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ABSTRACT

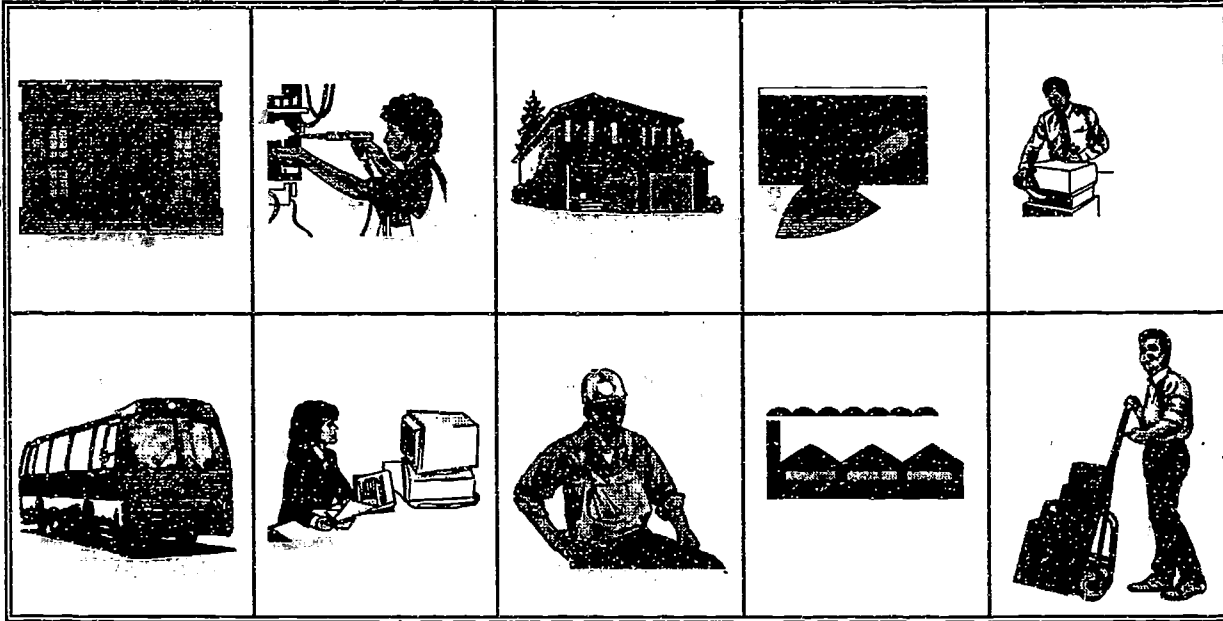
This manual provides a sequential procedure for conducting functional vocational evaluations for secondary school students as required by the Individuals with Disabilities Education Act. This evaluation procedure considers the interactions of the student with instructors, peers, and employers; training needs; work demands; environmental factors; and necessary adaptations. The model proposed involves a five-step progression of assessment appropriate for use with middle and secondary level students with disabilities. At each stage of the process, a counseling session is held with the student to determine if enough information has been provided to design an appropriate career education and vocational program. If not, the process proceeds to the next more involved stage of information gathering. A flow chart illustrates the sequence. The five stages are: (1) orientation/interview; (2) observation, inventories, and record reviews; (3) career exploration; (4) situational assessment; and (5) multi-agency planning and assessment. Sample forms, questionnaires, and interview protocols are provided for use in implementing the process. An appendix provides additional forms, formats, and lists. (Contains 28 references.) (DB)

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GUIDELINES FOR CONDUCTING FUNCTIONAL VOCATIONAL EVALUATIONS



(Including Sample/Example Formats)

DEVELOPED BY ANN KELLOGG
TRANSITION CONSULTANT
WI DEPARTMENT OF PUBLIC INSTRUCTION
REVISED NOVEMBER, 1995

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GUIDELINES FOR CONDUCTING FUNCTIONAL VOCATIONAL EVALUATIONS

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Definition of the Term

The Individuals with Disabilities Education Act requires school districts to conduct functional vocational evaluations for all students with exceptional educational needs, at least by age sixteen, if appropriate, as one component of their mandated transition services of "instruction, community experiences, employment and other post-school adult living objectives, and acquisition of daily living skills."

Another definition of "functional" assessment is the popular term, "authentic" assessment. For many students with disabilities, standardized vocational assessment, including interest inventories, are invalid, unreliable and in some cases, discriminatory against the student's disability. In the arena of vocational assessment, the evaluation's purpose must be to improve the services to a student with disabilities to facilitate the student's completion of a vocational education program, not to exclude him/her. The assessment must focus on: the interactions of the student with instructors, peers, employers; training needs; work demands; environmental considerations; and necessary adaptations.

There is no magic recipe for a functional vocational evaluation since it is based on the concept of measuring student performance on actual job tasks or vocational activities in the natural environment where the activity occurs. The special educator should have the evaluation skills to spearhead the assessment process. For those occupationally specific tasks, the assessment should be guided by the special educator but conducted by the vocational educator or employer. The functional vocational assessment should provide information about the student's preferences, behavior, learning style, need for assistive devices, initiative, communication needs, physical and mental endurance, medical status, transportation needs, specific work skills, and specific methods of training and instruction needed.

All functional vocational evaluations should be conducted within the context of the M-Team evaluation and IEP:

- be recorded in the "present levels of performance," or "evaluation" sections of the IEP document;
- be utilized to measure student progress, appropriateness of program, need for modifications in program to enhance student success, and match and place students in appropriate vocational/work placements;
- be communicated to students and parents to assist them to understand

- their strengths, limitations, the job market, and make career decisions; and be discussed with family, instructors, guidance counselors, employers and community service staff to provide necessary supports and adaptations for successful vocational experiences.

**Even before the implementation of the Education of the Handicapped Act, unique vocational services for students with disabilities had been developed. However, these services were not always based upon individual vocational needs and the field recognized the need for a comprehensive vocational assessment process. This process provides benefits for students in terms of planning and placement decisions, and in growth in confidence and maturity through the world of work.

With IDEA's functional vocational assessment mandates of 1990, vocational assessment of students with disabilities continues to demand the attention of vocational and special educators. The Carl Perkins Act includes provisions for students with disabilities to have vocational assessment prior to program placement, and to have access to and receive the support necessary to be successful in vocational education programs. However, difficulties remain the development of a consistent vocational assessment process that is beneficial and useful to teachers, parents and students with disabilities.

Vocational assessment can be broadly defined as the process of gathering information about a student's skills, interests, abilities, and performance in order to make appropriate vocational education and/or placement decisions.

The need for vocational assessment procedures for students with disabilities has been well documented in the literature (Peterson, 1995; Stodden, 1981; Treichel, 1982). Various models have depicted vocational assessment as part of IEP development (Phelps and McCarty, 1984) as well as for determining vocational placement of students. Different models have described a vocational evaluation center (Nadolsky, 1972), curriculum based models of vocational assessment (Cobb, 1983), and a comprehensive model of vocational assessment as described by Peterson and Hill (VOC-AIM, 1982) and Lombard (1993). Several of these models discuss formal evaluation that includes standardized testing and work samples which are often time consuming and are not always relevant to a student's needs. Hartley and Lehman (1987) advocate a different approach which is sequential and developmental, beginning with an interview with the student and parent, and moving towards more comprehensive assessment only as existing information dictates. The philosophy of this approach to vocational assessment is based on economy of resources: if enough information to plan a student's vocational program is garnered through informal procedures, then it is unnecessary to pursue further formal testing which can be time consuming, costly and many times invalid for use with youth with disabilities.

***Excerpt from and adaptations of "Informal Vocational Assessment: A Workable Option" developed by Karen Kemp, Utah Learning Resource Center; Candy Barela, Jordan, Utah School District; Sandi Hemmert, Utah Mentor Teacher Academy; Jeff Rydalch, Granite, Utah School District. (1987)*

Work experience has been a major thrust in secondary education for students with cognitive disabilities. Now, all students with disabilities should be receiving secondary vocational education which includes work experience. However, oftentimes, students are placed on job sites with little or no assessment of their interest and aptitudes. Those who are tested generally receive a formalized test or battery of tests that provide little or no information concerning actual student performance on the job.

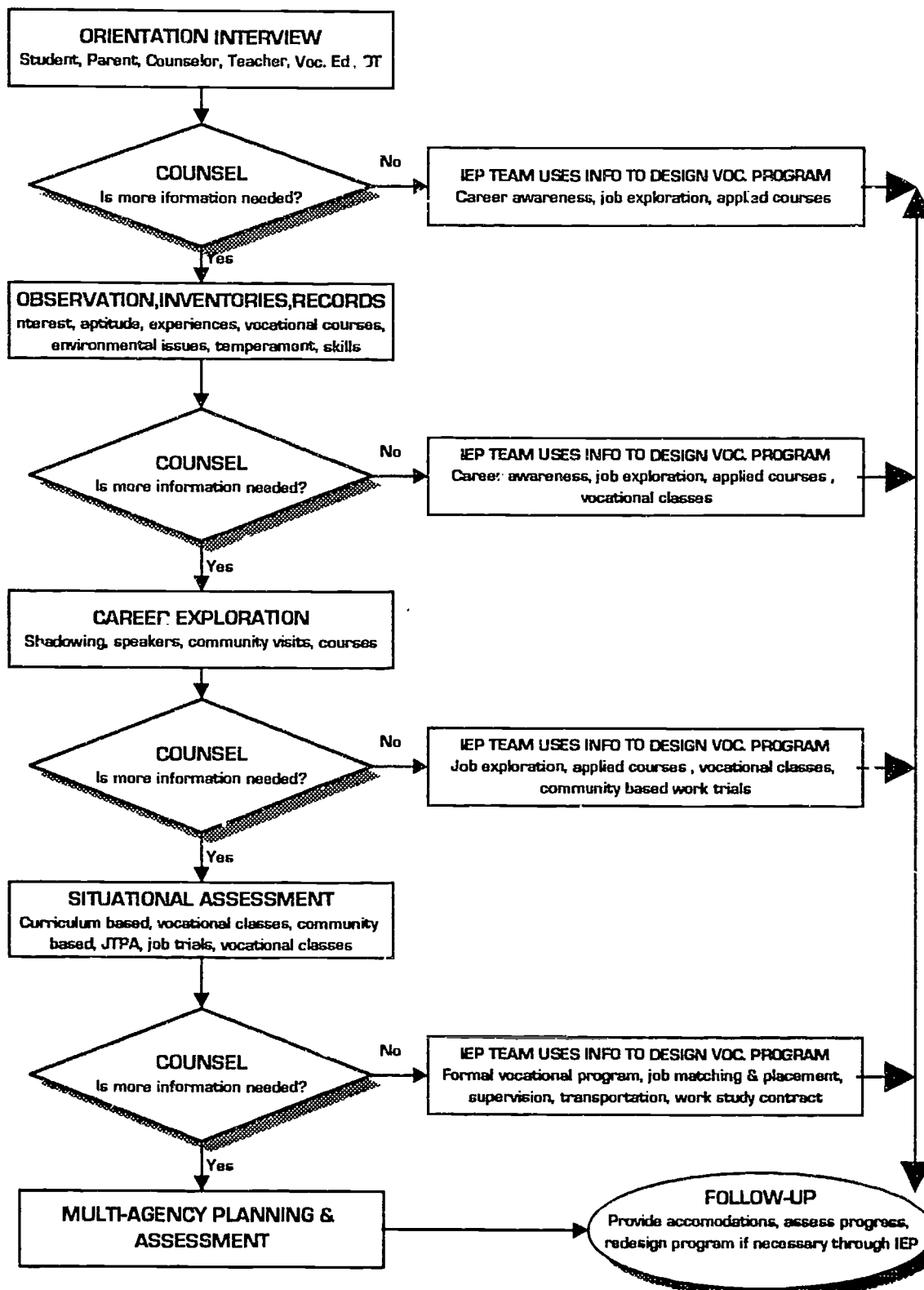
A sequential procedure is crucial to assist educators in providing appropriate functional vocational assessment as required by law, as well as to appropriately educate students in vocational skills that they will need to prosper in adulthood. The following model of functional assessment procedures requires the expertise of all the individuals who know the students well. Parents, regular education teacher, special education teacher, previous employers, guidance counselor, social worker, etc. are a crucial source of information concerning a student's experiences, interests and abilities. The student is the most critical source of information, often left untapped in the assessment process. (Cobb & Larkin, 1985)

The following model describes a functional vocational assessment sequential process. It identifies a five step progression of assessment which can be used with middle and secondary level students with disabilities:

1. Orientation/Interview;
2. Observation, Inventories, Record Reviews;
3. Career Exploration;
4. Situational Assessment;
5. Multi-Agency planning and assessment.

At each stage of the process, a counseling session is held with the student to determine if enough information has been provided to design an appropriate career education and vocational program. If not, the process proceeds to the next, more involved stage in the information gathering activities. This process is illustrated in the following flowchart. The sample forms included in this guide are intended as examples and suggestions. There are a variety of these materials/forms available which are all very appropriate.

FUNCTIONAL VOCATIONAL ASSESSMENT SEQUENCE



Lombard (1993) describes a similar model of functional vocational assessment which he entitles "Tech Prep Assessment Model." It includes all of the steps of the previous assessment model, but expands the concept of assessment to include instruction, generalization skill training and maintenance of skills based on ongoing assessments.

TECH PREP ASSESSMENT MODEL - MAGIC

M Make a Prediction for Student's Future

Gather informal student data

- Needs
- Preferences
- Interests

Gather formal student data

- Occupational interest
- Vocational aptitude
- Academic skills
- Learning style

Map vocational congruence

A Assess Entry Level Skills

Implement CBVA

Conduct "vocational" program inventory

Determine outcomes

- Entry level skills
- Applied academics
- Vocational competencies

G Guide Skill Acquisition to Skill Mastery

Coordinate discrepancy

Identify goals and objectives

Instructional support

- Prioritize needs

- Direct
- Indirect

I Instruct for Generalization

Skill rehearsal

Orientation to applied setting

Activate skills in multiple settings

C Conduct Maintenance Checks

On-going assessment

- Monitor student performance

Modifications

- Curricular
- Instructional

Evaluations

- Student
- Program

ORIENTATION/INTERVIEW

STAGE I

ORIENTATION/INTERVIEW

Once the IEP committee decides that a student needs to be involved in a functional vocational assessment process in order to determine his/her vocational strengths and limitations, the first activity to take place should be an Orientation Meeting. At this time the student and his/her parents would meet with the evaluators (usually the special education teacher). The vocational assessment procedures would be explained to them, and the purpose for conducting such an evaluation discussed. This is an important first step in the assessment process, as a positive rapport and relationship can begin to develop among the student, parents and evaluators.

Gathering information: student data

When conducting a functional vocational assessment, it is of primary importance to go to the source, namely the student. Interviews with the person being evaluated are a sometimes neglected feature of evaluation. An interview is an important first step and should be the first component of the assessment process (Brolin, 1982). The student (as well as his/her parents, teachers, etc.) has some idea regarding his/her skills and abilities, interests and desires. During the interview, the teacher (or counselor...) must establish an accepting and meaningful relationship with the student to gain a better understanding and be able to make comparisons with the background information received in the assessment process.

According to Nadolsky (1971),

In addition to communicating the purpose and goals of the evaluation to the person, the evaluation interview is used to enhance the...evaluator's understanding of the client through the verification and clarification of biographical data, or the acquisition of supplementary information. It is through the evaluation interview that biographical data become alive and meaningful. As a result of a more thorough understanding of the client's past history, present situation, and future aspirations, it is possible to eliminate additional occupations from consideration.

The evaluator must respect the student's choices and preferences since the program developed by the IEP committee is based on them. The student needs to feel s/he has a voice in the evaluation process and isn't just an object being tested and passed on to a training program. As the student gains experience, his/her stated interests, abilities and needs must be explored again and s/he must be included in the planning of his/her own program. Persons with disabilities, especially, often have a limited range of experiences so they must be given time to learn about the various possibilities and communicate them accurately to the evaluator (Brolin, 1982).

This step in the evaluation process should also include interviews with the student's

family, teachers, counselor, etc. They can provide information about the student's home environment, level of support, skills and abilities, adaptations, etc. These people may be able to provide information that the student does not or cannot provide, which may be of importance in vocational planning.

During the interview, the evaluator should gather information including the following: (Peterson, 1985).

