



# Turning Point

Handbook  
2023-2024



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## Location

500 Sunflower Blvd.  
Ozawkie, KS 66070  
785-876-2214

## Hours of Operation

8:00am- 2:45 pm

Specific schedules/days/hours will be determined by student need.

## Calendar

Turning Point will follow the USD 343 District Calendar for holidays and school closings. If a student's home district is closed due to weather, the student is not expected to attend Turning Point.

## Staff

Belinda O'Dell, Principal/Asst. Director  
Ashely Gupta, Special Education Teacher

# Background

Students in the Keystone member districts had the need for a unique educational experience in a nontraditional location to acquire skills needed for success after high school. To meet this need in the fall of 2020 Keystone began offering transition services in a community based setting better designed to teach the functional and vocational skills necessary for independence in the community and opportunities to participate in rewarding employment opportunities.

## Federal Requirement

According to the Individuals with Disabilities Education Act (IDEA), all public schools must consider and include special education transition services in the Individual Education Plan (IEP) for students, beginning the IEP year in which the student turns 16, and update it annually thereafter. In addition, upon meeting graduation requirements, students with an IEP due to a disability, may be eligible for transition services through June 30th of the school year in which the student turns 21, as determined by the IEP team.

## State Requirement

Per a Kansas state requirement, the IEP team is required to add the transition plan to the IEP, to include an age-appropriate transition assessment of the student, (measurable and reasonable) post-secondary goals, anticipated course of study and the skills, interests and preferences of the student, in the IEP year in which the student turns 14.

The district must make a free appropriate public education (FAPE) available to any student who has not graduated with a regular high school diploma until the end of the school year in which the student turns 21 (the school year ends on June 30). The IEP team may determine that the student needs extended school year services, which would be available through June 30 of the school year in which the student turns 21.

## Program Vision

To enable students to achieve their personal turning point toward a meaningful, self-determined future.

# Program Mission

The mission of Turning Point is to teach young adults with identified needs the skills necessary to live and work as successfully and independently as possible in their community of choice.

# Program Description

A community based learning experience for students 18-21 targeting the skills and knowledge needed to build a successful life.

# Eligible Students

The Turning Point program is uniquely designed to teach independent living and work skills to students who have completed all core academic requirements, but continue to have unmet transition needs. Young adults are prepared to enter the program when the IEP teams have determined that they have met the following prerequisite skills/criteria:

1. Have an Individualized Education Plan (IEP)
2. Have met graduation requirements or have been in high school for 4 years and/or are 18 years or older, *but have not been officially awarded a regular high school diploma.*
3. Are residents in the Keystone catchment area and enrolled in one of our schools.
4. The IEP Team has determined there are unmet daily living, social, vocational goals that are preventing them from achieving their post-secondary goals. *These needs must be clearly articulated with an estimated time to complete.*
5. The IEP Team has determined that Turning Point is an appropriate location. While this is the IEP Team's decision, there are prerequisite skills associated with success at Turning Point including but not limited to:

The young adult has...

- a. *functional communication abilities via oral, sign language, AC device to express their own interests.*
- b. *the ability to participate with others in a community setting safely.*
- c. *the ability to follow multi-step instructions.*
- d. *the ability to remain in an assigned area and to not leave without communicating their change in location to staff or a family member.*
- e. *the ability to make positive choices based on personal needs.*
- f. *a willingness to learn how to manage their individual schedule.*

- g. *a willingness to work on personal self-care and hygiene to the extent practicable.*
- h. *academic needs specific to achieving their postsecondary goals only.*
- i. *been free of physical or verbal aggression during the past school year.*
- j. *been free of inappropriate behavior during the past school year including, but not limited to,,: sexual harassment of any kind, lewd comments, offensive language/cursing.*

**6. Young adults whose only needs are transportation to/from a work site or postsecondary educational location are NOT eligible for Turning Point.**

The above are considered *guidelines* and are not prescriptive for determination of eligibility for the Turning Point location. ***Determination is an IEP team decision based on the individual needs of each young adult.***

## Curriculum:

The curriculum is primarily authentic, hands-on experiences aligned with the independent living, recreation, and employment skills needed to reach the student's individually determined transition goals. However, some core academic skills applied in the natural context in which they will be used by the student in their transition-related goals will also be incorporated.

