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AUTHOR Lichtenstein, Stephen, Comp.; Cormier, Larry R.,  
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ABSTRACT

This pamphlet, directed to vocational education and special education teachers and counselors at the secondary school level, provides a guide for developing Individual Vocational Education Programs (IVEPs) for disadvantaged learners, along with sample completed forms; and a resource of available IVEP forms being used in several of the secondary vocational programs in New Hampshire. In addition, it contains sample referral forms, guidance department forms, student data forms, parent forms, and checklists and team material that can be copied or adapted for use by other educators involved in the IVEP process. (KC)

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ED 208145

A DO-IT-YOURSELF GUIDE FOR THE  
DEVELOPMENT OF INDIVIDUAL VOCATIONAL EDUCATION  
PROGRAMS (IVEP's) FOR DISADVANTAGED STUDENTS

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Compiled by:

Stephen Lichtenstein  
Instructor and Project Director  
Occupational Education Department  
University of New Hampshire  
Durham, NH 03824

and

Larry R. Cormier  
Project Director  
Joslin House  
Keene State College  
Keene, NH 03431

CE 030125

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Alan Hodsdon, Consultant, Special Services for  
Disadvantaged Learners, New Hampshire Division of  
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John Bean, Consultant, Special Services for Handicapped  
Learners, New Hampshire Division of Vocational and  
Technical Education, Concord, New Hampshire  
Bill Mattson, Cheshire Vocational Center, Keene, NH  
Martha Atwell, Concord High School, Concord, NH  
Pam Richard, Somersworth High School, Somersworth, NH  
Kay Whitten, Littleton, New Hampshire  
Donna Lawrence, Alvirne High School, Hudson, NH  
Carol Delle, Manchester Skills Center  
Connie Biedrzycki, Londonderry High School, Londonderry  
Len Hebert, Milford Area Senior High School, Milford, NH  
Karen Boucher, Berlin High School, Berlin, NH  
Julie Moore, Plymouth High School, Plymouth, NH  
Ken Webber, Vocational Director, Portsmouth, NH  
Joanne Letendre, Portsmouth High School, Portsmouth, NH  
Dennis Rosslyn, Lin-Wood High School, Lincoln, NH  
Jaime Rotwitt, Laconia High School, Laconia, NH  
Alan Horne, Kingswood Regional High School, Wolfeboro, NH  
Bob Lister, Director of Special Education, Portsmouth  
High School, Portsmouth, New Hampshire  
Bruce Hubbard, Exeter Vocational Center, Exeter,  
New Hampshire

ROBERT L. BRUNELLE  
COMMISSIONER  
NEAL D. ANDREW JR.  
DEPUTY COMMISSIONER



DIVISION OF  
VOCATIONAL TECHNICAL EDUCATION  
105 LOUGDON ROAD BLDG 3  
CONCORD N. H. 03301

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION

The concept of the Individualized Plan is not a new concept and certainly was widely used as a teaching technique even before the inception of the Handicapped legislation, which not only made the technique commonplace but in fact, required it by law. New Hampshire extended the concept to include those vocational students classified as disadvantaged with its initial five-year plan and has consistently pursued the use of this tool for better support services and programming for the special needs student.

As schools have complied with the law, we have seen the development of a variety of models, some very short and some all-encompassing. As a state agency, we have never mandated a specific format for the IVP, and the intent is not to require one now. The following recommendations are not new nor are they any different than those which have been made since the initial requirement of the IVP. The form and recommendations included in this brochure have been developed for use by vocational special needs programs. Many professionals have been involved in the development from the beginning.

We hope that the work that is in this booklet will be helpful in providing better direction for you in providing better success for disadvantaged vocational students.

*Alan Hodsdon*

Alan Hodsdon, Consultant  
Special Services for the Disadvantaged

EQUAL OPPORTUNITY EMPLOYER - EQUAL EDUCATIONAL OPPORTUNITIES

'Live Free or Die'



UNIVERSITY OF NEW HAMPSHIRE  
DURHAM, NEW HAMPSHIRE 03824

Occupational Education Department  
College of Life Sciences and Agriculture  
Palmer House

October 15, 1981

Dear Friends:

This pamphlet was compiled by the Joint Vocational/Special Education projects at Keene State College and the University of New Hampshire. The contents of this resource are a result of numerous meetings and workshops held throughout the State funded by the New Hampshire Division of Vocational and Technical Education in Concord.

This pamphlet will assist you by providing: (1) a guide for developing Individual Vocational Education Programs' (IVEP's) for disadvantaged learners along with sample completed forms, and (2) a resource of available forms being used at several of the secondary vocational programs in New Hampshire.

Upon your request, consultation and technical assistance will be provided by teacher educators located at Keene State College and the University of New Hampshire.

It is with great pleasure that I thank all the teachers and support staff for their input in creating this resource. We are hopeful that this will result in better and more efficient ways of meeting the unique needs of disadvantaged learners in New Hampshire.

Sincerely,

Stephen Lichtenstein  
Instructor and Project Director  
Occupational Education Department

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The classification system for the disadvantaged is designed to include all persons who have academic or economic handicaps and who require special services and assistance to enable them to succeed in vocational education programs. This excludes youth and adults with mental, physical, or emotional handicaps.

