



FLORIDA YOUTH LEADERSHIP FORUM

July 7-12, 2025 | Tallahassee, Florida

Calling All Leaders!

If you are an energetic, motivated, and driven person with a disability between the ages of 15-21 the Forum may be for you!



FILC
EMPOWERING PEOPLE
WITH DISABILITIES



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



Hosted by the Florida Independent Living Council, in partnership with the Florida Department of Education, Division of Vocational Rehabilitation.

What is the Florida Youth Leadership Forum?

- The Youth Leadership Forum for Students with Disabilities (YLF) is a unique leadership- training program for students with disabilities. Students will represent their communities as delegates in Florida's state capital, learning to cultivate leadership, citizenship, and social skills.

What Kinds of Activities Will I Participate in?

- YLF delegates will learn how laws are made and how to successfully advocate for new laws. They will visit the state Capitol, meet legislators, and participate in a mock legislative session.
- YLF delegates will learn what it means to be a leader and discover new ways to increase their leadership abilities. Each delegate will develop a "Personal Leadership Plan", which provides an individual action plan so students can begin using new skills to advocate for themselves and others.
- YLF delegates will improve their self-advocacy skills by learning about the history of the disability movement, how to increase disability awareness, and how to access community resources that can lead to independence.
- YLF delegates will learn pre-employment transition skills and explore careers in various disciplines.
- YLF delegates will have fun! Delegates will participate in group activities that allow students with different abilities to network and develop new relationships.
- **YLF delegates will be required to attend one (1) one-hour virtual meeting to prepare for the Forum in early July.**

Who May Apply?

- Florida students aged 15-21 that are currently enrolled in a high school education program (public, private, virtual, GED, homeschool) or post-secondary school (trade, college or university) are invited to apply. Each student must have a diagnosed disability at the time of application. We are a cross-disability organization and we welcome applications from individuals with any type of disability.
- Applicants should be able to demonstrate their leadership potential through participation in school, extracurricular activities and/or community involvement.
- Applicants must have the ability to interact effectively with other students, adapt to new surroundings, follow an intense schedule of daily activities, and demonstrate a willingness to participate in small and large group discussions.
- Selected applicants must show proof of health insurance (private insurance, year-round school insurance, Cover Florida, KidCare or Medicaid are acceptable).

Where Do We Stay?

- The 2025 Youth Leadership Forum will take place on campus at Florida State University. Delegates and staff will be housed in double occupancy rooms in university dorms. There is no registration fee. Housing and meal costs will be covered by YLF. Transportation assistance is also available.



Instructions to Complete Application

- Please read all instructions and fill out the entire application.
- *Incomplete applications will not be considered.*
- Answers may be dictated to a parent, guardian, or other scribe; however, the content must be the work of the student.
- Application deadline is **Friday, March 21, 2025.**
- Applications after that date may be considered on a space available basis.
- Please return completed application by mail or e-mail to:
 - **Physical mailing address:**
Florida Independent Living Council
1882 Capital Circle NE., Suite 202
Tallahassee, FL 32308
 - **Email:** sarah@floridasilc.org

Application Section Checklist:

- Student Information
- Disability Information/Accommodations
- School and Community Involvement
- Employment and Volunteer Information
- Short Answer Questions
- Reference
- Vocational Rehabilitation STAR Referral Form (signed by school)

Delegate Information:

Last: _____ First: _____ Middle: _____

Nickname: _____

Birthdate: _____ Cell Phone Number: _____

E-Mail Address: _____

Home Address: _____

City: _____ ZIP Code: _____ County: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian E-Mail Address: _____

Parent/Legal Guardian Cell Phone Number: _____

How did you hear about YLF? (Check all that apply)

School

YLF Alumni

Center for Independent Living

Social Media

Other _____

Disability Information:

Please check **all** that apply (continued on next page):

AUDITORY

Hard of Hearing

Deaf

VISUAL

Blind

Low Vision

COGNITIVE

Asperger's Syndrome

Autism

Down Syndrome

- Intellectual Disability
- Learning Disability (reading, writing, math)
- Traumatic Brain Injury

PHYSICAL

- Amputation
- Cerebral Palsy
- Dwarfism Type: _____
- Muscular Dystrophy
- Osteogenesis Imperfecta
- Spina Bífida
- Spinal Cord Injury
- Spinal Muscular Atrophy

MENTAL HEALTH

- Anxiety
- Attention Deficit Hyperactivity Disorder
- Bipolar
- Depression
- Eating Disorder
- Obsessive Compulsive Disorder
- Post-traumatic Stress Disorder
- Schizophrenia