**Functional Independence Skills Handbook (FISH)**, is an assessment instrument and related lessons used for determining a person's ability to perform certain functional activities from daily life. Activities selected from this curriculum will target skills that promote independence.

## Components:

**Personal Life:** Communication; Social Skills; Self-Advocacy; and Problem Solving in a community context.

**Daily Living:** Grooming and Hygiene; Nutrition and Food Preparation; Home Living; Time Management; Money Management; Medical, Health and Fitness

**Employability:** Career awareness, Career exploration, Work Study, Work Vocabulary, Work Perseverance, Authentic Career Choices

**Community Living:** Navigating Community Resources, Public Transportation,

## Recreation and Leisure Activities

**Lifelong Learning:** Independent Problem Solving, Seeking Trusted Assistance, Determining fact from fiction

### What Keystone and Turning Point will do with Turning Point participants:

1. Provide job training opportunities
2. Provide job coach support as determined by the IEP team
3. Collaborate with adult agencies and families once eligibility is determined
4. Assist with transition to adult services
5. Mentor and monitor young adult progress towards their post secondary goals

### What young adults and families are recommended to do:

1. Apply for adult services through our local Communities Developmental Disabilities Organization (CDDO) and secure a case manager
2. Apply for Medicaid and Social Security Insurance/Income (SSI)
3. Provide court documentation of any guardianship secured for applicable 18-year olds
4. Work with an adult service agency to create a plan for life after Turning Point
5. Foster ongoing progression toward increased young adult independence

### Turning Point Guidelines for Success:

1. **As young adults, natural consequences are the result of the choices we make.**
2. **Come to the Turning Point “community” prepared each day:**
  - a. Have good attendance!
  - b. A good night of sleep, rested and ready for day’s activities
  - c. Eat breakfast
  - d. Teeth brushed to the best of your ability
  - e. Hair brushed to the best of your ability
  - f. Clean clothes
  - g. With money card/cash in wallet and/or purse/bag
  - h. Personal communication device or phone charged (If applicable)
  - i. Take medication as prescribed (if applicable)
3. **Go to Work Study/Vocational assignment.....**
  - a. With Turning Point ID

- b. Communication device or phone (if applicable)
- c. Ready to follow instructions from supervisor
- d. Complete ALL given tasks
- e. MUST STAY AT WORK STUDY LOCATION/AREA UNTIL TRANSPORTATION ARRIVES.

**4. Community outings**

- a. With Turning Point ID
- b. Wallet or purse with payment envelope
- c. Use your manners say “Please and Thank You”
- d. Try new things
- e. Take turns
- f. MUST STAY AT COMMUNITY OUTING AREA UNTIL TRANSPORTATION ARRIVES.

**5. Lunches**

- a. Turning Point students will plan a menu and grocery shop for their own lunches.
- b. Unless the student qualifies for free/reduced meals through the school district, students are expected to bring money to Turning Point for groceries once every two weeks.

**6. Inclement weather**

- a. In the case of inclement weather, Turning Point will follow the USD 343 school closing schedule as posted on local TV stations. However, if a student’s home school is closed due to inclement weather, the student will not be expected to attend that day at Turning Point.

**7. Absences, Illness or Accidents**

- a. To the extent practicable, absences, illnesses, appointments, or any change in schedule during the school day should be reported by the Turning Point participant to their coach/employer and make-up time negotiated.
- b. If you have a fever, diarrhea, green/yellow mucus, pink eye, or other contagious symptoms please contact Turning Point to communicate your absence and stay home until symptom free for 24-hours.
- c. Turning Point participants will bring extra clothing in case of personal accidents and they’ll wash soiled clothing while at Turning Point.
- d. All minor incidents/accidents will be recorded and treated on-site, **911 will be called for emergencies.**
- e. Please schedule agency and appointments after school hours as much as possible.