A GUIDE FOR DEVELOPMENT OF INDIVIDUAL  
VOCATIONAL EDUCATION PROGRAMS (IVEP's) FOR  
DISADVANTAGED STUDENTS

In order to guarantee appropriate vocational programs to disadvantaged students, the Individual Vocational Education Program (IVEP) organizes, coordinates and directs resources to provide for successful participation in Vocational Education.

This process shall include the following:

- 1) Student is referred because of a problem which results in unsuccessful participation in a vocational program. The referral does not necessarily classify a student as disadvantaged or handicapped. It only initiates a process to diagnose and supply needed services.
- 2) Classification into the appropriate special needs category based on evaluation and "teaming" process.
- 3) An Individualized Vocational Education Program (IVEP) is developed using available information and vocational assessment/evaluation data. The IVEP should address the student's needs in overcoming identified problems.
- 4) IVEP is implemented using activities and specific modifications in vocational program, special services and resources indicated.
- 5) IVEP is monitored to insure that the student is working according to plan and receiving those services as designated in the plan.



- 6) Student progress is evaluated based on the components of the plan. This is to insure that the plan designed is appropriate to meet the student's needs.

## 1. Referral Statement

- 1.1 Any referral shall be written, dated and be forwarded to a specific individual designated for the purpose of receiving referral.
- 1.2 The referral shall identify the specific behavior which is preventing the student from succeeding in the vocational program.
- 1.3 It is suggested that parents notification and consent should be secured.
- 1.4 Team will evaluate available material and determine classification or further testing if necessary.
- 1.5 Decision: Point of classification, either disadvantaged or handicapped.

## 2. Classification

- 2.1 Classification will be based on an identified student problem.
- 2.2 The decision on classification will be made by a team.
- 2.3 The team should be composed of an administrator, a qualified special educator, and the teacher submitting the referral.
- 2.4 Parent should be notified of the team's decision.

### 3. Development of the Individual Plan

In the case of a student who is classified as handicapped, the vocational plan is a component of the IEP, this has been commonly referred to as an IVEP, but is not a separate document from the student's IEP. If the student is classified as disadvantaged, he/she will have an Individual Vocational Education Program (IVEP), which is based on information and vocational assessment/evaluation and will contain the following:

3.1 Broad statement of student expectations within the vocational program. (Example: The student will successfully complete Automotive II with modifications as described in the objectives.)

3.2 Specific measurable objectives:

- A. Objectives will describe only those areas of the program where modifications are necessary for successful completion.
- B. Objectives will relate to both content and services to be provided.
- C. The objective will state what specifically the student will be able to do (performance).
- D. The objective will state the minimum level of acceptable performance (criterion).
- E. The objectives will state what will be provided to the student prior to being expected to complete the objective (condition).

3.3 Evaluation Method

- A. How you will determine whether the student has successfully met the criteria established in the objectives?

### 3.4 Activities/Modifications

- A. Activities are a sequential listing of tasks necessary to assist the student in accomplishing the objectives.
- B. Activities are specific learning experiences which are designed to help the student successfully complete the objective.
- C. The modifications are variations of the normal procedures, they are prescribed to meet the special learning needs of the student.
- D. Modifications can be but are not limited to assistance, extended time lines, special materials and equipment, environmental modifications, alternative grading provisions and special techniques and strategies.

### 3.5 Person Responsible

- A. Service providers are those responsible for carrying out the prescribed activities and modifications.

### 3.6 Schedule (Time Frame)

- A. Each objective should have an estimated time frame.

### 3.7 Monitoring

- A. Each objective should be checked to see that the modifications are being taken care of. (Does the student have the necessary modifications to successfully complete the objective?)

- B. The frequency of the monitoring should be stated and the designated person, who will see that the components are being carried out.

4. Implementation of the IVEP

- 4.1 Specific objectives, activities, and modifications, as indicated, will be carried out by the designated individuals.

5. Monitoring of IVEP

- 5.1 Someone must be responsible to see that the components of the plan are being carried out.
- 5.2 The frequency of the monitoring will be stated on the IVEP.

6. Evaluation of the IVEP

- 6.1 The evaluation criteria are inherent in the objectives. If the student is unable to complete the objective, as indicated, then the plan should be revised.

## Sample IVEP's

# Individual Vocational Education Program (IVEP)

Student's Name Diane Madison

Vocational Program Building Trades I

Annual Goal(s)

The student will successfully complete a modified  
building trades program, as described by the  
objectives.

Disadvantaged  Academic   
Economic   
Limited English Speaking

SAMPLE

OBJECTIVES	EVALUATION METHOD	ACTIVITIES/MODIFICATIONS	DATE TO BE COMPLETED	PERSON RESPONSIBLE	MONITORING
<p><u>CONTENT:</u></p> <p>Given a demonstration, a model, the necessary tools and materials, the student will be able to mark, cut, position, and nail a gable roof frame to an accuracy of 1/16".</p>	Product Assessment	<ul style="list-style-type: none"> <li>-Use a preconstructed rafter pattern marker</li> <li>-Use a bevel cutting jig</li> <li>-Repetitive practice framing stock</li> <li>-Birdsmouth precut</li> <li>-Plate and ridge prelaid out</li> <li>-Completion time extended</li> <li>-Peer tutoring</li> <li>-Daily reinforcement</li> </ul>	April 3- May 12	Building Trades Teacher	Vocational Resource Coordinator
<p><u>SERVICES:</u></p> <p>Given three hours of vocational related math tutoring per week, the student will be able to perform building trades calculations.</p>	Progress Record Chart	<ul style="list-style-type: none"> <li>-Content will be selected by building trades teacher</li> </ul>	September to June	Resource Room Aide	Resource Teacher