- 1) **Identification Information**
- 2) **Personal Living and Social Situation**
 - a. family at home
 - b. extended family in community
 - c. family support regarding work
 - d. location and description of residence/living environment
 - e. services and employment near home
 - f. friends, social groups, supportive relationships
 - g. transportation availability
 - h. significant personal/family history
- 3) **Interests**
 - a. stated occupational interests of student in interview
 - b. stated and observed interest and motivation for work
 - c. career decision-making abilities
- 4) **Functional Academics**
 - a. use of reading, writing and math skills in functional situations such as reading and using manuals, filling out forms, keeping records, banking, ATMs, etc.
 - b. school grades in various subjects
- 5) **Physical Skills and Limitations**
 - a. includes wide range of physical skills including: sight, hearing, strength, endurance, fine and gross motor dexterity, special physical limitations (allergies..), bending, walking, jumping, climbing, general physical health and problems, etc..
- 6) **Personal-Social and Independent Living Skills**
 - a. lifestyle interests and values
 - b. self-concept
 - c. personal and self-care skills
 - d. mobility skills
 - e. community functioning skills
 - f. home functioning skills

- 7) **Special Needs** - defined as those strategies needed to assist the student to successfully adjust to and participate in an environment. These will include:
- a. specification of the degree of participation and the degree of assistance needed
 - b. environmental adaptations and support services needed
 - c. special instruction or behavior change techniques needed

Special clues to needed environmental flexibility and adaptations include :

- a. habits, idiosyncrasies, routines
- b. physical/health restrictions
- c. challenging behaviors

From the interview and synthesis of the interview data, the evaluator should be able to generate some preliminary hypotheses about the student's vocational potential, training needs and work interests (Brolin, 1982). However, Lombard promotes also gathering formal data regarding vocational aptitude, academic skills and learning style which can "provide a snapshot of a student's interests in relationship to his/her academic and vocational ability. Mapping the relationship or congruence between interest and ability will enable the student to identify 'vocational' options that are consistent with her/his current interests and ability levels." (Lombard, 1993) At this point, enough information may be available to develop a program appropriate for the student. It may be possible to place the student directly into a career exploration program, vocational education program, work experience program, or on a job training program. This program development must include the student and those involved in his/her program (parent, teacher, counselor, etc.) and be part of the IEP process. However, should more information be required to determine programming needs, the next step on the flowchart should be implemented, namely, "Observation, Inventories, and Record Review" or as described by Lombard, "assess entry level skills."

The following forms may assist in the interview process with the student, family and staff.

T r a n s i t i o n

P l a n n i n g

F o l d e r



Why do I need this folder? This folder can be used to collect and save information that will be helpful for you and for people who work with you on preparing for your transition out of high school to adult life.

How should I use this folder? Be sure to keep this folder in a place where you can keep using it the whole time you are in high school. Then, when you finish high school, keep it in a safe place at home and use it when you need it. Use a pencil so you can erase and update information that changes. Keep the information up-to-date. Don't wait until the last minute to fill it out. You may miss something important. Bring the folder to your IEP/transition meetings and share it with your planning team.

What should I keep in this folder? Use this folder as a "working file" to hold information and planning materials for this year. This folder does not replace your main school file. All of your assessments and legal forms should be kept in your main school file in the office. Make copies of things from your main file that you also want to keep in this file.

Transition Planning Folder

(Fill out with pencil)

Date I last updated this folder: _____

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Social Security #: _____

Guardian(s): _____

High School: _____ School District: _____

Graduation Date: _____ County: _____

Advisor/IEP Manager: _____

School Counselor: _____

Other people who can help plan my transition

(for example: Division of Rehabilitation Services (DRS) counselor, County Case Manager, Support Service person from a college)

Name	Agency	Phone	Current Status
<i>i.e. John Stone</i>	<i>DRS</i>	<i>122-3456</i>	<i>referral completed</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Benefits I receive (check all that apply)

- _____ Medical Assistance
- _____ SSI (Supplemental Security Income)
- _____ Medicaid
- _____ PEL Grant
- _____ AFDC (Aid to families with dependent children)
- _____ General Assistance
- _____ Other _____



Future Adult Goals for Home Living

*The number in each box below tells my interest and the amount of support I might need.
1 = none 2 = minimum 3 = moderate 4 = maximum*

	Interest	Support
Live alone and independently		
Live with friends or roommates		
Live with parents or foster parents		
Live with other relatives		
Live with husband or wife		
Live in supervised setting		

Description of my disability(s) _____

Therapy I have received _____

Concerns I have about my health _____

Medications I use

name of medication how often I use it what I use it for

Other transition related tests and inventories I have taken

date name of test What I learned about myself

Things I am good at

Things I like to do in my spare time

Transportation - how I get around _____

Location of my social security card _____

Registration # for selective service (males only) _____

Future Adult Goals for Recreation and Leisure

The number in each box below tells my interest and the amount of support I might need.
1 = none 2 = minimum 3 = moderate 4 = maximum

Area	Specific goal	Interest	Support
Hobbies			
Participatory Sports			
Spectator Sports			
Social Activities			
Cultural Activities			
Rest and Relaxation			
Vacations and Travel			
Physical Fitness			
Other _____			
Other _____			
Other _____			

Activities I would like to try _____

Future Goals for Community Participation

The number in each box below tells my interest and the amount of support I might need.
1 = none 2 = minimum 3 = moderate 4 = maximum

Area	Specific goal	Interest	Support
Shopping			
Transportation			
Health Care			
Banking			
Civic Activities			
Agency Support			
Clubs and Organizations			
Other _____			
Other _____			

Activities I would like to try _____

Future Adult Goals for Jobs and Job Training

*The number in each box below tells my interest and the amount of support I might need.
 1 = none 2 = minimum 3 = moderate 4 = maximum*

	Interest	Support		Interest	Support
Part time employment			Large business setting		
Full time employment			Small business setting		
Indoor work			Near home		
Outdoor work			Within commuting range		
Sit down work			Work with people		
Active and physical work			Work alone		

Some jobs I might be interested in

<i>Name of Job(s)</i>	<i>Training I might need</i>

Work/Volunteer Experience I have had

<i>Type of Job</i>	<i>Employer</i>	<i>Paid or volunteer</i>	<i>Dates</i>

Vocational Tests and Inventories

<i>Date</i>	<i>Name of test</i>	<i>What I learned about myself</i>

Who I can get letters of recommendation from

<i>Name</i>	<i>Position</i>	<i>Phone</i>

Other important information

Future Adult Goals in Postsecondary Education and Training

The number in each box below tells my interest and the amount of support I might need.
1 = none 2 = minimum 3 = moderate 4 = maximum

	Interest	Support		Interest	Support
2-year Community College			4-year College or University		
Community Education			Trade or Business School		
Technical College			Other		

Program of study I am interested in _____

Schools I have visited

Date	Name of School	What I learned

Schools I have applied to attend

Date	Name of School	Status of application

Entrance exams I have taken

Date	Name of test	Score/Rank

Financial aid I have applied for

Date	Name of aid	Status of application

I communicate best by

___ talking ___ writing ___ signing other ___

I learn best by

___ modeling ___ repeating ___ reading
___ hands-on ___ listening ___ other

Accommodations and assistive technology that I use



My High School Coursework and Activities

Last Name

First Name

MI

Advisor's Name

Courses I have completed at each grade level (√ when passed)

9th grade	√	10th grade	√	11th grade	√	12th grade	√	12+	√

Total credits

Credits left

My best subjects in school have been

Extra-curricular activities (in and out of school)

Log of my IEP/transition planning meetings

Date	√ if I attended		Date	√ if I attended



NOTES (write down things you want to remember)

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

Date _____ RE: _____

STEP--University of Idaho

STUDENT INTERVIEW

To be completed by student:

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

What year are you planning to graduate? _____

Do you receive any special services at school? _____ Yes _____ No

If yes, what kind? _____

Previous Work Experience

1. What jobs have you done around your house or school?

2. Have you ever had a job working for an employer? _____ Yes _____ No

Name of Employer	Type of Work	When
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Have you ever filled out a job application? _____ Yes _____ No

4. Have you ever been interviewed for a job? _____ Yes _____ No

STAGE 1 - Interview - Secondary Transition and Employment Project



STEP--University of Idaho

Career Interests

1. What kind of job would you like to do when you graduate from high school or college?

2. What kinds of jobs are you interested in now? _____

3. Which of these jobs is the one you would most like to do?

First Choice: _____

Second Choice: _____

Third Choice: _____

4. What jobs would you like to find out more about? _____

5. What kind of work would you not like to do? _____

Skills

1. What would an employer like about you? _____

2. What would an employer not like about you? _____



STEP--University of Idaho

3. Do you have any skills you learned in school or elsewhere that would help you on a job? _____

Notes

Interviewed By: _____ Date _____

STEP--University of Idaho

PARENT INTERVIEW

General Student Information

Student's Name _____
 First Middle Last

Birthdate _____ Age _____

Current Address _____ Phone _____

Parent/Caregiver _____ Phone _____

Parent/Caregiver Address _____
(If different from student's)

1. What kind of high school program would you like for your son or daughter (check all which apply)?

- _____ Classes preparing for college
- _____ Classes which teach basic reading, writing, and math
- _____ Classes which teach skills needed for independent living, such as cooking, budgeting, shopping, hygiene
- _____ Vocational classes such as business, mechanics, carpentry
- _____ Work/study or on-the-job training

2. What do you consider the most important skills for your son/daughter to learn in school (for example, math, reading, writing, spelling, job-seeking skills, job-keeping skills)?

3. When do you think your son/daughter will graduate? _____

4. In what kind of program would you like your son/daughter enrolled after finishing high school?

- | | |
|----------------|-------------------------------|
| _____ College | _____ Junior College |
| _____ Military | _____ Industrial/trade school |
| _____ None | _____ Don't know |

5. What do you see your son/daughter doing after leaving high school?

a. employment:

b. living arrangements:

c. leisure activities:



STIⁿ--University of Idaho

Page Two

6. What types of work do you think your son/daughter would like best? Why?

7. What types of work do you think your son/daughter might not like? Why?

8. What type of summer job do you think your son/daughter could perform this summer or next? Would he/she need training to do this?

9. What work behaviors/attitudes does your son/daughter have that an employer might like?

10. What specific job-finding or job-keeping skills would you especially like your son/daughter to learn?

Parent Questionnaire

From Wausau Public Schools

The following questions will help you think about the services your son or daughter will need after leaving the public schools. Your answers to these questions will help school and other agency staff determine how to assist you in planning and locating services for your son or daughter.

1. Please give the age, grade level, and date of your son or daughter.

Age	Grade	Graduation Date <i>if known</i>
-----	-------	---------------------------------

2. What are your current post school plans for your son or daughter? Please check the appropriate spaces:

- live at home
- apartment with support
- other *specify* _____
- group home
- independent

3a. Have you contacted any of the following agencies regarding postschool placements or services? Please check.

- Community Colleges
- Vocational Technical Institute (VTI)
- Private Employment Agencies
- Job Service
- Your Child's Teacher and Guidance Counselor
- County Developmental Disabilities Office
- Division of Vocational Rehabilitation (DVR)
- Social Security Administration (SSA)
- Other *specify* _____

3b. Have you been contacted by any of the agencies mentioned above regarding postschool services? yes no

If yes, who contacted you?	When?	Which agency?
----------------------------	-------	---------------

3c. Have you been informed of any postschool placement options for your child? yes no

If yes, who contacted you?	When?	Which agency?
----------------------------	-------	---------------

4. Have you encountered any of the following problems in obtaining postschool services for your son or daughter? Please check any that apply.

- Vocational training unavailable
 - Vocational training inappropriate
 - Other training unavailable or inappropriate
 - Residential placements unavailable in your area
 - Residential placements inappropriate in your area
 - Transportation problems *specify type of problem* _____
 - Getting the "run-around" from service providers
 - Lack of knowledge of available services/resources
 - Don't know where to start
 - Other *Specify* _____
-

5. In what areas do you feel that you or your son or daughter will need assistance for postschool planning? Please check all that apply

- Vocational—
- Work Placement
 - Work Training
 - Apprenticeships
 - Transportation
- Residential—
- Placement
 - Independent Living
 - Emotional Support
 - Financial Support
- Education—
- College
 - Vocational, Technical, and Adult Education
 - Proprietary School
- Leisure/Recreation—
- Locating appropriate programs
 - Transportation
 - Emotional Support
 - Access
- Social/Legal—
- Guardianship
 - Sexual Awareness
 - Taking Care of Self
 - Verbal or physical abuse

Other *Specify*

-
6. What could the school district staff do to assist you in planning for your son or daughter's post school needs?

Home Responsibilities Questionnaire

When your son or daughter is expected to carry out home chores or to care for him/herself in a specific way:

1. What personal qualities or characteristics assist him/her in accomplishing such needed tasks?

What personal characteristics get in the way of accomplishing the tasks?

2. Does your child have certain preferences about the kinds of help around the house he/she gives? Name the preferences.
3. What home chores or personal care activities seem to be easily managed by our son or daughter?
4. Name your child's behaviors or attitudes that assist him or her in accomplishing home responsibilities.

Name one behavior you wish your son or daughter might learn in order to function better as he/she performs work at home.

Parent Transition Questionnaire A Guide for Transitional Planning

Student's Name	Parent/Guardian's Name
----------------	------------------------

1. Have educational or other personnel talked with you about the postschool future of your son/daughter? yes no
Describe _____

2. (a) What do you want for your son/daughter during the next year, in five years, 10 years?

(b) What are the needs you would like to see addressed in each of these areas if any, during the next five to ten years? What is your son/daughter currently doing in each area?

(1) Recreation and Leisure (Acquisition of preferred activities such as hobbies, sports, clubs, etc.):

Currently

Needs

(2) Jobs and Job Training (Acquisition of skills necessary to obtain and keep employment, fill out applications, interviews, resumes, employer/employee relations):

Currently

Needs

(3) Post-secondary Training (Education and/or training after high school; preparation for and application to technical colleges, community colleges, universities, adult education, community education):

Currently

Needs

(4) Community participation (Skills needed to access community resources including people, public places, and activities such as support groups, churches, medical services, legal services, public transportation, drivers license, government agencies):

Currently

Needs

3. What most concerns you about the future of your son or daughter?

4. Are you presently in contact with any agencies that will or may be involved with your son/daughter after graduation? List.

From the Minnesota Department of Education

Parent Survey

Name _____

What grade is your child in? _____

1. What experiences do you feel influenced your son or daughter in his or her schedule planning decisions? *(Please check all appropriate responses.)*
 - Vocational evaluation (evaluation lab)
 - Career exploration
 - Toured or discussed vocational classes
 - Do not know

2. Who do you think influenced his or her decision most? *(Please check only one)*
 - Parents/family
 - Friends
 - Teacher
 - Counselor
 - Principals
 - No one (their own decision)
 - Other individuals, *please specify* _____

3. Some elements of vocational education are considered relatively more important than others. Please rank the following elements of vocational education. One is the most important. Five is the least important. Each element must have a different rank.
 - Academic skills (reading, writing, and math)
 - Work experience (actually having a job)
 - Communication skills (ability to express yourself to others)
 - Work attitude and human relations skills (getting along with others, dependability, etc.)
 - Vocational and technical knowledge and skills (mastery of technical skills)

4. What is your child's future plan?
 - College
 - Junior college
 - Military service
 - Technical school
 - Immediate full-time employment
 - Part-time employment and school
 - Don't know
 - Other, *please specify* _____

5. What skills/services could have helped your child in getting a job?
 - Good technical background
 - Previous work experience
 - Good job-hunting skills
 - Knowing the right people
 - Help by a job placement counselor
 - Does not apply
 - Other, *please specify* _____

6. What skills/services did help your child in getting a job?
- Good technical background
 - Previous work experience
 - Good job-hunting skills
 - Knowing the right people
 - Help by a job placement counselor
 - Does not apply
 - Other, *please specify* _____
7. How will your son or daughter get his or her first job?
- Job placement services
 - Family/relatives
 - Friends
 - Training supervisor
 - Vocational instructor
 - On his/her own
 - Does not apply
 - Don't know
8. How did your son or daughter get his or her first job?
- Job placement services
 - Family/relatives
 - Friends
 - Training supervisor
 - Vocational instructor
 - On his/her own
 - Does not apply
 - Don't know
9. Did you talk with anyone at school about your child's options?
- Yes No
10. Who did you discuss the options with? (*Please check all appropriate responses*)
- Special education teacher
 - Classroom teacher
 - Vocational evaluator
 - DVI instructor
 - Counselor
 - Principal
 - Vocational Teacher
 - Other, *please specify* _____
11. Have you attended your child's IEP meetings?
- Yes No
12. Did you participate in planning or writing the IEP?
- Yes No
13. If yes, how did you participate? (*Please check all appropriate responses.*)
- Attended (no. of times _____, no. of years _____)
 - Signed IEP
 - Offered suggestions
 - Asked questions
 - Asked for evaluation
 - Other, *please specify* _____

14. What could be done to help students with disabilities get jobs?
15. Are you aware of funds, services, and programs available to help students with disabilities make the transition from school to work?
 Yes No
16. Which of the following services are you aware of? *(Please check all appropriate responses.)*
- | <i>Jobs</i> | <i>General Assistance</i> |
|--|---|
| <input type="checkbox"/> Division of Vocational Rehabilitation | <input type="checkbox"/> Group Homes |
| <input type="checkbox"/> Job Training Partnership Act (JTPA) funded programs | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Private employment agency | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Other, <i>please specify</i> _____ | <input type="checkbox"/> Other, <i>please specify</i> _____ |
17. What services do you feel public schools should provide for students with disabilities in their transition from school to work? *(Please be as specific as possible.)*
18. What services does the community need in order to assist students with disabilities in transition from school to work? *(Please list.)*
19. If you feel that your concerns about transition have not been addressed in any of the questions, please list these concerns.