SYSTEMIC

- ALS
- Cancer
- Crohn's Disease
- Cystic Fibrosis
- Diabetes
- Epilepsy
- Fibromyalgia
- Grave's Disease
- Heart Disease
- HIV/AIDS
- Multiple Sclerosis
- Parkinson's
- Psoriasis
- Rheumatoid Arthritis

OTHER: _____

Age Onset Of Your Disability: _____

Accommodation Information:

All settings at YLF will be accessible, but please check any accommodations below that are necessary for you to fully participate in YLF. Check all that apply:

- Use large print (Size preference: _____)
- Simplify language
- Allow activity breaks
- Allow student to stand and work
- Allow movement within assigned area
- Provide a note-taker or copies of materials
- Provide written materials in Braille
- Provide an American Sign Language interpreter
- Provide real-time captioning/CART
- Provide a dorm room with a roll-in shower and/or grab bars
- Provide a shower chair or shower bench
- I will be bringing a mobility device(s)

****We encourage participants to bring their own durable medical equipment, as equipment on site may be difficult to secure.***

If yes, what kind? Please check all that apply.

- Power chair Manual chair Walking Cane
- Hoyer Lift Walker Crutches
- Scooter White Cane Other

Florida YLF requires long distance walking across the FSU campus. Accommodations can be made if necessary.

I am able to walk long distances unassisted. () Yes () No

I am requesting a sighted guide for navigating the campus. () Yes () No

I can navigate stairs. () Yes () No

Personal Care Assistance (PCA):

Will you need a personal care attendant? _____ Yes _____ No

FILC will provide PCAs to all students who require them. Parents may not serve as PCAs.

If yes:

What time of day and for how long? _____

Lifting assistance, and how much? _____

Transfer assistance, and what type of transfer? _____

One person transfer? Yes ___ No ___

Two person transfer? Yes ___ No ___

Do you need bathroom and/or bowel and bladder program assistance?

_____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you need bathing assistance? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you require meal assistance? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Do you need help getting dressed? _____ Yes _____ No

If yes, please provide detailed instructions: _____

Additional Accommodations (if necessary):

School Information:

Name of School: _____

City: _____ ZIP Code: _____ County: _____

School Grade/Year in College: _____ Expected Date of Graduation: _____

Please list the school classes you are currently enrolled in: _____

School and Community Involvement:

Please list school, volunteer, religious, social, athletic, or other activities or organizations in which you have participated during the last four years (feel free to attach additional information):

1) Organization/Activity: _____

Years of Involvement: _____ Leadership Roles or Involvement: _____

2) Organization/Activity: _____

Years of Involvement: _____ Leadership Roles or Involvement: _____

3) Organization/Activity: _____

Years of Involvement: _____ Leadership Roles or Involvement: _____

4) Organization/Activity: _____

Years of Involvement: _____ Leadership Roles or Involvement: _____

5) Organization/Activity: _____

Years of Involvement: _____ Leadership Roles or Involvement: _____

Awards & Recognition:

List any special awards, honors, or recognitions for academic, school, or community-related activities you have received: _____

Employment & Volunteer Information:

List any volunteer or paid work experience you have had and briefly describe your duties:

Do you currently have a job? () Yes () No

How many hours per week do you work? _____

Can you make arrangements with your employer to attend YLF? () Yes () No

What career field that you would like to learn more about? _____

Transportation:

Will you need transportation assistance to and from Tallahassee? () Yes () No

Short Answer Questions (please attach responses):

*Submissions can be written, audio or video recorded.

1. Describe your disability to us. How do you feel about having a disability?
2. How do you define leadership? What qualities do you possess that you feel make you a leader?

Reference:

Please provide contact information for a personal reference (counselor; teacher; faith leader, employer, etc.) who can describe your demonstrated leadership skills and/or your leadership potential. (This reference should NOT be a relative of the applicant.)

Reference Name: _____

Phone Number: _____ Email: _____

Relationship to Student: _____

By signing below, I agree that if I am selected for the 2025 YLF:

- I will be referred to STAR, a free program offered by the Florida Department of Education, Division of Vocational Rehabilitation. STAR is a pre-employment program that offers services to help students get ready for a future career.
- I may be referred to other agencies that can provide financial support for my participation in this event.
- I will be expected to remain for the duration of the Forum. Participating in just a portion of the program is not permitted.
- I will attend the one virtual meeting prior to the YLF.
- If I need reasonable accommodations to complete forms or to participate in the program they will be provided, but it is my responsibility to request those accommodations and to communicate my needs fully in my application.