**f. REPORTING ABSENCES**

- i. If a young adult is sick and will not be attending Turning Point that day, he or she needs to:



- CALL Turning Point at 785-876-2214, ~~ext 111~~
- Call the district transportation (if applicable)
- Notify employer (if applicable)

**8. Communication**

- a. A quarterly newsletter
- b. Turning Point welcomes phone and email communication as well! Please don't hesitate to contact us with questions or concerns.

**9. Transportation:**

- a. Special education transportation to/from Turning Point daily, as well as any community activities during program hours is provided if transportation is listed as a related service on the participant's IEP.
- b. One goal of Turning Point is to help students become independent in participating in public transportation to ensure access to and from work after they exit the program. Negotiating public transportation will be part of the internship experience when they get to that level.

**10. Level and intensity of support needs:**

- a. If a participant demonstrates support needs that are inconsistent with the level and intensity of support at Turning Point, (i.e. chronic tardiness, poor attendance, or exhibits behavior that are unsafe for the participant or others) the follow process will occur:
  - i. Turning Point staff will document the concerns and apply coaching and reasonable accommodations to improve performance.
  - ii. The IEP team, including the student/educational advocate, will convene to develop and implement an intervention plan to address concerns.
  - iii. If the intervention plan can't be successfully implemented at Turning Point, or is unsuccessful after implemented with fidelity over time, then the IEP team will reconvene to discuss whether Turning Point is an appropriate location to meet the needs of the participant.

**11. Staff Support & Fading**

- a. Young adults are working towards the highest level of independence practicable in work, life, and leisure. The well-trained Turning Point staff will provide support and modeling initially, and fade their support as the targeted skills are demonstrated by the young adult.

**12. Exiting from the Program**

- a. Young adults are eligible to remain at Turning Point through the school year in which the student turns 21; however, if their needs/IEP goals are met prior to this age, the young adult and their IEP team may determine that services are no longer necessary and exit them from the program at any

time. At that time the student would receive their “official” high school diploma.

## Turning Point EXPECTATIONS

The following are work habits and attitudes that ensure success at Turning Point!

**T** Take responsibility for your success!

**U** Upbeat attitude in all that you do!

**R** Respect yourself and others

**N** Notice the good things each day

**I** Intentionally lend a helping hand

**N** Negotiate kindly

**G** Give 100% effort!

**P** Patience with yourself and others

**O** Open to new learning

**I** Increase your independence

**N** Nice words and actions

**T** Take the initiative!

## Turning Point Program Expenses:

- Enrollment: Turning Point students will enroll through their home school district. Enrollment fees will be determined by the district of enrollment.
- Weekly Budget: (estimates)
  - \$25 - \$30 week (\$100 - \$120 monthly)
  - Groceries for family meals will be paid out of the payment envelope.
  - Community Outings: *(these outings are separate from more frequent community vocational experiences)*
  - Twice per month (\$0-\$40 monthly but will vary depending on outing)
  - We will plan group outings on Fridays.
  - In general, parents/guardians do not attend community outings, they are designed to foster and promote the young adults independence and relationships with others within their community. On certain occasions an invitation will be given to parents/guardians/family members to attend Turning Point activities.
  - Turning Point participants will be involved in the planning and selection of the outings. These outings are a critical component to Turning Point objectives in providing daily living, social, community access and leisure opportunities.
  - Any Turning Point participant experiencing financial hardship causing them the inability to participate in community outings, should notify the Turning Point lead teacher to work out options.
  - As with groceries, funds for community outings should be available on the young adult's payment envelope.
- Each Turning Point Participant will maintain a weekly spending account log. When funds are low a communication update will be sent.