Return completed form by _____ in the enveloped provided.

OBSERVATION, INVENTORIES & RECORD REVIEWS

STAGE II

OBSERVATION, INVENTORIES & RECORD REVIEWS

At the completion of the Orientation/Interview stage of vocational assessment, it is often determined that more information is needed in order to make decisions regarding a student's programming needs. The next stage in the Functional Vocational Assessment model is "Observation, Inventories and Record Reviews." During this stage, more information is gathered through an analysis of existing reports and records of the student's achievements, observations of the student, and the administration of various inventories to determine the student's interests, abilities, work temperament, etc. Based on the results of the interview and record review, decisions can be made regarding what types of inventories would be necessary and what information would be better obtained through observations.

Among the types of informal tests which could be administered are the following:

1. Checklists

Checklists are sampling procedures for assessing a series of behaviors appropriate to program development or evaluation. The checklist can be used to elicit the student's, teacher's, or parent's perceptions of the student's school or work-related performance. It can be used to identify desired work behaviors by a prospective employer. Although the checklist can be expected to provide some subjective data, it does allow the teacher and student to compare the student's perception of his/her performance against others in critical decision-making situations.

2. Observations/ Task Analysis

Observational techniques can be effective measures of the strength of a behavior. Observations can be made by the teacher, parent, employer, or a teacher's aide. The observer identifies a specific behavior or a series of behaviors that may contribute to, or interfere with, the learning process and/or job performance. For example, a teacher may observe a student's on-task behavior in his math class. The teacher can determine the duration of time the student attends to the task before being distracted, duration of time spent on the distraction, and types of distractions negatively affecting on-task behavior. Once this information is identified, the teacher can design instructional strategies or provide activities to increase on-task behavior and reduce off-task behavior.

3. Curricular-Based Information

These testing procedures (competency based vocational assessment) measure a student's performance level with essential entry level academic and vocational skills required in the program. The process includes a series of questions or activities that the student must answer or perform. Based on the test results, the evaluator can determine the student's readiness for the material and the

instructional proficiency level. The information provides the evaluator and student with objective information about the student's achievement level relative to specific objectives, and enables both to make decisions regarding the appropriate instructional-experiential program.

Among the areas that need to be looked at during the Observation, Inventories and Record Review stage of vocational assessment are the following:

1. **Specific Vocational Skills** - this includes specific work tasks in school and at home in which the student has skills, such as:
 - a. tool and equipment use
 - b. informal chores at home
 - c. informal chores and work done for others
 - d. part and full-time work experience

2. **Work-Related Behaviors** - observed at home or in school:
 - a. punctuality
 - b. attendance
 - c. attention to tasks
 - d. quality of work
 - e. speed of work
 - f. continuity of work
 - g. interaction with peers and teachers
 - h. asking for help and directions

Information on work-related behaviors can be gathered at home or in school .

3. **Learning Skills and Styles**
 - a. abilities to learn academic, functional work tasks
 - b. functional community living skills
 - c. instructional and behavior change techniques that are most effective
 - d. learning rate
 - e. preferred learning strategies
 - f. etc.

Information on learning skills and styles can be obtained through:

- a. self-report learning style inventories
- b. observations of parents, teachers, etc.
- c. observations of learning in performance assessments - work samples, vocational classroom tryouts, job tryouts, etc.
- d. performance-based learning assessment - e.g., training on a particular skill and keeping systematic data on learning that occurs in school or at home
- e. task analysis

4. **Interests** - this would look at the student's interests in a more in-depth manner than in the interview process:
 - a. observed interests regarding work and social situations: in school subjects, by teachers and counselors, and by parents at home
 - b. tested interests via vocational interest and awareness inventories
 - c. occupational awareness: via interviews, awareness tests, interviews with parents
5. **Academic Aptitudes**
 - a. systematic observation of the application of academic skills in functional situations
 - b. functional tests of academic skills
 - c. general academic achievement test scores
6. **Work Temperament** - this looks at such characteristics as:
 - a. indoor vs outdoor work
 - b. working independently vs in a group situation
 - c. manual labor vs seatwork
 - d. repetitive tasks vs a variety of activities
 - e. working with the public vs behind the scenes
 - f. etc.

Upon completion of the activities in the Observation, Inventories and Record Review stage of vocational assessment, a clearer picture of the student should begin to emerge. Knowing his/her abilities, interests, experiences, etc. should enable the teacher, parent and student to make some informed decisions regarding possible vocational training and/or work experiences. However, should a more in-depth evaluation need to take place in order to make valid decisions regarding the appropriate training and/or work-study program for the student, the next stage of the flowchart should then be utilized, i.e. "Career Exploration." Theoretically, career exploration should have occurred for all students in Wisconsin during their middle school years since this is a requirement of Wisconsin's developmental guidance model. However, many students with disabilities have not been availed of career exploration activities in middle school and consequently high schools will have to provide these opportunities.

Sample transition skills checklists that include employment and independent living are on the following pages.

STUDENT VOCATIONAL EVALUATION FORM

Student's Name:	Birthdate:
School:	Graduation Date:
Parents/Guardian:	Program:
Parents' Address:	Handicap(s):
Teacher Reporting:	Date of Eval:

ACADEMICS

Functional Reading Skills	
Functional Math Skills	
Functional Expressive Language	
Functional Language Comprehension	
Functional Writing Skills	

Implications for vocational exploration:

Implications for vocational instruction:

Implications for work experiences:

EXCEPTIONAL EDUCATIONAL NEEDS

EENs	
Related Services	
Assistive Devices	

STUDENT'S PREFERENCES/INTERESTS

--

VOCATIONAL CLASSES COMPLETED

Vocational Classes	Competencies Mastered

VOCATIONAL EXPERIENCES

Site	
Purpose (Explore, Assess, Train, Work/Study)	
Activities	
Skills Mastered	
Hrs/Wk, Dates	
Site	
Purpose (Explore, Assess, Train, Work/Study)	
Activities	
Skills Mastered	
Hrs/Wk, Dates	

PRIORITIZED DESIRABLE WORKER CHARACTERISTICS ¹

Worker Characteristics	Demonstrates	Instructional Methods/ Adaptations Needed to Improve
1. Good attendance		
2. Punctuality		
3. Acceptance of supervision		
4. Ability to accept criticism & implement suggestions		
5. Ability to follow/retain verbal directions		
6. Ability to read/carry out simple written directions		
7. Cleans up after self		
8. Ability to attend to task until completed		
9. Ability to work independently once task is learned		
10. Awareness of safety precautions		
11. Respect & ability to care for equipment		
12. Ability to adapt to new people/situations		
13. Ability to cooperate/get along		
14. Ability to measure		
15. Appropriate self-control/frustration management		
16. Ability to ask for assistance		
17. Ability to perform job adequately		
18. Confidence in performing task/job		
19. Ability to maintain quality of work/correct own errors		
20. Ability to maintain adequate productivity/pace		
21. Has realistic job goals		
22. Has knowledge/acceptance of rules		
23. Flexibility for different types of jobs		
24. Willingness to work		
25. Has image of self as a worker, orientation toward work, interest in job		
26. Endurance/stamina		
27. Ability to communicate basic needs		
28. Initiative		
29. Acceptance of responsibility		

Worker Characteristics	Demonstrates	Instructional Methods/ Adaptations Needed to Improve
30. Exhibits good grooming/appropriate personal hygiene		
31. Dresses appropriately		
32. Demonstrates helping behaviors/teamwork		
33. Takes pride in work		
34. Ability to exercise good judgement/problem solving skills		
35. Willingness to learn		

¹ ADAPTED FROM "A COMPARISON BETWEEN THE PERCEPTIONS OF SPECIAL EDUCATORS AND EMPLOYERS: WHAT FACTORS ARE CRITICAL FOR JOB SUCCESS?", LINDA MCCREA, *CAREER DEVELOPMENT FOR EXCEPTIONAL INDIVIDUALS*, 14:2, 121-130, 1991.

TRANSITION PLANNING ASSESSMENT

Elementary School

	YES	NO	Current Year	Future	Diff
POSTSECONDARY EDUCATION (Late Elementary)					
Does the student express interest in postsecondary education?					
Does the student understand the need for postsecondary education for some jobs?					
Does the student understand the emphasis of academic skills for postsecondary education success?					
EMPLOYMENT/CAREER AWARENESS					
Can the student explain parent(s) jobs?					
Can the student name 10 types of jobs?					
Can the student explain her/his academic strengths and weaknesses?					
Can the student explain how his/her skills could relate to a job?					
Can the student express interest in 2-3 different jobs?					
ADULT SERVICES					
Is the student in need of services from a social service agency such as the Div. of Developmental Disabilities?					
INDEPENDENT LIVING					
<u>Financial Assistance & Income Support</u>					
Is the student receiving Social Security Income?					
Does the student earn an allowance?					
Does the student spend allowance wisely?					
<u>Living Arrangements</u>					
Can the student discuss various types of living arrangements (homes, apartments, etc.)?					
<u>Medical Services & Resources</u>					
Can the student describe his/her medical needs?					
Can the student take medicine (if needed) independently?					
Can the student state her/his doctor's name?					
Will there be a need for ongoing medical care?					
<u>Insurance</u>					
Do the parents/guardians have medical insurance on the student?					
Do the parents/guardians understand insurance options for the student (i.e. Medicaid, etc.)?					
<u>Personal Management</u>					
Does the student choose her/his clothes and dress herself/himself?					
Does the student perform personal hygiene tasks independently (bathing, etc.)?					
Does the student follow safety rules?					

Developed by the Arizona Department of Education

TRANSITION PLANNING ASSESSMENT
Elementary School (Continued)

Yes No

Current Year
Future
Omit

Does the student have home chores designated?					
Does the student manage his/her time effectively?					
<u>Socialization/Friends</u>					
Does the student have age-appropriate friends?					
Does the student have friends who do not have a disability?					
Does the student have opportunities to develop friendships?					
Does the student demonstrate being a friend (sharing, etc.)?					
Does the student participate in activities with friends?					
<u>Transportation</u>					
Can the student negotiate her/his neighborhood?					
Can the student state various means of transportation (i.e. walk, bike, bus, car, train, etc.)?					
Can the student negotiate her/his way around the school independently?					
<u>Advocacy & Legal Services</u>					
Will the student be in need of advocacy or legal services in the future (guardianship, etc.)?					
Do the parents/guardians communicate their needs/desires and their hopes for the student?					
<u>Self-Advocacy</u>					
Does the student communicate her/his needs effectively?					
Does the student ask for help when needed?					
Does the student participate in his/her IEP meeting?					
Does the student use communication devices efficiently (i.e. phone, letters, computers, etc.)?					
Does the student resolve conflicts with other effectively?					
COMMUNITY PARTICIPATION:					
Does the student go to restaurants, movies, library?					
Does the student participate in sports activities?					
Does the student negotiate his/her neighborhood easily?					
Does the student participate in church youth groups?					
<u>Leisure & Recreation</u>					
Does the student participate in school activities?					
Does the student participate in Physical Education classes?					
Does the student play games at home?					
Does the student express his/her interest in various recreational activities?					
Does the student participate in different leisure/recreation activities outside of school?					

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TRANSITION PLANNING ASSESSMENT
Elementary School (Continued)

	Yes	No	Current Year	Future	Omit
Does the student have home chores designated?					
Does the student manage his/her time effectively?					
<u>Socialization/Friends</u>					
Does the student have age-appropriate friends?					
Does the student have friends who do not have a disability?					
Does the student have opportunities to develop friendships?					
Does the student demonstrate being a friend (sharing, etc.)?					
Does the student participate in activities with friends?					
<u>Transportation</u>					
Can the student negotiate her/his neighborhood?					
Can the student state various means of transportation (i.e. walk, bike, bus, car, train, etc.)?					
Can the student negotiate her/his way around the school independently?					
<u>Advocacy & Legal Services</u>					
Will the student be in need of advocacy or legal services in the future (guardianship, etc.)?					
Do the parents/guardians communicate their needs/desires and their hopes for the student?					
<u>Self-Advocacy</u>					
Does the student communicate her/his needs effectively?					
Does the student ask for help when needed?					
Does the student participate in his/her IEP meeting?					
Does the student use communication devices efficiently (i.e. phone, letters, computers, etc.)?					
Does the student resolve conflicts with other effectively?					
COMMUNITY PARTICIPATION					
Does the student go to restaurants, movies, library?					
Does the student participate in sports activities?					
Does the student negotiate his/her neighborhood easily?					
Does the student participate in church youth groups?					
<u>Leisure & Recreation</u>					
Does the student participate in school activities?					
Does the student participate in Physical Education classes?					
Does the student play games at home?					
Does the student express his/her interest in various recreational activities?					
Does the student participate in different leisure/recreation activities outside of school?					



TRANSITION PLANNING ASSESSMENT

Middle School/Junior High School (Continued)

YES NO
Current Year
Future
Omit

	YES	NO	Current Year	Future	Omit
<u>Personal Management</u>					
Does the student get himself/herself up in the mornings?					
Does the student independently care for hygiene and grooming?					
Does the student prepare simple meals?					
Does the student do his own laundry?					
Does the student independently complete assigned household chores?					
Does the student follow safety rules?					
Does the student purchase needed personal items?					
Does the student use time effectively?					
<u>Socialization/Friends</u>					
Does the student have age-appropriate friends?					
Does the student have friends who do not have a disability?					
Does the student demonstrate different levels of personal relationships (friends, intimate friends)?					
Does the student participate in activities with her/his friends i.e. (parties, etc)?					
Does the student resolve conflicts with friends effectively?					
<u>Transportation</u>					
Can the student negotiate his/her neighborhood?					
Can the student identify various means of transportation (i.e. walk, bike, bus, car, train, etc.)?					
Can the student negotiate the school environment?					
Can the student utilize at least one mode of transportation?					
<u>Advocacy & Legal Services</u>					
Will the student need ongoing advocacy or legal services?					
<u>Self-Advocacy</u>					
Does the student participate in the IEP planning?					
Does the student demonstrate assertiveness?					
Does the student express desires effectively?					
Does the student have opportunities to make choices and decisions?					
Does the student communicate effectively and differentially with peers and adults?					

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TRANSITION PLANNING ASSESSMENT

Middle School/Junior High School (Continued)

	YES	NO	Current Year	Future	Omit
COMMUNITY PARTICIPATION					
Does the student negotiate his/her neighborhood?					
Does the student demonstrate ability to get to movies, grocery store, restaurant, library, etc.)?					
Does the student participate in community sports activities?					
Does the student participate in youth groups?					
<u>Leisure & Recreation</u>					
Does the student identify leisure interests?					
Does the student participate in these identified areas?					
Does the student know how to find out about leisure activities?					
Does the student participate in school extracurricular activities?					
Does the student demonstrate participation in both individual and group leisure/recreation activities?					

TRANSITION PLANNING ASSESSMENT

High School

YES NO

Current Year
Future
Omit

	YES	NO	Current Year	Future	Omit
POSTSECONDARY EDUCATION					
Does the student want or need postsecondary training? What type? __ vo-tech __ cc __ 4 year __ ojt					
Does the student need assistance from an adult agency?					
Does the student need assistance with application/financial aid forms?					
Does the student need help selecting an institution?					
Does the student know and meet the deadlines for applications?					
Does the student meet the criteria for admission?					
Can the student contact the support services personnel at the postsecondary institution?					
Can the student effectively express her/his limitations and need for various support services?					
Can the student visit the campus prior to selection?					
EMPLOYMENT/CAREER AWARENESS/VOCATIONAL TRAINING					
Does the student demonstrate an understanding of his/her employment options (full-time, part-time, etc.)?					
Does the student demonstrate the skills, aptitudes and behaviors to reach her/his goal?					
Does the student demonstrate ability to complete W2/W4 and income tax forms?					
Does the student relate skills/abilities to jobs?					
Does the student describe employment options available in the community?					
Does the student have or need related work experience?					
Does the student need help with finding a job?					
Does the student need help with keeping a job?					
Is the student willing to relocate?					
Career Planning					
Does the student have vocational assessment information in her/his file?					
Does the student have a realistic career goal?					
Does the student have a realistic plan to reach the goal?					
Does the student have parental support for the career goal?					
ADULT SERVICES					
Is the student in need of services from the Division of Developmental Disabilities?					
Is the student in need of services from the Division of Vocational Rehabilitation?					
Is the student in need of services from Jobs Training Partnership Act?					
Is the student in need of services from the Social Security Administration?					
Is the student in need of services available from other social service agencies? Specify _____					

TRANSITION PLANNING ASSESSMENT

High School (Continued)

	YES	NO	Current Year	Future	Omit
INDEPENDENT LIVING					
<u>Financial Assistance & Income</u>					
Does the student need financial assistance from an adult agency (DVR, SSI, etc.)?					
Does the student receive SSI and understand the various programs available to him/her?					
Does the student know how to file for various benefits (i.e. unemployment, SSI, public assistance, etc.)?					
Does the student make purchases appropriate for level of income?					
Does the student know how to open and maintain a checking and savings account?					
Does the student need ongoing assistance in this area?					
<u>Personal Management</u>					
Can the student get herself/himself up in the morning?					
Can the student use good judgement about going to bed on time?					
Can the student prepare meals for self?					
Can the student manage money effectively?					
Can the student manage time effectively?					
Can the student perform routine household maintenance chores (dishes, cleaning, etc.)?					
Can the student select and care for clothes?					
Can the student maintain personal grooming and hygiene skills?					
<u>Socialization/Friends</u>					
Does the student have age-appropriate friends?					
Does the student demonstrate different levels of personal relationships (close friends, intimate friends)?					
Does the student have friends who do not have a disability?					
Does the student participate in activities with her/his friends?					
Does the student resolve conflicts with friends effectively?					
<u>Transportation</u>					
Can the student demonstrate the use of various modes of transportation (walking, driving, bicycle, etc.)?					
Does the student know how to find transportation when needed?					
Does the student have a drivers license?					
Does the student need special travel arrangements made on an ongoing basis?					