NOTES

Student's Strengths

Limitations

Enthusiastic

Difficulty measuring with a ruler

Good reading ability

Needs repetition

Works well in group or team assignments

May need extended time to complete assignments

Very cooperative

Teacher \_\_\_\_\_

Administration \_\_\_\_\_

Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_

# Individual Vocational Education Program (IVEP)

Student's Name Stephen Stevens

Vocational Program Agriculture--Ornamental Horticulture

Annual Goal(s)

~~Stephen will successfully participate in the regular Horticulture I program with the following conditions and modifications~~

Disadvantaged  Academic   
 Economic   
 Limited English Speaking

SAMPLE

OBJECTIVES	EVALUATION METHOD	ACTIVITIES/MODIFICATIONS	DATE TO BE COMPLETED	PERSON RESPONSIBLE	MONITORING
Given a variety of plant materials, Stephen will be able to identify, by name, the materials with 85% accuracy.	Teacher Observations (process & product assessment) Written or Oral Test	-Extended time for completion -Stephen will be able to take materials home to study -Materials will be given to support specialists to enhance study skills -Oral or written exams -Stephen will have access to the audio-visual unit entitled: <u>Plant Identification and Uses</u> , by John Doe	9/5/81 to 11/20/81	Horticulture Instructor, Reading Specialist and Speech Teacher	Instructor will monitor on a weekly basis
Given the course text and list of key terminology, Stephen will be able to read chapters 1-4 and complete the unit test with 80% accuracy.	Written or Oral Test at the end of each week	-Extended time for completion -Reading specialist will visit the class twice weekly to work on reading and study skills	9/5/81 to 12/10/81	Reading Specialist and Horticulture Instructor	Reading Specialist and Instructor (weekly basis)
Using visual aids, Stephen will be able to convert fractions to decimals and decimals to fractions with 85% accuracy.	Weekly Proficiency Exams All test results will be recorded on a progress chart and shared with Stephen and the resource room aide on a weekly basis.	-5 minutes of every period will be spent on fraction/decimal conversion -Resource Room Aide will visit Horticulture class twice per week to help on the math exercises	9/5/81 to 2/7/82	Resource Room Aide, Horticulture Instructor and Math Teacher	Instructor will meet with resource room aide and math teacher to review progress biweekly

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(IVEP will be updated on November 20 or whenever the first objective is completed)



NOTES-

Student's Strengths

Limitations

Highly motivated

Low reading ability (6th grade)

Popular with other classmates

Tends to avoid written work

Works in local greenhouse on weekends

Low math ability (7th grade)

No parental support

Stephen has expressed an interest in operating a greenhouse and retail floral shop. His vocational assessment indicated a strong preference for manual outdoor labor.

Stephen's parents view his working in horticulture as a passing interest. They would rather see him work towards accounting or business courses. Stephen's inability to grasp math principles and his interest in outdoor work run contrary to his parents wishes. Mr. and Mrs. Stevens think the school should encourage Stephen to apply himself in other courses and work on his study skills.

Teacher \_\_\_\_\_

Administration \_\_\_\_\_

Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_ 17

# REFERRAL FORMS

(FOR TEACHER USE)

INITIAL  
IDENTIFICATION SHEET FOR DISADVANTAGED STUDENTS

STUDENT NAME \_\_\_\_\_ I.D.# \_\_\_\_\_ AGE \_\_\_\_\_  
 SEX \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_ VOCATIONAL STUDIES AREA \_\_\_\_\_  
 \_\_\_\_\_ TEACHER \_\_\_\_\_

Disadvantaged Students

Definition: Any student who requires special assistance or services in order to meet success in his/her vocational program.

Identify the student according to one or more of the following effects of disadvantages which interfere with the accomplishment of vocational objectives:

A. Academically Disadvantaged

1. \_\_\_\_\_ Language (speaking/comprehension) deficiency.
2. \_\_\_\_\_ Reading and/or writing deficiency.
3. \_\_\_\_\_ Computation deficiency.
4. \_\_\_\_\_ General educational deficiency (poor attendance, dropout, potential dropout, lack of parental support and guidance, low achievement scores).

B. Socially Disadvantaged

5. \_\_\_\_\_ Hostile or defiant attitude.
6. \_\_\_\_\_ Passive or apathetic attitude.

C. Economically Disadvantaged

7. \_\_\_\_\_ Needs economic assistance to succeed.

D. Other Remediable Effects

8. \_\_\_\_\_ Lacks proficiency in manual dexterity required for success in the vocational studies area.

E. Additional Comments

PRE-EVALUATION FORM

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

Grades to Date:                      1st Quarter                      2nd Quarter                      3rd Quarter

Class Functioning:

	STRENGTHS	WEAKNESSES
LAB SKILLS OR ACADEMIC		
SOCIAL		

EXAMPLES:

Possible Strengths

- Lab - Comes to class with appropriate clothing and/or materials
- Academic Skills - Learns by participating: attempts homework assignments
- Social - Is well liked by peers: does not disrupt or distract classes

Possible Weaknesses

Lab or Academic Skills

1. Does not finish assignments on time
2. Does not follow directions
3. Language (Speaking/comprehension deficiency)
4. Reading and/or writing deficiency
5. Computation deficiency
6. Needs economic assistance to succeed

Social:

1. Is introverted
2. Overly active
3. Poor attendance
4. Apathetic

REFERRAL TO PUPIL EVALUATION/PLACEMENT TEAM  
DISTRICT AND VOCATIONAL

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

1. What are the specific learning and/or behavioral problems that led to this referral?
2. What methods have you tried to deal with this problem?
3. What questions need answering with regard to this child and his behavior?

