PA-5L Oct 2024

**Special Education Transition Services**

District: Count Date:

Building/Program:

On this form, list all special education pupils receiving transition services through: (1) a special education work-site based learning experience, (2) work activity center\*, or (3) community living experience\*. Include all requested information. (A separate list of pupils providing the same requested information may be attached to this form.)

**I certify our Special Education Transition WBL program meets state requirements as outlined in the Pupil Accounting Manual, Section 5L, as well as** [MDE-OCTE's WBL Companion Document](https://www.michigan.gov/mde/-/media/Project/Websites/mde/OFM/State-Aid/Pupil-Accounting/Work-Based_Learning_Experiences_Program_Requirements.pdf?rev=72886c2437394e73a8783cfb0eaa38f7&hash=D2547EC459DBAB9A8694B5AA6F6D45ED).

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**Signature of SE WBL Coordinator or Building Principal** **Date**

**“X” Appropriate Box 1, 2, or 3 Below**

| Name | Grade | FTE | **(1)**  **Transition Services -**  **Work Based Learning Experience** | (2)  Transition Services -Work Activity Center**\*** | (3)  Transition Services -Community Living Experience**\*** | Supervising Special Education Teacher |
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**\***We are not aware of any qualifying Work Activity Centers (WAC) in our region (i.e., federal wage-deviation employers), and have not had districts report participation in a Community Living Experience (CLE) program in several years. If you believe you have WAC or CLE pupils, please contact your primary auditor to discuss program requirements before reporting.