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TRANSITION PLANNING ASSESSMENT

High School (Continued)

	YES	NO	Current Year	Future	Omit
<u>Advocacy & Legal Services</u>					
Does student demonstrate an understanding of her/his rights and responsibilities as a person with a					
Does the student need ongoing advocacy support?					
Does the student need ongoing guardian support?					
<u>Self-Advocacy</u>					
Does the student demonstrate assertiveness with friends?					
Does the student demonstrate assertiveness with adults?					
Does the student participate in his/her IEP planning?					
Does the student participate in the development of long range goals?					
Does the student express opinions and needs effectively?					
Does the student demonstrate ability to ask for help when needed?					
Does the student understand and effectively express limitations/needs as well as strengths?					
COMMUNITY PARTICIPATION					
Does the student demonstrate how to locate/utilize public utility companies, post office, drivers license?					
Does the student utilize public shopping malls, theaters, library, grocery stores, etc.?					
Does the student know how to register to vote?					
Does the student know how to apply for and gain a drivers license?					
Does the student know how to register for selective service?					
Does the student demonstrate use of public transportation?					
<u>Leisure & Recreation</u>					
Does the student demonstrate participation in school activities?					
Does the student demonstrate participation in community activities?					
Does the student demonstrate participation in both individual and group recreational activities?					
Does the student demonstrate the ability to seek out information on leisure activities of interest to him/her?					

ASSET	ACCEPTABLE	LIMITATION	<p>ASSET: Performance or behavior should contribute to success in training and/or job placement. ACCEPTABLE: Performance or behavior appears to be acceptable for most employment or training situations. LIMITATION: Performance or behavior appears to be unacceptable for most employment situations.</p>
+	.	-	SKILL FACTORS CHECKLIST
			<p><u>MANUAL SKILLS</u></p> <ol style="list-style-type: none"> 1. Fine Dexterity: Makes fine finger movements smoothly, quickly, accurately. Observed to perform on work samples requiring this trait at a competitive rate. 2. Gross Dexterity: Makes gross hand and arm movements smoothly, quickly, accurately. Observed to perform on work samples requiring this trait at a competitive rate. <p><u>DISCRIMINATION</u></p> <ol style="list-style-type: none"> 1. Color: Recognizes similarities or differences in color or shades of color. 2. Form: Perceives pertinent detail in objects or pictorial/graphic material; sees slight differences in shades/shadows of figures. 3. Size: Visually determines differences in the magnitude of objects. 4. Spatial: Conceptualizes forms in space and "visualizes" objects of two or three dimensions. <p><u>ORGANIZATION AND PLANNING</u></p> <p>Arranges work and sequence of steps to be taken to complete tasks in an effective manner.</p> <p><u>LEARNING AND COMPREHENSION</u></p> <p>Assimilates instructions and grasps the principles of work tasks with minimal assistance.</p> <p><u>ABILITY TO FOLLOW INSTRUCTIONS</u></p> <ol style="list-style-type: none"> 1. Comprehends and utilizes verbal instructions. 2. Comprehends and utilizes written instructions. 3. Comprehends and utilizes diagrams. 4. Comprehends and utilizes demonstrations. 5. Comprehends and utilizes models. <p><u>JOB SEEKING SKILLS</u></p> <ol style="list-style-type: none"> 1. Completes application form. 2. Answers problem questions. 3. Explains skills. 4. Utilizes appropriate mannerisms. 5. Demonstrates enthusiasm for work. 6. Knows where to look for jobs. <p><u>PHYSICAL APPEARANCE</u></p> <ol style="list-style-type: none"> 1. Attire: Wears clothes that are clean, neat, and appropriate to setting. 2. Hygiene: Exhibits hygiene skills by having face/hands clean, hair washed, no detectable odors, and teeth brushed.

STAGE 2 - Observation



ASSET	ACCEPTABLE	LIMITATION	
SKILL FACTORS CHECKLIST (CONT.)			
			<p>3. Grooming: Exhibits grooming skills by having hair combed, face shaved, beard/moustache trimmed, and utilizing cosmetics appropriately.</p> <p><u>PUNCTUALITY</u></p> <ol style="list-style-type: none"> 1. Showed up on time for appointment. 2. Returned from breaks as scheduled. <p><u>INTERPERSONAL SKILLS</u></p> <ol style="list-style-type: none"> 1. Processes and communicates information concerning ideas and needs in a clear and meaningful manner. 2. Establishes and maintains friendly work relationship with others. <p><u>SUPERVISION</u></p> <ol style="list-style-type: none"> 1. Amount Required: Completes tasks with minimal support and/or assistance once initial instructions are given. Makes own decisions and does not rely on others for guidance. 2. Response to Authority: Accepts direction from supervisor and complies with requests. 3. Requests for Assistance: When necessary and relevant, requests assistance and does so in an appropriate and timely manner. <p><u>WORK ATTITUDE</u></p> <ol style="list-style-type: none"> 1. Personal Complaints: Voices complaints only when solicited from supervisor or relevant and appropriate to the situation. Complaints, if any, are infrequent and not disruptive to performance. 2. Approach to Work: Approaches work in positive manner, expresses desire to work and willing to take steps necessary to achieve vocational goals. 3. Initiative: Self-starts within the limits of instruction and general work regulations. Is usually in a state of readiness to work. Utilizes off-task time constructively.

Vocational Assessment Observation Checklist

Name: _____ School: _____

COOPERATION

- _____ Openly uncooperative
- _____ Reluctant to cooperate
- _____ Ordinarily cooperative
- _____ Stimulates cooperation

ATTITUDE TOWARD LEARNING

- _____ Resists training
- _____ Accepts training under pressure
- _____ Appears indifferent to training
- _____ Willingly accepts training
- _____ Seeks more training

RESOURCEFULNESS

- _____ Difficulty in solving problems
- _____ Rarely offers a solution
- _____ Average supply of solutions
- _____ Resourceful
- _____ Exceptional in problem solving

INITIATIVE

- _____ Never initiates
- _____ Waits for others to start
- _____ Average initiative
- _____ Frequently goes ahead
- _____ Unusually self-reliant

QUALITY OF WORK

- _____ Generally unacceptable
- _____ Poor performance on work samples
- _____ Work unusually passable
- _____ Few errors
- _____ Consistently good job

ATTITUDE TOWARD AUTHORITY

- _____ Resents authority
- _____ Accepts with resistance
- _____ Appears with resistance
- _____ Evidences accepting authority
- _____ Appreciates need for authority

INTEREST

- _____ Totally uninterested
- _____ Disinterested for the most part
- _____ Shows varying degrees of interest
- _____ Well developed interests
- _____ High specific and general interests

STAGE 2 - Observation

SAFETY

- _____ Dangerously careless
- _____ Needs frequent reminding
- _____ Takes average precautions
- _____ Careful
- _____ Unusually safety conscious

USE OF TOOLS AND MATERIALS

- _____ Misused most tools & material
- _____ Misused some tools & material
- _____ Satisfactory use of tools
- _____ Used most equipment correct
- _____ Competent use of all tools

PERSONAL BEHAVIORS

- _____ Is punctual
- _____ Acceptable grooming
- _____ Attends regularly

SOCIAL BEHAVIORS

- _____ Gets along well with others
- _____ Cooperates with others
- _____ Shows acceptable social skill
- _____ Prefers to work alone

WORK BEHAVIORS

- _____ Vitality or work energy
- _____ Stamina for a full work day
- _____ Consistent work effort
- _____ Easily distracted from work
- _____ Reacts positive to unpleasant work or tasks
- _____ Acceptable work methods
- _____ Demonstrates planning and organizational skills
- _____ Ability to cope with problems
- _____ No unpleasant work habits
- _____ Requires modifications of instructional materials



JOB READINESS ASSESSMENT CHECKLIST

Please complete the following, using data you have gathered from observing the student's work habits/attitudes and academic performance in all phases of school work and other related work experience.

Student's Name	Grade	B.D.	School
Address	Program	Teacher	Date
			U S S E L L W A L D O M S Y L O M

WORK HABITS:

1. Absence from work/school for excused reason only.			
2. Reports to school/work on time.			
3. Dresses appropriately for school/work setting.			
4. Retains and follows instructions given the first time.			
5. Asks for clarification immediately when instructions are not understood.			
6. Checks work for acceptable performance.			
7. Avoids repeating past errors.			
8. Able to concentrate on task.			
9. Demonstrates correct use of equipment and materials.			
10. Cleans area/returns work supplies to proper places.			
11. Makes efficient use of school/work time.			
12. Requires minimal supervision in school/work setting.			
13. Complies with safety rules.			
14. Rate of production is at 75% or better of the average standard.			
15. Demonstrates good grooming. (Body, teeth, hair, clothes, etc.)			

STAGE 2 - Observation

CESA #6 FUNCTIONAL ASSESSMENT SCREEN

This is a list of skills that will greatly help in making a successful adjustment to life after high school. Circle the number by each item that best represents the student's status or need at this time. Ratings need to be based on age or developmental level appropriateness. Use the following scale:

- | | | |
|---|------------------|---|
| 4 | Independent | This skill is fully developed. Student is able to do this with no help. |
| 3 | Some Help Needed | There is some knowledge or ability in this area. More information or skill development is required. |
| 2 | No Knowledge | Student has no awareness or ability in this area. |
| 1 | Not Applicable | This item does not apply at this time. |

I. Money Management	Independent	Some Help Needed	No Knowledge	Not Applicable
Identify Coins & Paper Values	4	3	2	1
Makes Wise Purchases	4	3	2	1
Basic Banking Skills	4	3	2	1
Basic Budgeting Skills	4	3	2	1
Calculate Taxes	4	3	2	1
Identifies/uses local agencies/services able to providing counseling/support.	4	3	2	1

II. Personal/Domestic Management	Independent	Some Help Needed	No Knowledge	Not Applicable
Proper Eating Skills	4	3	2	1
Plans for Proper Nutrition	4	3	2	1
Purchase Food	4	3	2	1
Prepare Meals	4	3	2	1
Home Cleanliness	4	3	2	1
Food Storage	4	3	2	1
Safety Practices	4	3	2	1
Use of Appliances/Tools	4	3	2	1
Proper Grooming/Hygiene	4	3	2	1
Proper First Aid Practices	4	3	2	1
Marriage & Family Issues	4	3	2	1
Handle Emergency Situations	4	3	2	1
Identifies/uses local agencies/services able to provide counseling/support.	4	3	2	1

III. Personal/Social Skills	Independent	Some Help Needed	No Knowledge	Not Applicable
Identifies Emotions	4	3	2	1
Identifies Needs	4	3	2	1
Accept Praise	4	3	2	1
Accept Criticism	4	3	2	1
Express Feelings of Worth	4	3	2	1
Develop Self Confidence	4	3	2	1
Demonstrates Acceptable Character Traits	4	3	2	1
Demonstrates Acceptable Behaviors in Public	4	3	2	1
Demonstrates Acceptable On-The-Job Behaviors	4	3	2	1
Respects the Property and Rights of Others	4	3	2	1
Demonstrates Acceptable Reaction to Authority	4	3	2	1
Makes and Maintains Friendships	4	3	2	1
Demonstrates Good Listening Skills	4	3	2	1
Responds Appropriately to Others	4	3	2	1
Contributes in Group Activities	4	3	2	1
Identifies/uses local agencies/services able to provide counseling/support.	4	3	2	1

IV. Self Advocacy Status	Independent	Some Help Needed	No Knowledge	Not Applicable
Describes Personal Disability and its Impact	4	3	2	1
Describes Personal Learning Style.	4	3	2	1
Describes Most Effective Learning/Teaching Strategies.	4	3	2	1
Demonstrates Good Organizational Skills	4	3	2	1
Demonstrates Acceptable Goal Development Skills	4	3	2	1
Demonstrates Good Decision Making Skills	4	3	2	1
Understands Local Laws	4	3	2	1
Understands Legal Rights and Responsibilities	4	3	2	1
Understands Workplace Rights and Responsibilities	4	3	2	1
Understands Government Services	4	3	2	1
Identifies/uses local agencies/services able to provide counseling/support	4	3	2	1

V. Transportation Status	Independent	Some Help Needed	No Knowledge	Not Applicable
Finds Way Around School Building/Grounds	4	3	2	1
Finds Way Around Local Community	4	3	2	1
Demonstrates Safety Practices	4	3	2	1
Able To Use Public Transportation	4	3	2	1
Able To Read and Follow City and Road Maps	4	3	2	1
Has a Driver's License	4	3	2	1
Able to Drive a Vehicle	4	3	2	1
Identifies/uses local agencies/services able to provide assistance.	4	3	2	1

VI. Recreation Status	Independent	Some Help Needed	No Knowledge	Not Applicable
Understands the Value of Recreation	4	3	2	1
Understands the Value of Good/Physical Fitness	4	3	2	1
Identifies Recreation Interests and Abilities	4	3	2	1
Able to Play Individual Games	4	3	2	1
Able to Play Group Games	4	3	2	1
Able to Plan and Choose Activities Wisely	4	3	2	1
Demonstrates Recreation Safety Practices	4	3	2	1
Demonstrates Acceptable First Aid Practices	4	3	2	1
Able to Plan Vacations	4	3	2	1
Identifies/uses local recreation agencies/services	4	3	2	1

VII. Employment Preparation/Training Readiness	Independent	Some Help Needed	No Knowledge	Not Applicable
Reading Ability is at Potential	4	3	2	1
Math Ability is at Potential	4	3	2	1
English/Written Language is at Potential	4	3	2	1
Spelling Ability is at Potential	4	3	2	1
Speaking Ability is at Potential	4	3	2	1
Able to Identify the Value of Work	4	3	2	1
Identifies Career Interests	4	3	2	1
Identifies Career Abilities	4	3	2	1
Identifies Career Values	4	3	2	1
Identifies Strategies that Enhance Personal Learning	4	3	2	1
Identifies Career Needs	4	3	2	1
Identifies Career Clusters	4	3	2	1
Identifies Realistic Jobs/Training Needed	4	3	2	1
Demonstrates Good Job Search Skills	4	3	2	1
Able to Follow Directions	4	3	2	1
Able to Accept Supervision	4	3	2	1
Able to Work with Others	4	3	2	1
Has Good School/Work Attendance	4	3	2	1
Is Punctual	4	3	2	1
Able to do Quality Work	4	3	2	1
Work at a Satisfactory Rate	4	3	2	1
Follows Safety Rules	4	3	2	1
Identifies/uses local employment/employment training agencies/colleges/services able to provide counseling/educational placement/support.	4	3	2	1

CAREER EXPLORATION

STAGE III

CAREER EXPLORATION

The third stage of functional vocational assessment is career exploration. *Career exploration, planning, and decision making* are the processes by which elementary and secondary pupils identify and evaluate life and work choices, explore and plan career goals, and acquire realistic decision-making skills. While most employers are willing to provide some on-the-job training, few want new employees to use a job in their firm as a career exploration experience. School counselors have established guidance programs to assist students in preparing and planning for postsecondary educational opportunities and often help students learn about careers, apprenticeships, local labor market needs, community job requirements, job-seeking and application skills, and general employment skill development. Education for employment provides a framework for K-12 career exploration, planning, and decision making through a curriculum and program that systematically and comprehensively stresses developmental stages of career awareness. This stage includes exploration via career information materials, job shadowing, community speakers, local business visits, post-secondary education shadowing, and work samples. In this stage, the student gains a better understanding about the types of work available, what skills or education are required for jobs he/she has interests and aptitudes in and how he/she will fit into the work environment.

Career exploration is an integral part of the Functional Vocational Assessment. Peterson (1985) listed as one of the criteria for effective vocational assessment the need for the assessment to be student centered so that students are aided in making their own vocational decisions. Career exploration facilitates the above criteria by providing students with information about themselves, the world of work and their abilities and needs as they relate to work. Through this process students become more informed and better able to make vocational decisions. School response in this area must begin early and follow through to graduation from high school. Eventual career choice is part of the *total* developmental process. The questions, "What sort of person am I?", "What do I want to be when I grow up?", and "What can I really do with my life?" are the beginning of the career exploration and planning component of education for employment.