---

THIS SECTION TO BE COMPLETED BY GUIDANCE DEPARTMENT.

1. Please list previous testing and dates:

2. Grades            9            10            11            12

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Reading Test: \_\_\_\_\_

Other information: \_\_\_\_\_

Medical Records: Results of Hearing Test: \_\_\_\_\_  
Results of Vision Test: \_\_\_\_\_  
Other Health Problems: \_\_\_\_\_

Londonderry J/S HS  
Manmoth Road  
Londerry, NH

SHORT - TERM REFERRAL FORM

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Date: \_\_\_\_\_ YOG: \_\_\_\_\_ Class: \_\_\_\_\_

Referring Teacher: \_\_\_\_\_

REASON FOR REFERRAL:

Areas of student weakness:

Teacher Intervention Used:

DESIRED GOAL AND OBJECTIVES:

REFERRAL AND REQUEST FOR SERVICES FROM CONCORD  
VOCATIONAL ASSESSMENT AND RESOURCE CENTER

Name of Student: \_\_\_\_\_

Sending School: \_\_\_\_\_ Date: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

Student is:

\_\_\_\_\_ enrolled in a prevocational program

\_\_\_\_\_ planning on enrollment at Area 11  
Vocational Education Center for the  
school year \_\_\_\_\_

\_\_\_\_\_ is currently enrolled in Area 11  
Vocational Education Center.

Present reason or situation for requesting services:  
(such as reading, computational or language  
difficulties; poor attendance; need for vocational  
assessment for program planning, please be specific).

Background Information:

Please send referral form to:  
Concord Vocational Resource Center  
Concord High School  
Warren Street  
Concord, New Hampshire 03301

MA:je 11/80

Portsmouth High School - Vocational Center

INDIVIDUAL VOCATIONAL EDUCATION PROGRAM  
REFERRAL FORM

The following student is experiencing difficulty in his/her vocational program:

Name of Student: \_\_\_\_\_

Vocational program: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

\_\_\_\_\_ academic problem  
comments: \_\_\_\_\_

\_\_\_\_\_ performance problem  
comments: \_\_\_\_\_

\_\_\_\_\_ behavior problem  
comments: \_\_\_\_\_

\_\_\_\_\_ attendance problem  
comments: \_\_\_\_\_

\_\_\_\_\_ other problems  
comments: \_\_\_\_\_

Submitted to Vocational Office by: \_\_\_\_\_

Date: \_\_\_\_\_

Forms from Portsmouth High School developed by American Training and Research Associates, inc. (Gardner and Beatty, 1980)

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SCHOOL ADMINISTRATIVE UNIT THIRTY  
Gilford, Gilmanton, Laconia  
STUDENT REFERRAL FORM

Student Name	School	Grade
Date of Referral	Age	Date of Birth
Parent/Guardian	Address	Phone
Person Referring	Title	

1. Specifically and in detail state the problem:
2. Other information which you regard as important:
3. What has already been done (describe):
4. Any suggestions you have for the student:
5. How much parent involvement has occurred to date?  
And by whom?

Check people who should be involved in the staffing process:

<input type="checkbox"/> Principal or Assistant	<input type="checkbox"/> Parent	<input type="checkbox"/> Nurse
<input type="checkbox"/> Guidance	<input type="checkbox"/> Teacher(s)	

Form goes to Chairperson of 1. \_\_\_\_\_  
2. \_\_\_\_\_

Somersworth High School

REFERRAL REPORT TO VOCATIONAL RESOURCE CENTER

Student's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Grades So Far: 1st quarter-----2nd-----  
3rd-----4th-----

Please check the following characteristics of the student as you have observed them.

YES NO

- 1. Is often absent-----
- 2. Is often Tardy-----
- 3. Exhibits aggressive behavior-----
- 4. Seems to understand during class, but fails tests-----
- 5. Demonstrates social immaturity-----
- 6. Has problems with oral instruction or notetaking-----
- 7. Is constantly seeking attention-----
- 8. Is withdrawn and seeks isolation-----
- 9. Exhibits poor written and spoken language skills-----
- 10. Has Reading difficulty-----
- 11. Has difficulty with Math-----
- 12. Does not work up to potential-----
- 13. Possesses a negative self-image-----
- 14. Shows a dislike for school-----
- 15. Has poor peer relationships-----
- 16. Demonstrates poor agility and coordination-----
- 17. Is a disciplinary problem-----
- 18. Has difficulty following instructions-----

COMMENTS \_\_\_\_\_

TEACHER REFERRAL INFORMATION FORM  
(Vocational Disadvantaged Program)

Name of Student:

Class:

Teacher:

Date:

1. Reason for Referral:

---

2.

