Commission for the Blind and/or the U.S. Department of Education for the purpose of ensuring services are not duplicated or being provided in a discriminatory manner. If you have any questions or concerns about the program, please contact (insert lead staff member and email address here).

**By signing this form, I agree to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Name) to participate in the program and for the school to provide the demographic data listed above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

If you **DO NOT AGREE** to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student Name) to participate, please sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_