A career exploration and planning program must be developmentally based in order for it to be meaningful. Coupling a knowledge of their own interests, abilities, aptitudes, and attitudes with information about the realities of the world of work, current labor market information, non-traditional career opportunities, job hunting skills, and educational opportunities provides students a sound base for choosing a future occupation.

The Wisconsin Developmental Guidance Model suggests that an organizational structure be established that incorporates the resources of counselors, pupil service personnel, teaching staff, administration, parents, community members, and business and industry representatives in a cohesive, programmatic response.

COMPONENTS OF CAREER EXPLORATION, PLANNING, AND DECISION MAKING

The process of career exploration consists of the following systematic phases.

- A curriculum is provided for all students at the middle/junior high school level. It emphasizes appropriate activities to assist students to understand their own interests, abilities, and aptitudes. Information should be incorporated on the world of work to allow students an opportunity to set meaningful goals for the future. Socioeconomic factors affecting life/work choices are stressed. Deliberate emphasis is given to new, emerging and nontraditional career choices. The existence and historical consequences of sex-role stereotyping in employment are addressed throughout K-12. School district personnel place equal emphasis on all post-high school options---occupational, vocational, and educational.
- Students are taught the need and the processes for evaluation of careers related to interests, aptitudes and attitudes through materials found in Job Centers, Career Centers, guidance office, Wisconsin Technical College System districts, and/or classroom materials. Career information materials provide important data on available jobs , schooling required, pay, advancement opportunities and availability of the job in the future. Students should evaluate jobs in which they have shown an interest and aptitude. Guidance by a qualified guidance counselor or vocational instructor will help the student eliminate many jobs that would be inappropriate because of skill level or abilities of the student. However, it is critical that the special educator be involved in these discussions with the students to insure that adaptations and accommodations are considered when making these decisions. Students should be prepared by their special education programs to fully understand the implications of their disability upon career decisions and to advocate for necessary adaptations in the work place as well as in the vocational education program at school. Information from this phase is important throughout the rest of the career exploration stage.
- After the student has had an opportunity to evaluate vocational areas through the curriculum, vocational materials and counseling, all students must have the opportunity to explore career options through planned activities such as career fairs, field trips, work experience programs, shadowing, speakers, and/or business visits. These activities provide opportunities for students to ask questions of someone who actually holds the job in question and to heighten his/her job awareness.
- Career evaluation through the use of vocational classroom or community based work samples provides students with the opportunity of evaluating skills necessary for the desired job by using actual equipment of the job and applying skills in a natural setting. Many students have limited work experiences in their community. Defining skills needed in the work environment can be difficult to

impossible for many of these students because of their limited experiences. Vocational classroom or community based work samples will give the student an opportunity to increase this experience level while defining skills needed in the job and working environment. It also provides students feedback on how their interests and abilities match the job. Sitlington (1979) defined a work sample as a "simulated representation of work tasks which may or may not represent an actual job or a component of a job." The Vocational Evaluation and Work Adjustment Association (VEWAA) stated that a work sample is a well defined work activity involving tasks, materials and tools which are similar or identical to those in an actual job or cluster of jobs. It is used to assess an individual's vocational aptitude, worker characteristics, and vocational interests. Through the work sample, a student can assess his/her ability to perform actual tasks that will be found on the job while deciding/determining actual interest in the vocational area. Work samples in this stage should focus on the ability of the student to perform the tasks needed on the specific job. Peterson (1986) describes task-oriented work samples as having a primary focus on the assessment of abilities to perform specific tasks of a job.

Vocational work samples may be set up in a vocational classroom or at an employment site in the area. These sites should provide the student with experiences that simulate the work environment as closely as possible. Community based work samples generally require more time and monitoring by the staff than the classroom work samples but are a more reliable assessment practice. Samples on actual work sites provide a realistic environment for students to assess skills needed for the job and actual interest in the job. **We strongly support community based work sampling which provides a realistic environment and is eminently less expensive than setting up artificial work samples.** If community based work experiences were provided for all students prior to school exit, there would be no need for "sheltered work" after school for the majority of students with disabilities. Work samples should occur at the end of the career exploration stage after a student has had the opportunity to determine his/her interests and aptitudes.

- Follow-up studies are developed to determine the success of post-high school transition for all students and results are used to modify existing curricula.

Implementing the Career Exploration, Planning , and Decision Making Process described above should enable the student to demonstrate the following competencies.

CAREER EXPLORATION COMPETENCIES

Personal Capabilities and Interests

- Explain special aptitudes and/or abilities.

- Explain implications of disability on specific careers and need for adaptations.
- Identify personal interests.
- Identify career interests for future career direction.
- Identify transferable work skills/work experience.
- Identify personal traits (strengths, values).
- Assess and practice good health habits, such as weight control, good nutrition, exercise, relaxation, sleep, and having periodic physical examinations.
- Demonstrate understanding and acceptance of self and others.
- Demonstrate problem-solving skills.

Career Planning

- Make decisions about likes and dislikes.
- Define self in relation to future careers.
- Identify important personal and work values.
- Recognize the differences between needs/wants/values and their role in career decisions.
- Select careers or vocational goals which are consistent with interests, values, and labor market trends.
- Acquire general information about the occupational/career field.
- Identify training, education, experience, and requirements needed to pursue selected career.
- Identify job entry requirements for selected careers.
- Develop short- and long-term plans to achieve goals.
- Identify motives for moving up a career ladder, such as self-fulfillment, money, recognition, desire to learn more, creativity, more authority, more responsibility, and desire to do different job tasks.
- Identify the skills necessary for appropriate work adjustment and work habits.

Labor Market Awareness

- Describe economic and technological trends that may affect the work environment.
- Identify ways in which employees may have to adapt to a changing work environment.
- Describe skills necessary for job retention.
- Identify entry level salary and potential for advancement in selected careers.
- Describe future job availability in selected careers.
- Maintain information about each job experience, references and related coursework in a portfolio.
- Identify the behaviors required in a working environment.

Consumer Skills

- Develop a personal budget based on estimated income to fit personal needs and wants, listing both fixed and variable expenses.
- Identify ways to balance a budget.
- Determine the cost and value of borrowing money.
- Identify important reasons for having savings.

Jobs of interest should be narrowed to five or fewer during the planned activities phase of the career exploration stage providing more intense evaluation in each area. Teachers should keep data on students interested in similar vocational areas to maximize use of shadowing experiences, vocational speakers and/or business visits. This information needs to be coordinated through the local School to Work Program to provide consistency and a single point of contact. During the work try out phase, students should narrow their job choices to three or fewer. Work samples should not be set up until students have had time and guidance in evaluating all areas of interest and aptitude. If, by the end of the work try out phase, students are still unsure of major areas of interests the career evaluation process within the exploration stage should be continued.

After determining jobs that relate to areas of aptitude and interests, students should receive counseling to determine what vocational program is appropriate and if work study placement is appropriate. If more information is needed, the student should move on to the fourth stage of the flow chart, situational assessment.

The following forms facilitate career exploration activities.

Investigator's Journal

Complete this sheet for each occupation under study; include at least one nontraditional career.

OCCUPATION UNDER STUDY:

WORK DESCRIPTION (main duties of job or field):

JOB REQUIREMENTS (physical abilities needed, aptitudes, etc.):

COURSE PREPARATION/TRAINING:

High school courses needed or preferred:

Education beyond high school:

HOW DO YOU AND OCCUPATION FIT:

Skills:

Values:

Home/Family Considerations:

SALARY:

ADVANTAGES/DISADVANTAGES:

RELATED OCCUPATIONS:

*Developed by Nancy Deutsch and Roberta Gussman For Women's Education Resources,
UW Extension and Bureau for Vocational Education, Wisconsin Department of Public Instruction*

Informational Interview: Investigator's Questions

Use these suggested questions in the informational interview. Use the backside for additional comments.

Occupation under study: _____

Name of employing organization: _____

Name of person interviewed: _____

Suggested Investigator's Questions:

How long have you worked in this job? _____

How did you get into this type of work? _____

What is a typical day like for you? _____

What are your major responsibilities? _____

What do you like best about your job? _____

What do you like least about your job? _____

What high school course preparation is needed? Preferred? _____

How much general education is required? _____

What kind of education is required? (Technical training, college, on-the-job training, apprenticeship, graduate school, etc.?) _____

Is union membership required? _____

(continued)

What are the physical demands of the work? _____

What special abilities are needed? Skills? _____

What is your schedule like? Is part-time work available? Do you work overtime? _____

What is the typical starting wage or salary? Fringe benefits? (Training, health insurance, etc.) _____

What chances for advancement are there? For women? For men? _____

What barriers exist for men entering this field? _____

What barriers exist for women entering this field? _____

What barriers exist for minorities entering this field? _____

What barriers exist for handicapped persons entering this field? _____

How does this type of work affect your lifestyle? Home and family obligations? _____

What are some related occupations? _____

Whom else would you suggest I talk to for more information about this field? _____

*Developed by Nancy Deutsch and Robert Gasman For Women's Education Resources,
UW-Extension and Bureau for Vocational Education, Wisconsin Department of Public Instruction*



Enrichment Through Leisure and Recreational Activities

A. Activities I Like To Do Now

Review the list completed in handout 2, "My Favorite Activities." You may use the same activities or add and delete.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

B. Skill Categories

	Column 1 Things I Like To Do Now	Column 2 Things I Would Like To Learn To Do
Manual (e.g. woodworking)	_____	_____
	_____	_____
Physical (e.g. tennis)	_____	_____
	_____	_____
Intellectual (e.g. chess)	_____	_____
	_____	_____
Artistic (e.g. painting)	_____	_____
	_____	_____
Useful (e.g. Scout newspaper collection)	_____	_____
	_____	_____
Sociable	_____	_____
	_____	_____

(Continued)



C. **New Activities/Skills From My Group That Interest Me** (e.g., if you never thought about wind sailing and may now be interested)

D. **Something I Would Like to Learn To Do**

E. **A First Step I Might Take to Learn It**

POLICY HANDBOOK FOR WORK-BASED TRANSITION ACTIVITIES

Guest Speakers, Employment Tours, and Job Shadows

1995-96 School Year

Prairie du Chien, Seneca, Wauzeka, Kickapoo High Schools

Wisconsin's Design for Transition Success Project

Developed by: John Triphan, CESA #3, Crawford County Transition Coordinator

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GUIDELINES FOR WORK-BASED TRANSITION ACTIVITIES: Guest Speakers, Employment Tours, and Job Shadows

Wisconsin Design for Transition Success

PURPOSE:

“Career Awareness, Exploration, and Counseling: Section 102 makes provisions for - (1) career awareness and career exploration and counseling (beginning at the earliest possible age, but not later than seventh grade) in order to help students who may be interested to identify and select or reconsider their interests, goals, and career majors, including those options that may not be traditional for their gender, race, or ethnicity.”

Policy Update - Youth with Disabilities and the School To-Work Opportunities Act of 1994
National Transition Network, Summer, 1994.

These three awareness/exploration activities: guest speakers, employment tours, and job shadows can assist students in their career development and move them along their path toward a life-long satisfying career.

DEFINITIONS:

Guest Speakers - this awareness/exploration transition activity is designed to provide students with the opportunity to meet and hear an employer or employee in their high interest career area speak about the details of their own job or about the jobs of others. By learning the guest speaker’s job title, job duties, education/training requirements, salary, job outline, and other specifics regarding the job the students can sharpen their focus regarding their own personal career goals and interests.,

Employment Tours - this awareness/exploration transition activity is designed to provide students with the opportunity to visit an employment site in their high career interest area to learn the major function of the institution, the major jobs available, outlook for the institution, working conditions, etc. This activity can assist the students in their career development by helping them identify their future career goals and interests.

Job Shadows - this awareness/exploration activity is designed to provide students with the opportunity to shadow a specific job/employee to learn the specific job duties, working conditions, qualifications, training and educational requirements, earnings, outlook, etc. of the job. The student and employee are “elbow-to-elbow” for approximately five hours in an intimate exchange regarding the specific job. This transition activity can assist the students in their personal career development by giving them a real life encounter with the world of work in their high interest career area.

PARTICIPATION:

Participation in the transition activities of guest speakers, employment tours, and job shadows can “help students who may be interested to identify and select or reconsider their interests, goals, and career majors”

Students need to work with their guidance counselors and teachers to determine their high career “interest areas”. The interest areas are artistic, scientific, plants and animals, protective,

mechanical, industrial, business detail, selling, accommodating, humanitarian, leading-persuading, and physical performing. These interest areas are further divided into 66 work groups and 348 subgroups in The Enhanced Guide for Occupational Exploration (EGOE) published by JIST Works, Inc., Indianapolis, IN, 1991. Participation in these transition activities will be reserved for those students who have an identified interest area as defined by the EGOE and have been recommended by their guidance counselor and/or Transition Action Team. The guidance counselor from each school will provide the transition coordinator with a school total of participants for each activity three weeks prior to the scheduled activity date.

A limit of 20 participants total for each transition activity has been set due to space limitations. Cancellations need to be communicated to the transition coordinator as soon as possible at CESA #3 (800/261-0000).

TIME/PLACE:

Guest speakers are scheduled from 10:00 - 11:30 a.m. at Commerce Court Mall, 710 E. Blackhawk Ave., Prairie du Chien - in the room reserved for Southwest Wisconsin Technical College. Please note the exceptions!!

Employment tours are scheduled from 1:00 - 2:30 p.m. at the tour site. Please note the exceptions!!

Job shadows will be arranged on a student by student basis.

REACTION SHEETS:

All participating students will complete the following required assignments for the appropriate transition activity.

- 1) Employment Site Tour Reaction Sheet (pages 7 & 8)
- 2) Job Shadow Reaction Sheet (pages 9 & 10)
- 3) Guest Speaker Reaction Sheet - Personal Job of Speaker, or (pages 11 & 12)
- 4) Guest Speaker Reaction Sheet - Job of Others (pages 13 & 14)

These representations (reaction sheets) of the career awareness/career exploration transition activities are useful for inclusion into the students' career portfolios.

EMPLOYMENT SITE TOUR REACTION SHEET

Student's Name: _____ Tour Date: _____

Directions: Please answer the following questions concerning the tour you have just participated in. If you have any questions ask your teacher for help.

1. Name the place you visited on your field tour.

2. State the major function(s) of the place toured.

3. Name three jobs that you observed.

a. _____

b. _____

c. _____

4. Was the company or business hiring new employees?

Yes ___ No ___

How do you know? _____

5. Would you like to work for this company or business?

Yes ___ No ___

Why or why not? _____

6. Did the workers work inside or outside?

7. Did the workers work alone or with others?

8. Were the surroundings noisy or quiet?

9. Name three things you learned from this tour?

- 1. _____
- 2. _____
- 3. _____

10. How did this tour help you?

JT 11/94

JOB SHADOW REACTION SHEET

Student's Name: _____ Date of Shadow: _____

Directions: Please give the following information about the job you shadowed. If you have any questions ask your teacher for help.

1. State the name of the company you visited. _____

2. State the job title of the job you shadowed. _____

3. List the job duties. _____

4. List the working conditions. _____

5. State the personal qualifications needed for the job. _____

6. State the education and training needed for the job. _____

7. List the earnings and hours for the job. _____

8. State the outlook for the job. _____

9. Would you like to perform this job in the future? (why or why not)?

JT 11/94



GUEST SPEAKER REACTION SHEET

(Personal Job of Speaker)

Student's Name: _____ Date: _____

Directions: Please answer the following questions that apply to this speaker's presentation. If you have any questions ask your teacher for help.

1. State the speaker's name and place of employment.

2. State the speaker's job title(s).

3. Describe the speaker's job by listing at least five job duties that he/she performs.

a. _____
b. _____
c. _____
d. _____
e. _____

4. Check the education or training requirements that apply to this job.

Less than high school
 High school graduate
 Vocational-Technical training beyond high school
 Vocational training on high school level
 College education required
 Apprentice Training
 In-plant or on-the-job training
 Other (describe) _____



5. State the salary range for the speaker's job

6. Are there job openings?

a. ___ very limited

b. ___ moderate number of openings

c. ___ jobs usually available

7. State two things you learned from this speaker.

a. _____

b. _____

8. Was this speaker helpful to you?

Yes ___ No ___

Why or why not? _____

9. Where can you find more information about this job?

JT 11/94

CRAWFORD COUNTY SCHOOL-TO-WORK CAREER EXPO

Wisconsin Design for Transition Success

STUDENT REACTION SHEET

Student's Name: _____ Grade Level: _____ School: _____

I. Check-off your two high career interest areas you visited:

- | | |
|---|--|
| <input type="checkbox"/> artistic | <input type="checkbox"/> business detail |
| <input type="checkbox"/> scientific | <input type="checkbox"/> selling |
| <input type="checkbox"/> plants and animals | <input type="checkbox"/> accommodating |
| <input type="checkbox"/> protective | <input type="checkbox"/> humanitarian |
| <input type="checkbox"/> mechanical | <input type="checkbox"/> leading-persuading |
| <input type="checkbox"/> industrial | <input type="checkbox"/> physical performing |

II. Check-off the three areas you visited in connecting activities:

- | | |
|--|--|
| <input type="checkbox"/> Southwest WI Technical College | <input type="checkbox"/> Military Recruiters (5) |
| <input type="checkbox"/> Western WI Technical College | <input type="checkbox"/> Division of Vocational Rehabilitation |
| <input type="checkbox"/> University of Wisconsin-LaCrosse | <input type="checkbox"/> Opportunity Center |
| <input type="checkbox"/> University of Wisconsin-Richland Center | <input type="checkbox"/> Job Service |
| <input type="checkbox"/> University of Wisconsin-Platteville | <input type="checkbox"/> Private Industry Council |
| <input type="checkbox"/> Upper Iowa | <input type="checkbox"/> JTPA (Job Trng. Partnership Act) |
| <input type="checkbox"/> Viterbo | <input type="checkbox"/> Community Action Programs |

III. CAREER INTEREST AREA #1 REACTION

Directions: Choose one of the two presenters for your Career Interest Area and answer the following questions regarding this presenter's career.