Strengths

Weaknesses

---

3. What have you tried with this student that has worked?

4. What have you tried with this student that hasn't worked?

Other Comments:

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DISADVANTAGED REFERRAL FORM  
To the Assessment Team  
Lin-Wood High School  
Lincoln; New Hampshire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Reason for referral:

Observable behavior:

What has been done to remediate thus far:

What would you like to see accomplished:

Any other background information:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Somersworth Vocational Center  
STUDENT INPUT  
VOCATIONAL REFERRAL

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Are you absent alot? If Yes, why? \_\_\_\_\_  
\_\_\_\_\_

Do you feel that your behavior in the classroom causes problems? \_\_\_\_\_  
\_\_\_\_\_

Do you do your homework? \_\_\_\_\_

Do you do your classwork? \_\_\_\_\_

Do you like Reading? \_\_\_\_\_

Any problems with Math? \_\_\_\_\_

Do you like this class? \_\_\_\_\_

Why did you take this class? \_\_\_\_\_  
\_\_\_\_\_

Do you like school? \_\_\_\_\_

What do you think of your grades? \_\_\_\_\_  
\_\_\_\_\_

Any comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Somersworth Vocational Center

VOCATIONAL RESOURCE CENTER  
REFERRAL REPORT FEEDBACK

Teacher: \_\_\_\_\_

Student: \_\_\_\_\_

Referred Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

CLASSROOM TEACHER'S EVALUATION REPORT

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Subject: \_\_\_\_\_

Please check the following characteristics of the student as observed from your perspective.

Occa- Not  
Fre- sion- Ob-  
quent ally served

1. Is frequently absent or tardy. . . . .			
2. Exhibits emotional problems. . . . .			
3. Demonstrates social immaturity . . . . .			
4. Is constantly seeking attention . . . . .			
5. Is withdrawn and seeks isolation . . . . .			
6. Exhibits poor written and spoken language skills. . . . .			
7. Has definite reading difficulties. . . . .			
8. Does not "work up to potential". . . . .			
9. Has frequent school-related difficulties. . . . .			
10. Possesses a negative self-image. . . . .			
11. Exhibits a need to earn money. . . . .			
12. Has poor peer relationships. . . . .			
13. Shows a dislike for school . . . . .			
14. Demonstrates poor agility and coordination . . . . .			
15. Has definite disciplinary problems. . . . .			

Describe any special talents: \_\_\_\_\_

Recommend areas in which the student needs special instruction or assistance. \_\_\_\_\_

Describe any specific problems you might have observed in the student. (e.g. hearing, visual, etc.) \_\_\_\_\_

Comments: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

MANCHESTER SKILL CENTER  
 VOCATIONAL SPECIAL NEEDS  
 STUDENT PROGRESS REPORT/REFERRAL

STUDENT \_\_\_\_\_ COURSE \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE AREA THAT MOST CLEARLY REFLECTS THE STUDENT'S OVERALL JOB INVOLVEMENT. IN EACH CATEGORY CIRCLE SPECIFIC AREAS REQUIRING IMPROVEMENT. FOR EXAMPLE, IF A STUDENT IS EXCESSIVELY ABSENT AND HAS DIFFICULTY READING YOU WOULD CIRCLE ATTENDANCE UNDER RELIABILITY AND READING UNDER ACADEMICS. MAKE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM.

- UNSATISFACTORY = VERY LIMITED ABILITY/POOR ATTITUDE: WILL LIMIT EMPLOYABILITY, FAILING COURSE.
- BELOW AVERAGE = MUCH DIFFICULTY: PERFORMANCE ADEQUATE FOR LOW LEVEL/ENTRY LEVEL JOBS ONLY; BARELY PASSING
- AVERAGE = ADEQUATE ABILITY FOR EMPLOYMENT: CAN DO MOST ASSIGNMENTS, PASSING COURSE.
- ABOVE AVERAGE = LITTLE OR NO DIFFICULTY LEARNING, FEW PROBLEMS, GOOD STUDENT OVERALL
- EXCELLENT = OUTSTANDING: QUALITY STUDENT, SETS AN EXAMPLE FOR OTHERS.

UNSATISFACTORY      BELOW AVERAGE      AVERAGE      ABOVE AVERAGE      EXCELLENT

RELIABILITY

PUNCTUALITY, ATTENDANCE, DEPENDABILITY,  
 TRUSTWORTHINESS, CONSISTENCY.

-----

COOPERATION

RELATIONSHIP WITH CO-WORKERS/INSTRUCTORS, DOES  
 ASSIGNED TASKS, HELPS OTHERS, SHARES, SELF-  
 CONTROL, FRIENDLINESS.

-----

APPEARANCE

GROOMING, NEATNESS, CLEANLINESS, HYGIENE,  
 HEALTH, PHYSICAL FITNESS,

-----

ATTITUDE

OVERALL BEHAVIOR, JOB INTEREST, MOTIVATION,  
 RESPONSIBILITY, MATURITY, FLEXIBILITY.

-----

INITIATIVE

DOES THINGS WITHOUT BEING TOLD, PERSISTENT,  
 DETERMINED LEADERSHIP ABILITY.

-----

ACADEMICS

WRITTEN AND/OR SPOKEN LANGUAGE SKILLS, SPELLING,  
 READING, ARITHMETIC, ABILITY TO COMMUNICATE,  
 COMPREHENSION, FOLLOWS DIRECTIONS.

-----

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# GUIDANCE RELATED FORMS

TO: Guidance  
FROM: Vocational Office  
SUBJECT: REFERRAL

Date:

The following student has been referred to the Vocational Office as not succeeding in his/her vocational program. We are presently in the process of organizing a team meeting to investigate the need for support services for this student. Would you please check your file for information on this student that might assist us.

