

Vermont Pathways to Partnerships Project Enrollment

The VT Pathways to Partnerships (VTP2P) project helps young people with disabilities create individualized plans for life after high school by supporting partnerships and training activities between students, P2P project partners and school professionals.

Is the student younger than 18? ☐ Yes ☐ No **Does student have a guardian?** ☐ Yes ☐ No

If you answered "Yes" to either question, a parent or guardian must complete this form.

Need this form in a different format?

Email: ahs.pathwaystopartnershipsvt@vermont.gov or call Kim at 802-798-9975.

Student Information (All students)

School name: _____ Grade in school: _____

Legal first name and middle initial: _____

Chosen name (if different): _____

Last name: _____ Date of birth: _____

Student Contact Information (Only for students 18 and older with no guardian)

School email: _____ Personal email: _____

Cell phone: _____ Home phone: _____

What is the best way to contact student? _____

Parent or Guardian Information (Only for students younger than 18 or who have a guardian)

First name: _____ Last name: _____

Email: _____

Cell phone: _____ Home phone: _____

What is the best way to contact parent or guardian? _____

Street address: _____

Town / City: _____ State: _____ Zip code: _____

By signing this form:

- I consent to enroll in the Vermont Pathways to Partnership Project (VTP2P).
- I consent for VTP2P staff to collect information about VTP2P activities I participate in.
- I understand this information will be shared with the U.S. Department of Education Rehabilitation Services Administration in a way that does not identify me.
- I understand my information will not be shared outside of this project and identified partners.
- I understand that my personal information and any data collected will be kept safe according to federal and state privacy laws.
- I understand that I may be contacted by the VTP2P team or project partners about program participation and a survey.
- I understand that if I, the student, turn 18 while enrolled in the project, I agree to the conditions agreed to here.
- I understand I will receive a copy of this enrollment form.

Student Name: _____ School: _____

This consent will expire on September 30, 2028.

I may cancel consent anytime by sending a request to ahs.pathwaystopartnershipsvt@vermont.gov.

If I cancel my consent before the expiration date above, I understand that information I shared about my participation in the program before cancelling may continue to be shared but will not be shared in any way that identifies me.

Student Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Signature required if student is under the age of 18 or has a guardian.

For School Use Only

Student PERM#: _____ We attest this student is on a 504 ____ or an IEP ____ (check which applies)

Please choose the student's disability designation from the following list:

Primary Disability (<i>Select one</i>):	Secondary or additional disability (<i>Select one</i>):
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Emotional Disturbance
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Deaf-Blindness
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Hearing Loss

Completed by: _____ Title: _____ Date: _____

P2P Project Partners

ReSOURCE, Vermont Association for the Blind and Visually Impaired, HireAbility, Vermont Family Network, Vermont Center for Independent Living, UVM Center on Disability and Community Inclusion, Green Mountain Self Advocates, Division for the Blind and Visually Impaired, Education Services Practice and Deaf Hard of Hearing DeafBlind (ESP), Developmental Disabilities Services Division, VT Agency of Education.

The contents of this enrollment form were developed under a grant number H421E230023 from the Department of Education. However, those contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. (Authority: 20 U.S.C. §§ 1221e-3 and 3474)

What's Next?

- There is an online survey for students over 18 and caregivers or guardians for students younger than 18 or who have a guardian.
- Your answers will be shared with the VT-P2P Transition Coordinator to help you get started finding the best transition activities for you.
- This survey will also be used as part of a research study to see how VT-P2P is working in Vermont and around the United States.
- It is your choice to complete the survey or not.

To learn more or get started:

Scan this code with your phone

OR

Visit



Scan me



<https://go.uvm.edu/vtp2p-survey>

Have questions?

Contact Jesse Suter at 802-656-1130 or jesse.suter@uvm.edu.