1. State the name of the presenter: _____
2. State the job title for the presenter: _____
3. Describe how the presenter "got into" his/her career: _____



- 4. List the job duties of the presenter's career (tasks): _____

- 5. State the personal qualifications the presenter has that is necessary for his/her career:

- 6. State the education and training necessary to enter the career of the presenter: _____

- 7. List the working conditions of the career area of the presenter (outside, inside, travel, hours, etc.): _____

- 8. List the earnings, career ladder, and related career areas to the presenter's career: _____

- 9. State the outlook for the presenter's career area: _____

- 10. Would you be interested in learning more about this career area? (circle) Yes No
If you circled "yes", please contact your school's guidance counselor.

IV. CAREER INTEREST AREA #2 REACTION

Directions: Choose one of the two presenters for your Career Interest Area and answer the following questions regarding this presenter's career.

1. State the name of the presenter: _____

2. State the job title for the presenter: _____

3. Describe how the presenter "got into" his/her career: _____

4. List the job duties of the presenter's career (tasks): _____

5. State the personal qualifications the presenter has that is necessary for his/her career:

6. State the education and training necessary to enter the career of the presenter: _____

7. List the working conditions of the career area of the presenter (outside, inside, travel, hours, etc.): _____

- 8. The following are related career areas to the presenter's career:

- 9. State the *main* for the presenter's career area.

- 10. Would you be interested in learning more about this career area? (circle) Yes No
 If you checked "yes", please contact your school's guidance counselor

V. CONNECTING ACTIVITIES REACTION

Directions: List three connecting activities that you "checked-off" for item II. After visiting these activities complete the following:

- 1. Connecting Activity #1:
 State how this agency may help you enter the career area of your choice:

- 2. Connecting Activity #2:
 State how this agency may help you enter the career area of your choice:

- 3. Connecting Activity #3:
 State how this agency may help you enter the career area of your choice:

TECHNICAL COLLEGE TOUR REACTION SHEET

Student's Name: _____ Date of Tour: _____

Directions: Please answer the following questions concerning the technical college visit you have participated in.

1. State the name of the technical college you toured.

2. Name the degree program(s) you observed that are of interest to you.
 - a. _____
 - b. _____
 - c. _____
3. What job(s) are you interested in preparing for?
 - a. _____
 - b. _____
 - c. _____
4. Will a degree(s) from the technical college help prepare you for these jobs? Name the degree programs.
 - a. _____
 - b. _____
 - c. _____
5. Would you be interested in returning to the technical school to shadow a degree program?
Yes ___ No ___
6. If yes, name the programs?
 - a. _____
 - b. _____
 - c. _____

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TECHNICAL COLLEGE DEGREE PROGRAM SHADOW REACTION SURVEY

Student's Name: _____

Check one: ___ 1st Shadow ___ 2nd Shadow ___ 3rd Shadow

Directions: Please answer the following questions concerning the technical college degree/career program shadow you have participated in.

1. State the name of the technical college where you shadowed.

2. State the title of the degree/career program you shadowed.

3. State the name(s) of the instructors you spoke to throughout your shadowing experience and list the courses they taught.

Instructor's Name:

Course:

- | | |
|----------|----------|
| a. _____ | a. _____ |
| b. _____ | b. _____ |
| c. _____ | c. _____ |
| d. _____ | d. _____ |
| e. _____ | e. _____ |

4. Name three (3) jobs that you would be prepared for if you earned a degree in the degree/career program you shadowed.
a. _____
b. _____
c. _____
5. List the high school classes you have completed or are currently taking that would help you complete the degree/career program you shadowed.
a. _____
b. _____
c. _____
d. _____
e. _____

6. List the high school classes you will need to take in the future to prepare for this program.

- a. _____
 b. _____
 c. _____
 d. _____
 e. _____

7. Would you consider attending this technical college after high school graduation and earn a degree in the degree/career program you shadowed?

Check one: Yes No

Why or why not? _____

8. Are you interested in shadowing another degree/career program at a technical college?

Check one: Yes No

If yes, please answer question #8. If no, please answer question #9.

9. Name the degree/career program you would like to shadow next.

 Name the technical college: _____

Why would you like to shadow this degree/career program?

10. What are your future plans if you desire no future shadowing experiences?

Check if you plan to:

Find a job and work. Where? _____

Join the military. What branch? _____

Go to college. Where? _____

I don't know.

Other. Please explain. _____

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CAREER PATHWAY CHECK

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The purpose of this checklist is to assist you in your transition planning. Use it to help determine your career pathway status and needs during high school. It will enable you to develop a tentative school based career path which may include the establishment of a network with non-school sources as needed. You will need the help of others to get the greatest benefit. Use the directions that follow to complete your checklist.

- Use pencil. Erasing may be necessary. This plan is tentative, subject to change
- Use your career prep map. Your course selection and involvement in other school and non-school activities will have some effect as to where and how some items will be addressed.
- This checklist may be used to develop your IEP.
- (Yes) Place a check mark in the "Yes" square when each item is achieved.
- (NA - Not Applicable) Place a check mark in the "NA" square if the item does not apply to you.
- 1, 2, 3, 4 (In Process) Many items progress from year to year. Place a circle on each item. For many you will circle all four years by the time you are a senior.

Place an "X" through the number for each year if you are not satisfied with the progress you made. Get help whenever you feel it is necessary.

The numbers represent grades; one for 9th, two for 10th, three for 11th and four for 12th.

- 1, 2, 3, 4 (Com - Completed) Place a circle around the year that each item will be completed. For many, this probably will not be until year 4, the 12th grade. Place an "X" through the year you actually completed.
 - (Source) Write in the source from where you will get or with whom you will work to complete each item. This could be a course, set of courses, program, agency, club, organization, employer, family or other applicable source.
- ☆1 Items with a ☆1 to their left correspond to Wisconsin Developmental Guidance Model (WDGM) Learning Competencies.
- ☆2 Items with a ☆2 to their left correspond to WDGM Personal/Social Competencies.
- ☆3 Items with a ☆3 to their left correspond to WDGM Career/Vocational Competencies.

Many of the other items can also be addressed within the WDGM especially when combined with other school programs.

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TRANSITION PLAN CHECKLIST

	YES	N/A	IP	COM	SOURCE
High School. Emphasis on Applying Knowledge. Age and development levels determine reasonable expectations.	<input type="checkbox"/>	<input type="checkbox"/>	1, 2, 3, 4	1, 2 3, 4	
Career Development/ Guidance (Exploration-Preparation-Placement) I am able to:					
*☆3 understand and develop decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 understand the world of work and its expectations for employment.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 increase knowledge about personal interests and aptitudes and their applicability to education/work alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 demonstrate an understanding of the changing male/female roles and this relationship to career choice.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 demonstrate positive interpersonal skills necessary for work place productivity.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
* utilize personal career data in formulating a career path as illustrated by the Career Prep Transition Plan (map).	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 demonstrate an understanding of lifestyle preferences and relate them to occupational interests.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
* state 10 positive personal characteristics conducive to procuring and retaining employment.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 set reasonable personal school, employment, and general life goals.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
* write a theme or delivery a speech or state/demonstrate reasons on "Why You Should Hire Me".	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆3 increase knowledge and awareness of employment trends and opportunities during and after high school.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
* Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

Y - Yes
 NA - Not Applicable
 IP - In Progress
 COM - Completed

1 = 9th Grade
 2 = 10th Grade
 3 = 11th Grade
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Personal/Social Development I am able to:	YES	N/A	IP	COM	SOURCES
*☆2 demonstrate an understanding of physical emotional and intellectual growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆2 learn to cope with change and plan for the future.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆2 demonstrate acceptable human conflict resolution skills with peers and adults.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆2 demonstrate an understanding and appreciation of personal capability and those of others.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆2 demonstrate an understanding of personal relationship and how to establish an independent identity.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆2 assume the responsibility for personal decisions.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• make and retain friendships.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• participate in activities with disabled and non-disabled friends.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• distinguish between close relationships and acquaintances.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• procure non-school agency/advocate parent support that will enable the development and maintenance of personal social skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Recreation/Leisure: I participates in:	YES	N/A	IP	COM	SOURCES
• school activities.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• formal physical education activities.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• personally identified leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• individual and group leisure/recreation activities.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• activities that foster leisure activity research. (library facilities, new trends, games etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• procuring non-school agency advocate services that enable recreation/leisure activity participation and development during school and/or after school completion.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
<hr/>					
Academic I am able to:					
• demonstrate satisfactory progress.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate the ability to transfer knowledge and skills to other academics, vocational and career preparation areas.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate the ability to apply knowledge and skills in practical life situation.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Learning/Self Advocacy I am able to:	YES	N/A	IP	COM	SOURCES
*☆1 apply learning strategies in school subjects across the age and grade continuum.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• actively participate in IEP planning.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• express desire/needs effectively.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• use acceptable methods of assertiveness.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆1 make acceptable personal choices/decisions/goals.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• communicate effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• explain personal disability(s) and how it (they) affects learning.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆1 explain personal strengths in the learning environment and how they can be used to increase learning.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆1 explain instructional strategies that best enable personal learning to occur.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆1 make reasonable school achievement goals.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• exhibit problem solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• become independent and self sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• state each applicable area service agency, its general services and the contact person's name, phone number, and address.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have awareness of legislative acts that assist in meeting the needs of the disabled.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
*☆1 demonstrate an understanding of how the school curriculum and course selection impacts upon present and future career plans.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Legal/Medical F:	YES	N/A	IP	COM	SOURCES
• am able to explain personal medical needs and take all medication independently.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• am able to contact appropriate medical and/or legal services independently. (Private and public sources).	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate an understanding of personal rights and responsibilities of all citizens.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate an understanding of personal rights and responsibilities as a person with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have had or is involved in legal/medical services.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have applicable insurance coverage and knows where and how this can be obtained. (Both private and public sources.)	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have parents who are aware of the need for estate planning and its strategies or already have a plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• am or soon will be in need of legal and medical services and can procure them with help as needed through applicable non-school agencies/advocates, including parents.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Post-Secondary Education/Training I am able to:	YES	N/A	IP	COM	SOURCES
• state an interest and desire to pursue post-secondary training at ___ technical college, ___ college, ___ university, ___ vocational rehab. facility, ___ armed services, ___ proprietary school, ___ JTPA, ___ DVR, ___ Community Supported Employment, ___ Other.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• state a need for assistance from an adult institution, agency or other advocate.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• identify a specific post-secondary education/training institution, facility or service able to assist according to the personal career transition plan.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• make application and follow applicable timeline requirements with help from parents and others as needed.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
Vocational Education					
I am able to:					
• evaluate vocational education courses as to personal interests and aptitudes.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• determine vocational education course sequence applicable to the personal career prep transition plan (map).	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• utilize vocational education course evaluation data within the personal career prep transition plan.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• utilize vocational education course evaluation data in planning for part-time employment within applicable DILHR guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• successfully meet course safety rules and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• participate in vocational education activities that meet personal developmental needs through in school and/or collaborative efforts with other agencies, advocates, and parents.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Employment Preparation/Placement I am able to:	YES	N/A	IP	COM	SOURCES
• participate in job shadowing experiences within clusters of interests, aptitudes and values.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• participate in a work experience(s) relative to interests, aptitudes and values enabling the application of vocational education course(s) training.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• participate in a work experience through school, outside agency and/or both that meets personal career profile.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• obtain employment during summer recess for career exploration and/or preparation.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• obtain employment upon school completion through independent action or outside agency/advocate/parent intervention.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• follow agency/advocate application and timeline procedures with help as needed to obtain post-secondary employment.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• state at least ten employment related personal abilities and/or attributes.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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Adult Services/Advocates I will:	YES	N/A	IP	COM	SOURCES
• need services from a non-school advocate agency(s)/advocates(s) to make a successful post-secondary transition.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• receive services from a non-school agency(s)/advocate(s) immediately upon school completion.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• make application and follow timelines of applicable non-school agency(s)/advocate(s) for needed services before school departure with help as needed.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• be able to state services each advocate/agency provides.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• receive parental support in arranging for applicable non-school services needed during and/or after school completion.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
Independent Living					
I am able to:					
• demonstrate acceptable health and hygiene/abilities and habits.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate acceptable self-help management skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate acceptable consumer skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate acceptable home/apartment management skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate acceptable safety skills.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• demonstrate an understanding of the cost of living and one's lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• express realistic personal options and preferences for living arrangements after school completion.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• obtain parental support as needed in arranging for applicable non-school services needed during school and/or after school completion. (SSI, Social Services, DCP, ARC, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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 4 = 12th Grade

9,93

CE SA No. 6 Transition Resource Handbook, 1993-94 School Year, CE SA No. 6 Transition Leadership Cadre, Anthony Evers, Ph.D. Administrator; Mr. John Kotek, Director of Special Education, 1993

Community Involvement	YES	N/A	IP	COM	SOURCES
I am able to:					
• successful use of community public service institutions, businesses, other facilities.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• show improvement in citizenship knowledge and behavior.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• successfully demonstrate positive citizenship attributes.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• register to vote.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• register for selective service (as applicable).	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
Transportation/Mobility					
I am able to:					
• find own way in the community.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• use local community transportation system(s).	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• use other safe available means of transportation.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• obtain a driver's license to become more independent.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• read and follow road maps.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• procure support from non-school agency(s)/advocate(s) with help as needed, during school and/or after school completion.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

Y == Yes
 NA == Not Applicable
 IP == In Progress
 COM == Completed

1 = 9th Grade
 2 = 10th Grade
 3 = 11th Grade
 4 = 12th Grade

9/93

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Family Relationships I:	YES	N/A	IP	COM	SOURCES
• have parents who are good advocates	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have parents who are aware of and if needed, use non-school service agencies. (Social Services, Social Security, DVR, SSA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have parents who are aware of government legislation pertaining to personal needs. (IDEA, COP, CIP, SSI, Medicare, ADA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have been or is involved in family counseling.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• have a knowledge of positive family dynamics and parenting skills that will better enable positive adult partner relationships and parenting success.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
• Other:	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	
Other I need to be involved in:					
• or advocacy from additional services not included in this transitional plan checklist.	<input type="checkbox"/>	<input type="checkbox"/>	1,2 3,4	1,2 3,4	

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SITUATIONAL ASSESSMENT

STAGE IV

SITUATIONAL ASSESSMENT

Preparing students with disabilities for employment is a complex challenge. When a student reaches the fourth stage of the Functional Vocational Assessment Model, not only do we need to consider the information from the three previous stages, we must also take into account the individual's ability to meet the environmental requirements of a job. This includes such factors as the diversity within a work situation, the social demands of a job, and the variety of tasks required to complete any one job. In order to assess a student in all of these areas, it will be necessary to use a comprehensive approach such as situational assessment. The primary purpose of situational assessment is to observe, record, and interpret the vocational behaviors of an individual in group work situations in various settings. These settings can be community-based training sites, or job sites within local business or industry. The rationale for conducting an assessment at an actual work site is two-fold. First, it provides students with an opportunity to discover the many factors associated with a job experience. Second, it moves the school personnel into the field in order to evaluate the student under realistic conditions (Brolin, 1982). The process of situational assessment consists of the following systematic phases:

1. **The planning and scheduling of observations includes reviewing the information from the first three stages of the assessment.** Prior to beginning the assessment or observation, it is necessary to determine the extent to which the student will need to be evaluated based on previous information gathered. It is also preferable to observe and assess briefly a substantial number of times rather than a few longer periods. This allows the observations to take place under varying circumstances and will more nearly reflect the student's typical behavior.
2. **The observing, describing, and recording of data requires the use of well-conceived and well-designed rating and observation forms.** The following steps should be adhered to when gathering information:
 - (1) Specify the behavior(s) to be observed
 - (2) Describe the training environment (job analysis)
 - (3) Measure the initial strength of the behavior(s) (baseline)
 - (4) Implement the modification plan as needed
 - (5) Continue modification plan until behavior change can be shown or assessment is completed

The types of vocational behaviors that can be observed and assessed are:

1. ability to get along with co-workers and staff
2. ability to follow directions
3. ability to learn new tasks
4. speed of work

5. accuracy of work
 6. frustration tolerance
 7. safety
 8. motivation
 9. ability to follow simple to complex directions
 - 10.punctuality
 - 11.attendance
 - 12.perseverance on a task
 - 13.interpersonal skills
 - 14.job interest
 - 15.ability to stay with a job
 - 16.attitudes
3. **Observational data should be organized, analyzed and interpreted.** Before analyzing and interpreting the data, information should be available concerning "normal work behaviors" expected in the work setting. This type of data can be obtained through observation of current employees or questionnaires. Data is best gathered by the same person each time in order to maintain consistency and decrease observer error.
4. **Observational data must be considered along with the interest, aptitude, and other interview inventories already administered.**

The effectiveness of situational assessment depends on the sensitivity and skill of the staff in observing and collecting data. Of primary importance is placing the student in a work situation that will permit the essential work related behaviors to be observed. This is critical that the data provide enough information about the student in a work environment so specific behavioral deficits can be discerned, modifications can be planned and progress can be assessed. The development of job try-out sites involves locating employers who are willing to provide work stations for this purpose. They can be established in two ways: students may be assessed in settings where there are specific job openings, or stations may be developed for student rotation with no chance for employment. A comprehensive assessment would include both of these approaches (Peterson, 1986). The assessment of the student should be carefully planned and a specific rating form for each type of job will need to be developed which includes skill requirements for the job and relevant work related behaviors.

