Default Question Block

Orange County Local Partnership Agreement
Universal Referral Process (URP)
Survey for Service Providers and Educators

Partners - select all that apply:

- ☐ DOR
- ☐ RCOC
- ☐ School
- ☐ College

- ☐ One-Stop/AJCC
- ☐ Individual with Disability / Student
- ☐ Family Member

Write-in additional partners or service providers:

[   ]

Directions: Check "Yes" or "No," where indicated, for each Universal Referral Process element. Please include comments, as needed. At the end of the survey,

please include any suggestions for the URP pilot program.

I / My agency / school site staff participated in partnership efforts:

○ Yes

○ No

○ Not applicable

○ [_____] Comments:

I / My Agency / School site staff participated in partnership efforts through (check all that apply):

☐ Email

☐ Calls / Conference calls

☐ Face-to-face meetings

☐ Virtual meetings

☐ [_____] Other:

I / My agency / school site staff utilized person centered / person driven planning with participant/student/family member to promote work/training/employment:

○ Yes

○ No

○ Not applicable

○ [_____] Comments:

I / My agency / school site staff worked with family member/conservator:

○ Yes

○ No

○ Not applicable

○ [_____] Comments:

I / My agency / school site staff recommended/promoted transition/employment related service(s) for participant/student:

○ Yes

○ No

○ Not applicable

○ [_____] Comments:

Identify all transition and/or employment related services provided to the student and/or family, please check all that apply:

○ Meetings   ○ Website referrals   ○ Other: [_____]

○ Phone calls   ○ Service/Program referrals   ○ Other: [_____]

○ Text messaging   ○ Virtual meetings   ○ Other: [_____]

○ Provide materials

Participant or student accessed recommended/promoted transition/employment related services:

☐ Yes

☐ No

☐ Not applicable

☐ [_____] Comments regarding programs or services:

Did you or the participant/student encounter agency road blocks:

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Comments: What prevented you or the participant/student from accessing need
  [   ] services?

I or Our URP team encountered agency/organization regulations/procedures that made it difficult or impossible for the participant/student to access services/resources:

- ○ Yes
- ○ No
- ○ Not applicable
- ○ Comments:
  [   ]

The participant/student participated in community based/virtual Work Experience:

- ○ Yes
- ○ No
- ○ Not applicable
- ○ Unknown
- ○ [   ] Comments:
- ○ Please list Work Experience site/job or virtual work-based learning community:
  [   ]

Employment was secured for participant/student:

- ○ Yes
- ○ No
- ○ Not applicable
- ○ Comments:
  [   ]

○ [_____] Please list the employer:

We or The URP team identified/verified best practices for our OCLPA Universal Referral Process:

○ Yes

○ No

○ Not applicable

○ Comments:
   [_____]

○ [_____] What best practices were identified?

We or The URP team identified issues/concern with partner agencies:

○ Yes

○ No

○ Not applicable

○ Comments:
   [_____]

○ [_____] What concerns were identified?

Did you identify the need for translation services when communicating with the participant/student and/or family member?

○ Yes

○ No

○ Not applicable

○ Comments:
   [_____]

Did any agency or organization redirect funds/costs to pay for needed work training/employment services/supports?

○ Yes

○ No

○ Not applicable

○ Comments:

[ ]

In planning for services and supports, costs were shared costs across multiple agencies:

○ Yes

○ No

○ Not applicable

○ Comments:

[ ]

Have you seen improvement in transition or employment services utilizing the OCLPA URP Process:

○ Yes

○ No

○ Not applicable

○ Comments:

[ ]

Please indicate any suggestions you have for improving the URP team working together in partnership to support participants/students who want to prepare for a job and additionally secure, keep and/or advance employment:

[ ]

Please give a short comment on the use of the Universal Referral Process (URP):

[ ]

Would you like to be contacted to provide additional information about the URP?

○ Yes

○ No

Additional Information

Name:

[   ]

Email:

[   ]

Phone number:

[   ]

Universal Referral Process pilot site name:

[   ]

Agency / School site name:

[   ]

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