# Partners

## **Member Districts:**

USD #338 **Valley Falls**

USD #339 **Jefferson County North**

USD #340 **Jefferson County West**

USD #341 **Oskaloosa**

USD #342 **McLouth**

USD #343 **Perry/Lecompton**

USD #377 **Atchison County Community Schools**

USD #449 **Easton**

## **Keystone Learning Services**

**500 E. Sunflower Blvd.  
Ozawkie, KS 66070**

# FORMS:

## Keystone Learning Services

### WAIVER AND RELEASE OF LIABILITY

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email (please print) \_\_\_\_\_

Emergency Contact Name and  
Phone \_\_\_\_\_

**RELEASE AND WAIVER:** The undersigned understands that participation in community-based work/training or related activities which may potentially expose students to activities and/or equipment which can lead to accidents and/or injuries. In consideration of Student's enrollment into Turning Point, the undersigned does hereby release, waive, discharge, indemnify, and hold harmless Turning Point and its directors, officers, employees and agents, against any claim for damage, injury, loss or death to the above-named student resulting from participation in any class, program, play or work activity either at Turning Point or at another location.

**HEALTH CARE AUTHORIZATION:** The undersigned hereby authorizes Keystone Learning Services and its agents to perform any acts which may be necessary or proper to provide emergency health care of any student in the event that the Parent/Guardian cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s) he is responsible for all costs and expenses of such medical treatment.

**I HAVE READ THE ABOVE WAIVER AND RELEASE LIABILITY AND BY SIGNING, I AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE KEYSTONE LEARNING SERVICES AND ITS EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF NEGLIGENCE. I CERTIFY THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE AND AUTHORIZATION.**

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

Keystone Learning Services will keep this form on file throughout a student's enrollment in Turning Point. Please notify the staff of any changes to the above information.



500 E. Sunflower Blvd. Ozawkie, KS 66070 T 785-876-2214 F 785-876-2383 www.keystonelearning.org

To Prospective Business Partner:

Authentic work and leisure experiences for our students are critical in preparing them for a meaningful, self-determined life following graduation. We appreciate your consideration in partnering with us to provide those experiences.

Attached is confirmation that these staff and students are covered under the Keystone's liability insurance for all school-related tasks and activities performed onsite. We are responsible for calculating and providing the level and intensity of support needed for a safe experience for our students and our business partners.

However, this coverage cannot fully absolve the business partner from liability if they are found to be willfully negligent resulting in an injury to staff, student, or any patron in their facility. The definition of such circumstances would be available through the business insurer.

Again, we rely on our business partners to help us provide a rich and meaningful educational experience for all of our students. We appreciate your consideration and are happy to answer any questions you might have.

Sincerely,

A handwritten signature in black ink that reads "Doug Anderson".

Doug Anderson, Ph.D.  
Executive Director

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>CBIZ Ins. Svcs Inc. (PE)</b> 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500	<b>CONTACT NAME:</b> Nate Byarlay PHONE (A/C, No, Ext): - <span style="float: right;">FAX (A/C, No):</span> E-MAIL ADDRESS: nbyarlay@cbiz.com INSURER(S) AFFORDING COVERAGE <span style="float: right;">NAIC #</span> INSURER A : Philadelphia Indemnity Insurance Co. <span style="float: right;">18058</span> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Northeast Kansas Educational Center dba Keystone Learning Services 500 Sunflower Blvd Ozawkie, KS 66070	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Professional Liab</b>			<b>PHPK2235301</b>	<b>02/06/2021</b>	<b>02/06/2022</b>	<b>\$1,000,000 Each Claim \$1,000,000 Aggregate</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: Life Skills Program. Students of Keystone Learning Center are included as insureds under the above captioned Professional Liability policy, while acting at the direction of, complying with policies and procedures governing conduct at, or performing services primarily for or on behalf of Keystone Learning Center. As such, Keystone Learning Center requires individual employers to exercise good judgement when working with students and provide appropriate supervision.**

<b>CERTIFICATE HOLDER</b>  To Whom It May Concern	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <b>CBIZ Insurance Services, Inc.</b>
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