This process although somewhat time consuming can provide the following advantages in the assessment of students with disabilities. It allows the student to be evaluated in a more natural setting, dispelling the anxiety often present during a formal test situation in an artificial setting. Evaluation takes place in the actual work environment, so the information gathered is totally experienced-based and more meaningful for the student and the evaluator. Finally, it gives the evaluator a chance to observe the student in several work situations under various conditions, which provides enough

data to make appropriate decisions for successful job placement. At this stage of the assessment process a student who has not been successfully placed in a work experience or training site, would then be reevaluated to determine a more appropriate setting, additional supports or adaptations, or to explore a different career path. At least by the student's sixteenth birthday, DVR and other community agencies if appropriate, who are responsible for transition services must be invited to the IEP committee to assist in this process of transition. They should be consulted throughout the functional vocational assessment, should be provided with assessment information at the IEP planning meetings and should provide necessary services for the student according to their statutory and financial requirements.

Following are procedures and forms to facilitate situational assessments.

1. KEY INFORMATION TO GATHER IN A SITUATIONAL ASSESSMENT

A. Functional usage of academics (e.g., math, time telling, reading, money, expressive language, written language)

- Is the student able to: tell time, balance a checkbook, use a calculator, read, write, etc.? How well can the individual do these things?
- What type of support facilitates the use of these skills?
- Adaptations needed?

B. Following directions

- How simple or complex do directions need to be in order for the student to follow them and complete work tasks (e.g., should directions be one step or three combined steps).

C. Behavior

- How does the student behave in various environments that are familiar and unfamiliar (i.e., is behavior appropriate). What support/intervention do you as a teacher provide to the individual during your time together? If the student behaved inappropriately, was there an obvious cause, or was he/she communicating a preference, etc.?

D. Learning Style

- Determine the modality strength of the individual (e.g., auditory, visual, tactile learner). Does a concrete or abstract direction make sense to the person, can he/she recall skills used earlier (i.e., memory), and is the person able to use language receptively and/or expressively?

E. Individual preferences

- These must be explored during IEP development (we suggest under "evaluation") and strongly taken into account when job matching. Logic dictates and IDEA requires that the student be invited to attend his/her IEP meetings to express preferences in all areas of program.

F. Individual strengths

- Emphasizing individual strengths will result in a higher quality job match.

G. Nature and intensity of supports needed in past

- Get a sense of what type of placement option an individual would do best in (i.e., individual, group)

Adapted from the *Functional Assessment Training Manual*, Institute for Supported Employment, University of Wisconsin-Madison, Department of Continuing and Vocational Education. John Thompson, Curtis Olson, Jill Wheeler, 1991.

- How much direct support will be necessary—initially, after two months, etc.
- What type of support will be best (i.e., learning style, training techniques, etc.)

H. Work history

- Learn as much as possible about an individual's past work history in order to capitalize on type of work environment, level of stimulation, interaction, and communication necessary for a successful work experience in the future.

I. Social skills/interactions

- is the student able to engage in appropriate social skills and interactions during the assessment process?
- Is support/interaction necessary and/or appropriate (e.g., what type, and at what level)?

J. Communication (receptive and expressive)

- How does the student communicate expressively and receptively?
- Does the person utilize an alternative communication system?
- Does a communication system need to be developed, or further developed, for the individual?
- Is there a need for an interpreter?

K. Work endurance/stamina

- From the assessment process, make recommendations as to how many

hours the student will be able to work initially and over time.

- L. Medical/physical status and management (including AODA issues)
- Investigate any relevant medical information that impacts upon the student (e.g., medication, seizures, side effects of medication).
- M. Transportation needs
- Learn/explore available options for each individual's situation (e.g., taxi, bus, bike, car, walking, etc.)
 - Will the student need assistance in learning how to get from school to work via transportation system? For how long?
- N. Current financial information and concerns
- Any disincentives to work? Will benefits be affected (SSI, SSDI)?
- O. Past education and training
- Where
 - Dates attended
 - Diploma/degree
 - Favorite courses
 - How well did the individual do?
 - Any concerns during this time
- P. Past work experience
- Where
 - Dates employed
 - Job title
 - Responsibilities/duties
 - How was job obtained?

- Hours/schedule—Were there problems with the schedule?
- Wages
- Likes/dislikes
- Transportation used
- Was there variety on job?

Q. Medication (and side effects)

- What
- Dosage
- When does the person take medication?
- Is he/she consistent?
- Attitude toward medication
- Side effects/symptoms
- Is the individual receiving help to deal specifically with the medication issue?
- Will this be a factor in considering work?

R. Job seeking skills

- Does individual have a resume, interviewing skills, etc.?

S. Family member/Community Services involvement

- Gather as much information from other appropriate sources as possible.
- Sources may include parents/guardians, residential staff, teachers, past job coaches, CSP/social workers, friends, etc.

T. Work related skills

- Can the student get from home to work independently and on time, communicate appropriately, occupy his/her time well during break, use

money to purchase snack/lunch, etc.?

U. Meaningful movements

- Is the student able to perform one motor movement volitionally? How does this movement or others assist the individual in self-help skills, the community, and ultimately doing a job? Are adaptations necessary?

V. Orientation/Mobility skills

- Orientation refers to an overall sense of direction (e.g., finding a building or a room in a particular building). Mobility indicates being able to move through an area from point (a) to point (b) successfully (e.g., moving from the dairy case to frozen foods without tipping over the displays on the way).

W. Fine motor skills

- Is the student able to grasp and hold money, write with a pen or pencil, button, snap, etc.

X. Work schedule

- What times are best for the student to work (e.g., a.m., p.m., three times per week; full days; or a combination of the options listed)?

2. DECIDE HOW TO GATHER INFORMATION AND DRAW CONCLUSIONS BASED ON DATA

A. Best practices for determining a process for assessing employment options for individuals with disabilities (25 hours or 80% of the assessment must be in the community)

1. establish a relationship with the student
2. individualize the environment to be assessed
 - a. student/consumer selects the environment
 - b. assess familiar routines; allow student/consumer to be accompanied by a trusted person
3. gather information from other providers: family, employers, "community support specialists," etc.

4. the best information will be obtained when the student/consumer is supported and reassured

B. Sample Interview Questions for Significant Others

1. What type of job do you think the individual would be interested in?
2. Has the individual worked competitively before? (If yes, then a.)
 - a. Was the job perceived as being positive? In what aspects? What could have been done differently to make the situation more positive?
3. How many hours could he/she comfortably work?
4. What, in your opinion, would be the most suitable job for the individual? What have you observed to be that person's strengths/preferences relative to a work situation?
5. What related skills would you like to be addressed in job training?
 - a. Communication
 - b. Money handling
 - c. Transportation, mobility (city busing, electric wheelchair training, tracking)
 - d. Self care
 - e. Appropriate social behavior
6. What skills would you like to see the individual learn on the job?
7. What recreation/leisure activities are important for the individual to be involved in?
8. Describe the type of work atmosphere you envision for the individual?
9. Explain what you feel are important considerations in developing a job site? (i.e., co-worker relationships, social interactions, physical/medical concerns.)
10. How is the individual currently participating in work activity at home? Identify his/her responsibilities.
 - Table setting
 - Dish washing

- Laundry
 - Yard work
 - House cleaning
 - Bedroom
 - Specific duties
11. From your observations, identify strengths in completing tasks. How does he/she enjoy participating in work activities at home?
12. Describe the kind of help/guidance given from significant others in enabling the individual to complete tasks, such as meal preparation, self care (i.e., grooming, bathing, dressing).
13. SSI concerns? (Address SSI issues)
14. Describe the person's level of independence in accessing community environments and his/her involvement in activities. Describe preferences surrounding those activities.
- Restaurants
 - Grocery shopping
 - Department stores
 - Hair appointments
 - Pharmacy
 - Banking
 - Church
 - School
 - Health club
 - Memberships in specific organizations
 - Social clubs
 - Movie theaters
 - Bowling
 - Night club
15. Describe personal interests/hobbies
- T.V.
 - Reading
 - Music
 - Records, stereo
 - Board games
 - Bicycling
 - Jogging
 - Gardening

- Other activities, e.g. , going out to eat, movies, etc.
- Sporting events

16. With whom does the individual do these leisure-time activities? Family, neighbors, friends?

(Udvari-Solner, 1986)

3. Functional Evaluation Components

Student's Name:	Reporter's Name:
Medical/Physical Information:	Social/Emotional/Behavioral Information:
Communication:	Natural Support Network/Significant Other:
Meaningful Movements/Need for Assistance:	Adaptations/Assistive Devices:
Related Skills:	Work History:
Work Preferences/Dislikes:	Mobility/Transportation:
Work Endurance/Stamina:	Level of Support Needed:

**4. FUNCTIONAL ASSESSMENT
DATA GATHERING FORM**

Student Name:	Date:
Address:	Phone:
City:	DOB:
Social Sec. #:	Age:
Work Permit?:	
Parent/Guardian:	Phone:
Address:	
Evaluator:	Phone:
Agency:	

Environments Where Information Was Gathered

Date

Reports/evaluations Used in Completing Evaluation

Date

Siblings

Addresses

Family & Cultural Issues

Special Religious Practices:
Special Cultural Practices:
Family's Support of Individual's Work:
Family's Support of Independence-living:
Family's Support of Education & Training:
Role of Significant Others in Person's Life:

Current or Past Involvement with Support Services/Agencies

Agency:	Dates:
Service/Purpose:	Outcome:
Contact Person:	Phone:
Agency:	Dates:
Service/Purpose:	Outcome:
Contact Person:	Phone:
Agency:	Dates:
Service/Purpose:	Outcome:
Contact Person:	Phone:

Agency:	Dates:
Service/Purpose:	Outcome:
Contact Person:	Phone:
Agency:	Dates:
Service/Purpose:	Outcome:
Contact Person:	Phone:

Functional usage of academics (e.g., math, time telling, reading, money, expressive language, written language) Check if skill or problem. If problem, describe & list modifications.

LEARNING/COGNITION		
Skills	Problems	Adaptations/Interventions
<input type="checkbox"/> Memory <input type="checkbox"/> :		
<input type="checkbox"/> Money <input type="checkbox"/> :		
<input type="checkbox"/> Spatial <input type="checkbox"/> :		
<input type="checkbox"/> Time <input type="checkbox"/> :		
<input type="checkbox"/> Writing <input type="checkbox"/> :		
<input type="checkbox"/> Reading <input type="checkbox"/> :		
<input type="checkbox"/> Math <input type="checkbox"/> :		
<input type="checkbox"/> Visual Comprehension <input type="checkbox"/> :		
<input type="checkbox"/> Organization <input type="checkbox"/> :		
<input type="checkbox"/> Attentiveness <input type="checkbox"/> :		
<input type="checkbox"/> Initiative <input type="checkbox"/> :		
<input type="checkbox"/> Perseverance <input type="checkbox"/> :		
<input type="checkbox"/> Distractibility <input type="checkbox"/> :		
<input type="checkbox"/> Anxiety <input type="checkbox"/> :		
<input type="checkbox"/> Sequencing <input type="checkbox"/> :		
<input type="checkbox"/> Other(s) <input type="checkbox"/> :		

DAILY LIVING SKILLS INFORMATION		
Skills	Problems	Adaptations/Interventions
<input type="checkbox"/> Eating <input type="checkbox"/> :		
Preferences:		Dislikes:
<input type="checkbox"/> Nutrition <input type="checkbox"/> :		
Diet Restrictions:		
<input type="checkbox"/> Recreation <input type="checkbox"/> :		
Dislikes:		
Preferences:		
<input type="checkbox"/> Sociability <input type="checkbox"/> :		
<input type="checkbox"/> Hygiene <input type="checkbox"/> :		
<input type="checkbox"/> Sexuality <input type="checkbox"/> :		
<input type="checkbox"/> Housekeeping/Management <input type="checkbox"/> :		
<input type="checkbox"/> Parenting <input type="checkbox"/> :		
<input type="checkbox"/> Money Management <input type="checkbox"/> :		
<input type="checkbox"/> Self-Advocacy <input type="checkbox"/> :		
<input type="checkbox"/> Community Involvement <input type="checkbox"/> :		
<input type="checkbox"/> Dressing/Clothing <input type="checkbox"/> :		
<input type="checkbox"/> Health Care <input type="checkbox"/> :		
<input type="checkbox"/> Food Preparation <input type="checkbox"/> :		
<input type="checkbox"/> Agency Use <input type="checkbox"/> :		
<input type="checkbox"/> Independence <input type="checkbox"/> :		

Following directions

How simple or complex do directions need to be in order for the student to follow them and complete work tasks (e.g., should directions be one step or three combined steps; written; verbal; signed; examples; pictures; etc).

Behavior

How does the student behave in various environments that are familiar and unfamiliar (i.e., is behavior appropriate)?

What effective support/intervention is provided to the individual when behavior is a problem?

If the student behaves inappropriately, is there an obvious cause, or is he/she communicating a preference, etc.?

Learning Style

Determine the learning modality strength of the individual (e.g., auditory, visual, tactile learner).

Does a concrete or abstract direction make sense to the person?

Can he/she recall skills used earlier (i.e., memory)?

Is the person able to use language receptively and/or expressively?

Individual Preferences

What type of tasks/activities does student like?

What type of tasks/activities does s/he dislike?

What career interests does s/he have?

Where does s/he want to live?

Does s/he want to attend post-secondary education? Where?

Individual strengths

Vocational experiences:

Academic skills:

Athletics:

Social skills:

Nature and intensity of supports needed in past

What type of placement option will the individual do best in (i.e., individual, group):

How much direct support will be necessary—initially, after two months, etc.

What type of support will be best (i.e., learning style, training techniques, etc.)