I have read the information regarding the Florida Youth Leadership Forum and its requirements and confirm that the information I have provided on this application to FILC is true.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____

Pre-Employment Transition Services



Vocational Rehabilitation helps individuals with disabilities find, get or keep a better job

The Florida Department of Education, Division of Vocational Rehabilitation (VR) works together with students, families, schools and community agencies and organizations to provide services that promote successful transitions from school to work and into adult life.

What is Pre-Employment Transition Services?

Pre-Employment Transition Services (Pre-ETS) offer students with disabilities an early start at career exploration and preparation for adult life.

Beginning at age 14, students with disabilities can connect with VR for Pre-ETS. VR works with students, their families, their schools and community partners to enrich transition planning and support students with gaining knowledge and experiences necessary so they may make informed decisions about their future.

Under the Workforce Innovation and Opportunities Act (WIOA), every student (ages 14-21) with a disability has the opportunity to participate in Pre-Employment Transition Services (Pre-ETS). This includes:

- Job-exploration counseling
- Postsecondary educational counseling
- Self-advocacy training and peer mentoring
- Work readiness training, and
- Work-based learning experience

Students with disabilities may participate in Pre-ETS without having to apply to VR or be determined eligible for services. The focus is to develop work skills, practice social skills and acquire a network of community supports while the student is still in high school.