Student name \_\_\_\_\_ Y.O.G. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

TO BE FILLED OUT BY GUIDANCE OFFICE:

This student is handicapped:  yes;  no

This student is getting support services through Special Education:  yes;  no

This student has an IEP:  yes;  no

If yes, there is a vocational addendum:  yes;  
 no.

If yes, please submit a copy to the Vocational Office.

\_\_\_\_\_  
Signature of Guidance Representative

\_\_\_\_\_  
Date

Thank you for your assistance. Please return this form to the Vocational Office.

Alvirne High School

REQUEST FOR STUDENT INFORMATION

RE: \_\_\_\_\_ FROM: \_\_\_\_\_

TO: \_\_\_\_\_

This student has been referred as experiencing problems in one or more areas. Please comment on his/her performance in your class.

	Never	Seldom	Usually	Always	Does Not Apply
Attends class regularly and absences are excused.					
Shows consideration for others					
Positive response to teacher's suggestions for changes.					
Completes work and projects.					
Seeks help when needed					
Pays attention to class activities					
Makes up work missed.					
Participates orally in class					
Does well on tests					
Written work is legible (spelling, punctuation, penmanship, use of sentences)					
Seems to be able to read and understand content material.					

Please make specific comments about areas of concern below - also list any of the student's strengths of which you are aware.



Manchester Vocational Education Department

COUNSELOR'S REPORT  
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Student \_\_\_\_\_ Vocational Program \_\_\_\_\_  
 \_\_\_\_\_ Counselor \_\_\_\_\_  
 School \_\_\_\_\_ Date \_\_\_\_\_

This student has been referred as a possible disadvantaged or handicapped student. In order to assist in determining the appropriate course of action please review this student's file and note any significant comments, illnesses, recommendations, special programs, etc. in the appropriate spaces below. Also indicate if this student has taken Industrial Arts in JHS or HS and list grades.

Elementary School	J.H.S.

High School

9th \_\_\_\_\_  
 \_\_\_\_\_

10th \_\_\_\_\_  
 \_\_\_\_\_

11th \_\_\_\_\_  
 \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# STUDENT DATA FORMS

STUDENT INFORMATION FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Guidance Counselor: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 I live with: \_\_\_\_\_ Father & Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father  
 \_\_\_\_\_ Other. I have \_\_\_\_\_ brothers and \_\_\_\_\_ sisters..

Do you have a job now?  Yes  No. If yes, where do you work \_\_\_\_\_ What do you do? \_\_\_\_\_

How many hours a week do you work \_\_\_\_\_

Some jobs you have been paid to do are:  
 babysitting  delivering newspapers  
 helping at home  helping people move  
 shovelling snow  other \_\_\_\_\_

If I could have any job I wanted when I leave school, I would like to be a \_\_\_\_\_

Two jobs I think I could do when I leave school are:  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

Some things I like to do in my spare time are:  
 watch tv  listen to radio  
 be with my friends  be with my family  
 fix or repair things  build things  
 make models  ride my bicycle  
 don't do much of anything  swim, skate, or sports  
 other \_\_\_\_\_  play records  
 be by myself  read  
 go to movies  sew  cook  
 drive around in a car or on a motorcycle.

Which of the following statements describes you best?  
 a. I never have enough time to do all the things I want to do.  
 b. I have enough to keep me busy.  
 c. I don't have enough to keep my busy.

On the other side of this paper, describe yourself.

STUDENT BIOGRAPHICAL DATA SHEET

NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ AGE: \_\_\_\_\_  
HOME ADDRESS: (NUMBER AND STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ TEL: \_\_\_\_\_

I HAVE \_\_\_\_\_ BROTHERS AND \_\_\_\_\_ SISTERS OLDER THAN I AM.

I HAVE \_\_\_\_\_ BROTHERS AND \_\_\_\_\_ SISTERS YOUNGER THAN I AM.

SINCE I WAS BORN I HAVE LIVED IN \_\_\_\_\_ DIFFERENT TOWNS/CITIES.

FATHER OR GUARDIAN'S NAME: \_\_\_\_\_ DECEASED \_\_\_\_\_

FATHER OR GUARDIAN'S OCCUPATION: \_\_\_\_\_

WHERE EMPLOYED: \_\_\_\_\_

MOTHER OR GUARDIAN'S NAME: \_\_\_\_\_ DECEASED \_\_\_\_\_

MOTHER OR GUARDIAN'S OCCUPATION: \_\_\_\_\_

WHERE EMPLOYED: \_\_\_\_\_

I DO NOT LIVE WITH MY PARENTS; I LIVE WITH (NAME) \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

MY FAVORITE SUBJECTS IN SCHOOL ARE: \_\_\_\_\_

MY LEAST LIKED SUBJECTS IN SCHOOL ARE: \_\_\_\_\_

I WOULD LIKE TO ENROLL IN THE FOLLOWING COURSES: \_\_\_\_\_

AFTER I GRADUATE FROM HIGH SCHOOL I PLAN: (COMPLETE THE APPROPRIATE SECTION).

a) TO GET A JOB. I PLAN TO WORK FOR \_\_\_\_\_ (NAME AND LOCATION OF COMPANY)

AS A \_\_\_\_\_ (TYPE OF WORK)

b) TO ATTEND \_\_\_\_\_ (NAME - COLLEGE/VOCATIONAL SCHOOL/UNIVERSITY)

c) TO BE A HOMEMAKER. I ALSO PLAN TO WORK OUTSIDE THE HOME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

d) TO ENTER MILITARY SERVICE \_\_\_\_\_ WHAT BRANCH? \_\_\_\_\_

e) OTHER PLANS. (PLEASE DESCRIBE) \_\_\_\_\_

I PREFER TO WORK: OUTSIDE \_\_\_\_\_ INSIDE \_\_\_\_\_ WITH PEOPLE \_\_\_\_\_ WITH MACHINES \_\_\_\_\_

CLERICAL JOBS \_\_\_\_\_ PHYSICAL LABOR \_\_\_\_\_

MY CAREER AMBITION IS TO SOMEDAY BECOME A \_\_\_\_\_ (OCCUPATION OR PROFESSION)

AND LIVE IN (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (FOREIGN COUNTRY) \_\_\_\_\_

MY FAVORITE ACTIVITIES ARE IN:

\_\_\_\_\_ SPORTS. I PARTICIPATE IN \_\_\_\_\_

\_\_\_\_\_ MUSIC. I PLAY THE \_\_\_\_\_. I AM A MEMBER OF THE SCHOOL BAND \_\_\_\_\_

\_\_\_\_\_ CHORUS \_\_\_\_\_ OTHER. \_\_\_\_\_

\_\_\_\_\_ CHURCH. I AM/AM NOT A CHURCH MEMBER. \_\_\_\_\_

\_\_\_\_\_ READING. MY FAVORITE AUTHORS ARE \_\_\_\_\_

\_\_\_\_\_ CLUB. I AM A MEMBER OF \_\_\_\_\_

\_\_\_\_\_ HANDICRAFTS. I MAKE \_\_\_\_\_

\_\_\_\_\_ HOMEMAKING (COOKING, SEWING, BABYSITTING, ETC.) I ENJOY \_\_\_\_\_

\_\_\_\_\_ DO-IT-YOURSELF PROJECTS. I MAKE OR REPAIR \_\_\_\_\_

\_\_\_\_\_ OTHERS. THESE INCLUDE \_\_\_\_\_

MY FAVORITE HOBBIES ARE: \_\_\_\_\_

THE THREE OCCUPATIONS OR PROFESSIONS THAT MOST APPEAL TO ME ARE:

1ST CHOICE: \_\_\_\_\_ 2ND CHOICE: \_\_\_\_\_ 3RD CHOICE: \_\_\_\_\_

SOME OF THE JOBS THAT I HAVE HAD ARE: \_\_\_\_\_

\_\_\_\_\_

SOME OF THE ACTIVITIES I DO IN MY SPARE TIME ARE: \_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

PARENT FORMS



LETTER TO PARENT

Date

Mrs. X Smith  
110 51st. Street  
Portsmouth, NH 03801

Dear Mrs. Smith:

As we discussed on the telephone, a meeting has been scheduled concerning your son's progress in the vocational program. It is tentatively scheduled for May 12, 1980, Room 1310, at 10 a.m. in the high school. I will be in charge of the meeting.

As I indicated, the purpose of the meeting is to determine whether or not your son will require special services in his program. If this preliminary meeting finds that he does in fact require special assistance, a team of teachers and other personnel will be appointed to work with you and your son, Gerry, in designing an individualized vocational education program for him to ensure his success in the automotive program.

This meeting will be held at the date and time above provided we have your written permission to proceed. Rest assured that we will make no changes in Gerry's vocational program prior to a complete assessment of his progress and without your specific approval.

If you would like to meet with me personally prior to the meeting, please call and set up an appointment. I will also be pleased to answer any further questions you may have over the telephone.

I look forward to working with you.

Sincerely,

Kenneth Webber  
Vocational Director

Dear Parent:

A review of your son's/daughter's current vocational grade indicates that he/she is not meeting expectations for achievement in this class.

In order for us to provide help, we need to find the reasons why your son/daughter is not successful. The first step in this process is to find answers as to why he/she is not succeeding. Then, based on those findings, we will develop an educational plan which fits his/her needs.

In order to do the necessary testing, to change the program and provide the necessary support for the student, we need your approval. The plan is to keep you informed and up-to-date on the progress of your son/daughter.

If you have any questions about the process and implementations of this plan, please feel free to contact me.

Sincerely,

Vocational Director  
Alvirne High School

I do approve \_\_\_\_\_  
(parent or guardian signature) (Date)

I do not approve \_\_\_\_\_  
(parent or guardian signature) (Date)

Vocational Assessment & Resource Center  
Concord Region 11 Vocational Center  
Concord High School, Warren Street  
Concord, New Hampshire 03301

FROM: Martha Atwell, Vocational Special Needs  
Coordinator  
TO: Parent/Guardian of \_\_\_\_\_  
DATE: \_\_\_\_\_

To assist your daughter/son to clarify her/his vocational interests and to identify any special services that may be required for successful completion of a vocational program, we would like to include your daughter/son in a vocational assessment program.

This assessment will cover specific interests, aptitudes and abilities that are directly related to vocational training. Assessment results will be used by staff members of the vocational center and the guidance counselor from the student's home school to develop vocational plans for your daughter/son.

This evaluation does not automatically guarantee that your daughter/son will be enrolled in a vocational program at the area center in Concord.

If you have any questions regarding this vocational assessment, please call me at 228-1741 - ext. 56.