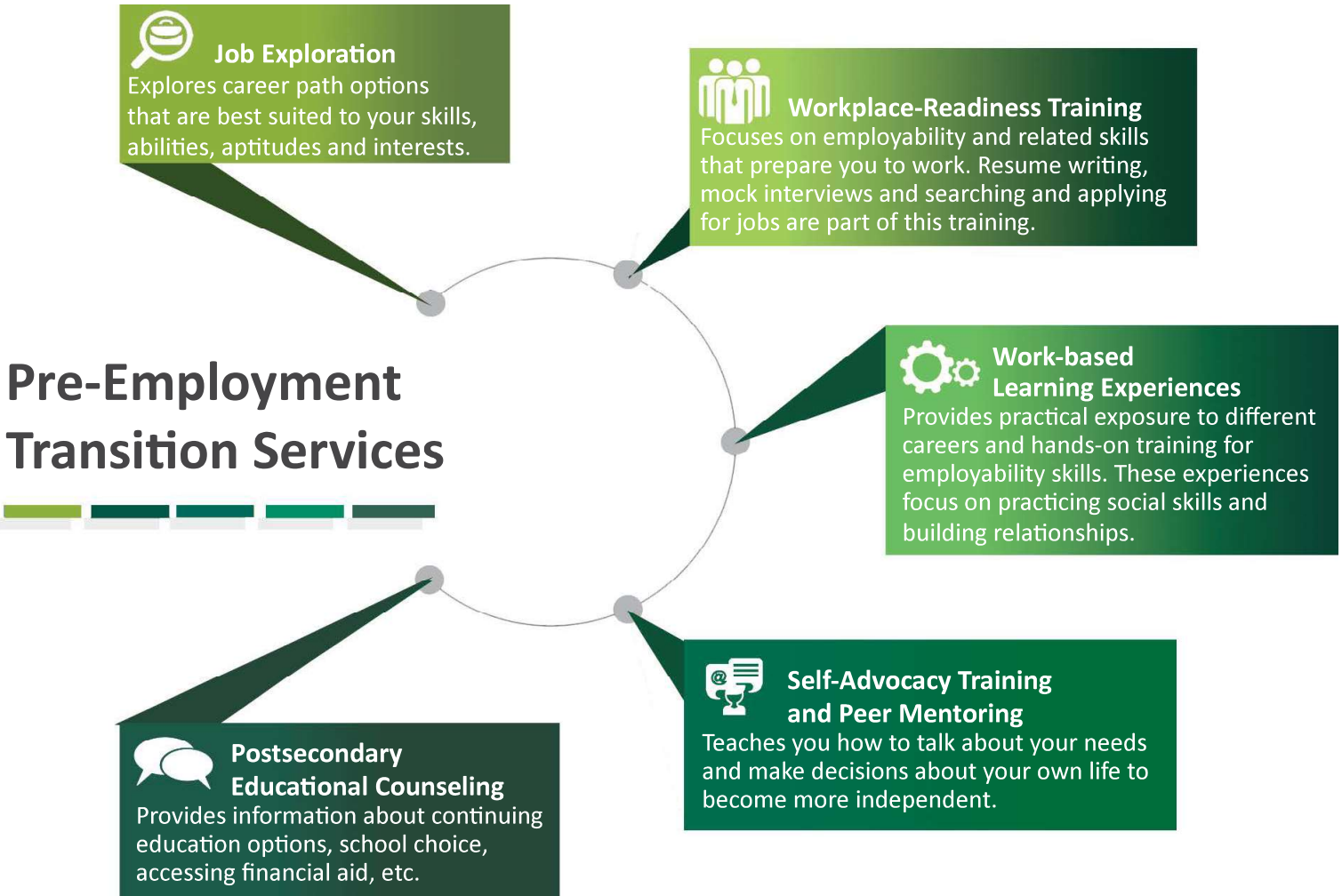


Who Can Participate in Pre-Employment Transition Services?

Students with disabilities ages 14-21 who are currently enrolled in school.

What are the Pre-Employment Transition Services?

Pre-ETS include job exploration, workplace-readiness training, work-based learning experiences, training on self-advocacy (e.g., youth peer mentoring) and postsecondary educational counseling.



How Does a Student Access Pre-Employment Transition Services?

Students can contact a VR office or request a referral from their school.

Contact Vocational Rehabilitation



850-245-3399
800-451-4327



VRTransitionYouth@
vr.fldoe.org



www.RehabWorks.org



Florida Department of Education
Division of Vocational Rehabilitation
Transition Youth Services
325 W. Gaines St., Suite 1144
Tallahassee, FL 32399-0400

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is an equal opportunity employer. It is against the law for VR as a recipient of Federal financial assistance to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. The application process used by VR to determine eligibility for services, any subsequent services and the entire VR process are subject to these non-discrimination requirements. Auxiliary aids and services are available upon request to individuals with disabilities. VR program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2021 Federal fiscal year, the total amount of grant funds awarded were \$176,836,896. The remaining 21.3 percent of the costs (\$47,860,557) were funded by Florida State Appropriations. Revised October 2021.



Pre-ETS Referral Form – (District)

*Required Fields

Student Information

*Name: _____ SS#: _____
*Date of Birth: _____ Gender: _____ Disability Documentation: _____
Race: _____ Ethnicity: _____
*Home address: _____
*City: _____ *Zip Code: _____ *County: _____
*Phone Number: _____ Email: _____
*Name of School: _____

Parent/Guardian Information (if applicable) Name: _____
Home Phone, if different from student: _____ Cell: _____
Email: _____

*School Staff Making Referral

Name: _____ Position: _____
Email: _____ Phone: _____

Accommodations for initial meeting with VR Staff:

Do you require an American Sign Language interpreter? Yes
Do you require an assistive listening device? Yes
Do you required translated documents? Yes
Do you require a foreign language interpreter? Yes
Do you require any other accommodation for your impairment? Yes
If yes, please explain: _____

*Transition Youth Services Requested (Check all that apply)

- Job Exploration Counseling (includes discussions on the student’s vocational interests, the labor market, and identification of career pathways)
- Work Readiness Training (A 20 hour course that focuses on employability and work readiness skills)
- Instruction in Self-Advocacy (A course that teaches students how to speak up for themselves and make decisions about their own lives)
- Counseling on Enrollment Opportunities (provides an awareness of post-secondary career pathway options with job and career information)
- Work-Based Learning Experiences (includes hands on training for employability skills; may be paid or non-paid)

Student Acknowledgement

I understand that through Vocational Rehabilitation, I will be offered limited Pre-Employment Transition Services that can help me explore, prepare for, and make informed career-based decisions. I understand that I must be an active participant in the services I choose to achieve my transition goals.

Signature of Student

Date

Permission to Make Referral

By Signing this Pre-ETS Referral, I give _____ County Schools permission to submit this STAR Referral to VR. I understand I will be contacted by VR Staff to set up an initial meeting and acknowledge that my participation is required if my child is under 18 or if I am his/her Guardian.

Parent/Guardian/Age of Majority Student: _____

Signature

Date

Confirmation Statement

By Signing this Pre-ETS Referral, I confirm that the student has been identified by _____ County Schools as a student with a disability.

School Staff: _____

Printed Name

Position

Signature

Date

Name of SDR submitting the Pre-ETS Referral to VR: _____

Phone # of SDR submitting the referral to VR (if different): _____

For Official VR Use Only (to be completed by VR Staff)

VR Staff Name: _____ Area/Unit _____

Date referral received from SDR: _____

Date entered into RIMS: _____

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