Name(s) of vocational assessment(s) used: \_\_\_\_\_  
Person administering assessment: \_\_\_\_\_

PARENTAL/GUARDIAN PERMISSION

I have read and understand this form letter.  
I agree to the administration and interpretation of the above named vocational assessments and the use of this information by appropriate school personnel for vocational program planning.  
I wish to confer with you and I can be reached at \_\_\_\_\_ phone from \_\_\_\_\_ to \_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

ERIC  
Please return one copy of this letter to the above address.



SAMPLE LETTER TO PARENTS  
INFORMING THEM OF IVEP INVOLVEMENT

Dear Mr. and Mrs Lubner:

We are pleased with the progress that Lisa has made this year and firmly believe that the IVEP we jointly developed last September contributed to her progress. Her teacher has commented several times throughout the year how much the IVEP has helped her provide the type of educational program from which Lisa can best benefit.

As school comes to a close, it is time for us to come back together as a committee to revise Lisa's IVEP for next year. The purpose of our meeting will be to review Lisa's progress during this year and to develop the IVEP for next year, including goals, objectives, and methods of evaluation that are tailored to Lisa's special needs. As you know, the IVEP is a written program of the vocational education content and services that will be provided to Lisa. Just as your ideas were extremely valuable in developing her first IVEP, we consider your participation in the upcoming conference very important. The format of the meeting will be very similar to the previous one. After identifying her level of performance, goals and objectives for next year, and methods of evaluation, we will again decide on the vocational education placement most beneficial for Lisa.

We would like to invite you to come to the meeting to help us revise Lisa's IVEP on Monday, May 22, at 12:15PM. I will be calling you in a couple of days to make sure that this is a convenient time for you. If it is not, an alternative date is Wednesday, May 24, at 1:45PM. The persons attending the meeting in addition to yourself will be Mr. Henry (Lisa's teacher next year), Ms. Radner (director of special education), and myself. Please contact me if you have questions about the upcoming meeting.

Sincerely,

Todd Delamuca  
Counselor and Special  
Services Coordinator

CHECKLISTS &

TEAM MATERIAL

Portsmouth High School

INDIVIDUAL VOCATIONAL EDUCATION PROGRAM

To: \_\_\_\_\_ (Teacher making referral)

Date: \_\_\_\_\_

From: \_\_\_\_\_

Subject: \_\_\_\_\_ (Name of student referred)

The above student is not receiving any support services at this time. We are organizing a team to review the student's progress and to investigate.

A meeting will be held:

Day and Date:

Time:

Place:

Please come prepared to discuss the student's progress in your course in terms of academic achievement, performance abilities, behavior, attendance, and any other points you consider relevant.

Londonderry Jr/Sr High School  
295 Mammoth Road  
Londonderry, New Hampshire

Student's Name

D. O. B.

Address

I.D. No.

Basis upon which the classification of disadvantaged was made:

- a) student requires special services, assistance, or program in order for him/her to succeed in their vocational educational program.
- b) student lacks reading and or writing skills.
- c) student lacks mathematical skills.
- d) student performs below his/her grade level.

Date of meeting: \_\_\_\_\_

Team Members Participating:

NAME

POSITION

<u>NAME</u>	<u>POSITION</u>





School Year \_\_\_\_\_

Concord Vocational Center

INFORMATION CHECKLIST  
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Student Name \_\_\_\_\_ Vocational Program \_\_\_\_\_  
Sec. \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Tel. \_\_\_\_\_

Work Tel. \_\_\_\_\_

1. Referred by \_\_\_\_\_ Date \_\_\_\_\_

2. Records:

a. Classroom teacher's referral report. Date Rec. \_\_\_\_\_

b. Counselor's report Date Rec. \_\_\_\_\_

c. Testing report Date Rec. \_\_\_\_\_

d. Outside agency report(s) Date Rec. \_\_\_\_\_

\_\_\_\_\_ Agency Date Rec. \_\_\_\_\_

\_\_\_\_\_ Agency Date Rec. \_\_\_\_\_

3. Conference with Student \_\_\_\_\_ Date \_\_\_\_\_

4. Action Plan:

a. Letter to parent Date sent \_\_\_\_\_

b. Telephone call to parent Date of Contact \_\_\_\_\_

c. Parent (student) Consent Date received \_\_\_\_\_

for Testing

5. Team Meeting(s): \_\_\_\_\_ Date(s) \_\_\_\_\_

6. Student Designation:

Disadvantaged \_\_\_\_\_ Handicapped \_\_\_\_\_

academic \_\_\_\_\_ intellectual handicap \_\_\_\_\_

economic \_\_\_\_\_ physical handicap \_\_\_\_\_

limited English speaking \_\_\_\_\_ emotional handicap \_\_\_\_\_

speaking \_\_\_\_\_

7. Testing report completed \_\_\_\_\_ Date \_\_\_\_\_

8. Placement/Service

\_\_\_\_\_ Regular Vocational Program \_\_\_\_\_ Special Separate

\_\_\_\_\_ Regular Vocational Program \_\_\_\_\_ Program

with Support Services \_\_\_\_\_ Outside Placement

9. IVEP

a. Individualized Vocational Education Plan (IVEP):

Date Completed \_\_\_\_\_

b. Review of IVEP and Annual Statement: Date

Completed \_\_\_\_\_

EP IVEP IV

IVEP

IVEP

IVEP

IVEP

ME

IVEP

IVEP

VEP

IVEP

IVEP

IVEP

IVEP

IVEP