Work history

Employer	Type of Work	Problems/Successes/Adaptations	Dates

Job seeking skills:

Resume:

Work endurance/stamina

From observation of student in work setting, recommend how many hours the student will be able to work doing specific tasks.		
Task	Hours	Accommodations

Work related skills

PRIORITIZED DESIRABLE WORKER CHARACTERISTICS ¹

Worker Characteristics	Demonstrates	Instructional Methods/ Adaptations Needed to Improve
1. Good attendance		
a. calls in absent only when ill		
b. calls worksite supervisor in advance of absence to allow staff substitutions		
c. not more than one absence per month		
2. Punctuality		
a. arrives at work early and is ready to work at assigned time		
b. takes breaks at assigned times and departs per schedule		
3. Acceptance of supervision		
a. changes behavior when requested		
b. respects the authority and decision-making role of supervisors		
c. pays attention		
d. resolves differences of opinion in a satisfactory manner		
e. participates in training programs		
f. requests clarification when necessary		
4. Ability to accept criticism gracefully & implement suggestions		
5. Ability to follow/retain verbal directions		
6. Ability to read/carry out simple written directions		
7. Cleans up after self		
8. Ability to attend to task until completed		
a. manages time effectively		
9. Ability to work independently once task is learned		
10. Awareness of safety precautions		
11. Respect of & ability to care for equipment		
12. Ability to adapt to new people/situations		
13. Ability to cooperate/get along		

Worker Characteristics	Demonstrates	Instructional Methods/ Adaptations Needed to Improve
a. participates in work-site social activities (birthday parties, breaks, etc.)		
b. assists co-working with tasks, shares responsibility		
c. shares in co-workers humor		
d. joins in after-work social activities (clubs, parties, bowling teams, etc.)		
14. Ability to measure		
15. Appropriate self-control/frustration management		
16. Ability to ask for assistance		
17. Ability to perform job adequately		
a. uses appropriate techniques		
b. completes all tasks		
18. Confidence in performing task/job		
19. Ability to maintain quality of work/correct own errors		
a. recognizes & analyzes problems with patience		
b. identifies early signs of problems		
c. consults with others, gathers information		
d. considers alternative solutions & their consequences		
20. Ability to maintain adequate productivity/pace		
21. Has realistic job goals		
22. Has knowledge/acceptance of rules		
a. understands employment conditions		
b. understands work schedule		
c. understands personnel procedures		
23. Flexibility for different types of jobs		
24. Willingness to work		
25. Has image of self as a worker, orientation toward work, interest in job		

Worker Characteristics	Demonstrates	Instructional Methods/ Adaptations Needed to Improve
26. Endurance/stamina		
27. Ability to communicate basic needs		
28. Initiative		
a. seeks additional work when tasks are completed		
b. practices skills/requests feedback		
c. inquires about job & related work		
29. Acceptance of responsibility		
a. has provided for child care		
b. keeps work records		
c. prepares, plans & organizes job tasks		
d. maintains physical & mental health		
30. Exhibits good grooming/εppropriate personal hygiene		
31. Dresses appropriately		
32. Demonstrates helping behaviors/teamwork		
33. Takes pride in work		
34. Ability to exercise good judgement/problem solving skills		
a. manages personal problems outside work		
b. anticipates consequences of personal actions		
c. exhibits behavior appropriate to the job setting		
35. Willingness to learn		

¹ ADAPTED FROM "A COMPARISON BETWEEN THE PERCEPTIONS OF SPECIAL EDUCATORS AND EMPLOYERS: WHAT FACTORS ARE CRITICAL FOR JOB SUCCESS?", LINDA MCCREA, *CAREER DEVELOPMENT FOR EXCEPTIONAL INDIVIDUALS*, 14:2, 121-130, 1991.

Social skills/interactions

Does the student engage in appropriate social skills and interactions during the assessment/observation process? What are they?
What inappropriate social skills are displayed?
Is support/interaction necessary and/or appropriate and/or effective (e.g., what type, and at what level)?

Communication (receptive and expressive)

Expressive Language	Receptive Language
Characteristics:	Characteristics:
Approximate age level:	Approximate age level:
Alternative communication system used? What?	Alternative communication system used? What?
Need for interpreter?	Need for interpreter?
Accommodations needed:	Accommodations needed:
Need for assessment?	Need for assessment?

Medical/physical status and management (including AODA issues)

Doctor:		Dr's. Phone:	
Hospital:		Phone:	
Insurance/Medical Card #:		Other Emergency Information:	
Responsible Person:			
Phone:			
Allergies:		Procedural Instructions:	
<input type="checkbox"/> Seizures		Describe:	
Procedures to follow:			
MEDICATIONS			
Name	Purpose	Schedule	Side Effects
DISABILITY INFORMATION			
VISION		<input type="checkbox"/> Blind	<input type="checkbox"/> Low Vision Acuity _____
Description of Condition(s)		Adaptations/Assistive Devices Required	
HEARING		<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing Loss _____
Description of Condition(s)		Adaptations/Assistive Devices Required	

DISABILITY INFORMATION (Con't.)	
PHYSICAL	
<input type="checkbox"/> Walking Problem Assistance Procedure -	
<input type="checkbox"/> Stairs Problem Assistance Procedure -	
Wheelchair User <input type="checkbox"/> Self Transfer <input type="checkbox"/> With Assistance	
Transfer Procedure -	
Prosthetic Devices:	Considerations:
Fine Motor Limitations:	Adaptations:
Health Conditions:	
Physical Conditions:	

Transportation needs

Method	Available	Capable of Using	Accommodations needed (assistive devices, O&M, training, etc)
Car			
Bicycle			
Motorbike			
City bus			
Paratransit System			
Car pool			
Cab			

Current financial information and concerns

Income:	Source:	Concerns:
Debts:	List:	Concerns:
Insurance:	Coverage:	Concerns:
SSI:	Concerns:	
SSDI:	Concerns:	
Welfare:	Concerns:	
Other:		

Past education and training

School:	Dates:	Diploma/Degree:
Favorite Courses:	Grades/successes:	Problems:
School:	Dates:	Diploma/Degree:
Favorite Courses:	Grades/successes:	Problems:

5. WORK STUDY PLACEMENT STRATEGIES AND OPTIONS

A. Stagger – Start

1. Individual placements – Initially may have individual work fewer hours and gradually increase his/her time
2. Cluster site
 - a. Start more skilled individuals first
 - b. Begin in one area and gradually expand
 - c. Heterogeneously group individual students, i.e., not all students with CD at one site.

B. Back-Up Coverage

1. Have teachers and aides available for back-up
2. Schedule coverage for weekly staffings
3. Keep clipboard with critical information on each student
4. Team concept – teacher, aide, employer form a team

6. LEARNING THE JOB AND PERFORMING A TASK ANALYSIS

A. Job orientation

1. Teacher and aide learn job

B. Task analysis/non-disabled person inventory

1. Purpose: Break a job down to component parts to learn steps
2. Task/Discrepancy analysis: Techniques used to compare the performance of an individual with a disability to a non-disabled person. This technique is used to identify instructional strategies, goals/objectives, and possible adaptations (Brown, Shirago, York, Zanella, and Rogan, 1984)
 - Important for identifying:
 - a. What individual needs to learn
 - b. Possible adaptations
 - c. Problem areas

EXAMPLE OF DISCREPANCY ANALYSIS		
Student:	Date:	Reporter:
Vocational Site: Grocery	Activity: Stocking shelves	
Task Analysis Observable/Measurable	+ = acceptable performance of skill - = unacceptable performance of skill	Instructional strategies/adaptations, Assistive devices
Non-disabled Person's Performance Inventory	Student's Performance Inventory	Comments
1. Gets clipboard labeled "Canned & Packaged"	1. - Cannot read the words on clipboard, told what words are.	Put student's name on clipboard to be used.
2. Gets lined paper and puts on board	2. - Forgets what he needs. Teacher - "What do you need?"	Put a picture of lined paper on clipboard.
3. Gets pencil or pen from counter	3. - Forgets what he needs. Teacher - "You need a pencil"	Attach pencil to clipboard.
4. Writes date at top of paper	4. - Cannot write date from memory. Teacher - "The date is ____"	Have student use a date watch.
5. Locates shelf in back for canned goods	5. +	
6. Locates product name on carton	6. +	
7. Writes product name on clipboard	7. +	
8. Repeats #'s 6 & 7 until done with all cartons on shelf	8. +	
9. Locates shelf out front for canned goods.	9. +	
10. Determines if products on list need stocking.	10. +	

EXAMPLE OF DISCREPANCY ANALYSIS (Cont.)		
Tact Analysis Observable/Measurable	+ = acceptable performance of skill - = unacceptable performance of skill	Instructional strategies/adaptations, Assistive devices
Non-disabled Person Performance Inventory	Student's Performance Inventory	Comments
11. Repeats #10 for each product	11. +	
12. Gets dolly	12. - Forgets what he needs. Teacher - "You need a dolly"	Put picture of dolly on a sequential list of items needed.
13. Gets pricing gun.	13. Forgets what he needs. Teacher - "Get pricing gun."	Put picture of pricing gun on sequential list of items needed.
14. Goes to back to shelves	14. + Teacher - "Get pricing gun."	
15. Puts 2 cartons of product that are circled on list on dolly	15. - Doesn't have enough strength to lift. Help lifting cartons.	Teach from whom and how to request assistance.
16. Maneuvers dolly to shelf out front	16. +	
17. Locates product on shelf	17. +	
18. Locates price on carton	18. +	
19. Sets pricing gun a. \$ sign b. dollars column c. tens column d. ones column e. checks to see if gun is set correctly f. if gun is set incorrectly, corrects	19. - Forgets the order for setting pricing gun Teacher-Set pricing gun.	Trial problems in setting pricing gun.
20. Puts price on product.	20. +	

EXAMPLE OF DISCREPANCY ANALYSIS (CONT.)		
Task Analysis Observable/Measurable	+ = acceptable performance of skill - = unacceptable performance of skill	Instructional strategies/adaptations, Assistive devices
Non-disabled Person Performance Inventory	Student's Performance Inventory	Comments
21. Places product on shelf a. moves products already on shelf forward b. starts stocking from back c. lines products up straight d. stacks products to proper height e. lines products with other products	21. +	
22. Crosses product out on list	22. +	
23. Puts empty cartons in front	23. +	
24. Repeats #'s 15-23 until all products circled on list are stocked.	24. +	

SAMPLE TASK ANALYSIS/DISCREPANCY ANALYSIS FORM		
Student:	Date:	Reporter:
Vocational Site:	Activities:	
Task Analysis Observable/Measurable	+ = acceptable performance of skill - = unacceptable performance of skill	Instructional strategies/adaptations, Assistive devices
Non-disabled Person's Performance Inventory	Student's Performance Inventory	Comments

7. IDENTIFYING WHAT TO TEACH ON THE IEP

- A. Identify performance deficits and areas for training or adaptations under IEP section "present level of educational performance"
- B. Develop annual goals directed at specific deficits
- C. List priorities of objectives to work on
- D. Describe evaluation criteria, procedures and schedule for measuring accomplishment of objectives

8. TEACHING STRATEGIES

- A. Attempt to use natural cues as much as possible, avoiding artificial ones; and involve all of the senses
 - 1. match teaching style to the learning style of the student (visual, auditory, tactile)
 - 2. be as concrete as possible in communicating, vs. abstract
 - 3. be aware of the typical learning obstacles of poor discrimination skills, integration of information, generalization, communication, information storage and recall
 - 4. teach tasks in natural environment where they are performed
- B. Strategies
 - 1. Provide physical assistance or guidance for a student to perform part or all of a task
 - a. Prime assistance – maintained physical assistance
 - b. Prompt – initial and/or intermittent assistance
 - c. Shadowing – following/shadowing student's movements
 - d. Considerations
 - 1) Most intrusive movement in individual's repertoire
 - 2) Resistance to touch (tactile defensiveness)
 - 3) Systematically plan for fading

e. Cautions

- 1) Use before letting individual try without help
 - 2) May be reinforcing
 - 3) Dependency
 - 4) Easy to over-assist
 - 5) Easy to overlook natural cues
2. Within Stimulus Prompts – Part of the task/materials are exaggerated on some dimension
- a. Consideration - Difficult to use
3. Verbal Cues – Verbal directions or requests requiring relatively specific action
- a. Direct
 - b. Indirect
 - c. Considerations
 - 1) Simple without sounding condescending
 - 2) Age-appropriate
 - 3) Tone and level of voice
 - 4) "Try another way"
 - 5) Pair with another type of assistance
 - 6) Fade from direct to indirect
 - 7) Student needs to understand words being used
 - 8) Hearing unimpaired
4. Visual Cues – cues that student **observes** to assist in completing task
- a. Gestures
 - b. Modeling
 - c. Pictures/highlighting (also may be considered form of adaptation)
 - d. Considerations
 - 1) Student's vision must be unimpaired to utilize visual cues effectively.
 - 2) Student must be able to maintain visual attention
 - 3) Pictures/symbols need to be interpreted/understood by student
 - 4) For modeling, student must be able to imitate motor actions
 - 5) Naturally occurring gestures should be used whenever possible
 - 6) When modeling, be aware of any spatial perception difficulties student may have, as well as whether student is right or left handed

C. Methods of presenting entire task

1. Chaining – A procedure that involves teaching a complete sequence of behaviors
 - a. Forward Chaining – Teaching the first step, then second, etc.
 - b. Backward Chaining – Teaching the last step, then second to last, etc.
2. Isolated Step – Teaching critical steps in task, not necessarily in any order
3. Complete Cycle – Teaching **all** steps in task in the order in which they occur

D. Additional Teaching Strategies and Concerns

1. Successive approximation – Rewarding behaviors that closely resemble desired performance
2. Reinforcement – Provide an individual with positive reinforcement for a correct response
3. Methods for correcting errors
 - a. Trial and error
 - b. Call attention to natural cues
 - c. Provide artificial cues
 - d. Reward successive approximations

E. Fading or Reducing Instructional Intervention

1. Reduce assistance provided to student
2. Decrease rate/intensity of positive reinforcement
3. Fading needs to be **planned, systematic, and gradual**
4. Transferring supervision to On-Site Personnel
 - a. Teacher initially does total training
 - b. Share training strategies with aide and/or co-workers
 - c. Explain withdrawal of supervision
 - d. Identify co-worker or supervisor in natural position to work with individual
 - e. Co-worker may indicate an interest
 - f. Maintain regular contact with co-worker and supervisor

9. HOW TO INCLUDE TRANSITION SERVICES IN THE IEP DEVELOPMENT

A. Required content of an IEP:

1. A statement of the child's present levels of educational performance
2. A statement of annual goals
3. Short-term instructional objectives to meet goals
4. A statement of the specific educational services to be provided
5. A statement of the related services to be provided:
 - a. transportation
 - b. developmental, corrective and other supportive services
 - c. speech pathology
 - d. audiology
 - e. psychological services
 - f. physical therapy
 - g. occupational therapy
 - h. recreation (including therapeutic recreation)
 - i. early identification and assessment of disabilities
 - j. counseling services
 - k. medical services for diagnosis or evaluation
 - l. social work services
 - m. rehabilitation counseling services
 - n. parent counseling and training
6. Extent to which child will be able to participate in regular educational programs
7. A statement of the needed transition services to students beginning no later than age 16
 - a. when appropriate for the individual, a statement of the interagency responsibilities or linkages (or both) before the student leaves the school setting.
 - b. if a participating agency other than the district fails to provide agreed upon services, the IEP team must reconvene and identify alternative strategies to meet the transition objectives
8. The projected date for initiation of services

9. The anticipated duration of services
 10. Appropriate **objective evaluation criteria** to determine at least annually if instructional objectives are being achieved
 11. Appropriate **evaluation procedures** to determine at least annually if instructional objectives are being achieved
 12. Appropriate **evaluation schedules** to determine at least annually if instructional objectives are being achieved
- B. What constitutes the "transition services" which must be addressed in the IEP?
1. a coordinated set of activities for a student, designed within an outcome-oriented process
 2. the process promotes movement from school to:
 - a. post-school activities
 - b. post-secondary education
 - c. vocational training
 - d. integrated employment (including supported employment)
 - e. continuing and adult education
 - f. adult services
 - g. independent living
 - h. community participation.
 3. the coordinated set of activities must
 - a. be based upon the individual student's needs
 - b. take into account the student's preferences and interests
 - c. include instruction
 - d. include community experiences
 - e. include the development of employment objectives
 - f. include the development of other post-school adult living objectives
 - g. include, when appropriate, acquisition of daily living skills
 - h. include, when appropriate, functional vocational evaluation
- C. What are examples of appropriate transition curriculum domains from which to develop a "coordinated set of activities for a student?"
1. community participation skills
 2. personal and daily living skills

3. recreation and leisure skills
 4. vocational and career skills
 5. post-secondary education skills
- D. How is work experience in integrated settings included on the IEP?
1. All work experience for all students must comply with state and federal child labor laws.
 - a. students must be aged 16
 - b. students must have a work permit
 - c. parents must approve
 2. All work/study programs must comply with the Compulsory School Attendance Law. s.118.15
 - a. work experience during the school day must
 - 1) lead to high school graduation (credits must be awarded)
 - 2) be supervised by licensed teachers
 - 3) be paired with instruction
 - b. transportation between work and school, if necessary, must be provided at no cost to the student or parent
 3. All work/study programs for all students must comply with Wisconsin's Education for Employment Standard.
 - a. must include the practical application of basic skills
 - b. must include career exploration which is not sex-role stereotyped
 - c. must include school supervised work experience
 - d. must include employability skills instruction
 - e. must include the study of practical economics
 - f. must provide grades 9-12 accessibility to market-based vocational curriculum
 - g. must be integrated with other programs in the school and with other agencies in the district
 4. The IEP committee must justify "removal from the regular education environment" when designing a community based work experience for a student
 5. An "annual goal" must address the specific vocational or career skill which is

to be achieved through the work experience

6. The "present levels of educational performance" related to the vocational skill goal must be documented and must demonstrate the "individual student's needs" for services in that area. This could be accomplished through a functional vocational evaluation, a curriculum based vocational evaluation, a vocational preference evaluation, but should be quantifiable and replicable. In addition, for 16 year olds and above, this component of the IEP could be used to report the student's "preferences and interests" in the vocational/career area. If it is a continuation goal from the previous IEP, it could be extrapolated from the previous IEPs short-term objectives' evaluation outcomes.
7. The IEP committee must list short-term objectives, ideally sequential, which will enable the student to accomplish the vocational skill goal. The objectives must allude to the work experience, what instruction is being provided, and what employment outcome is desired. The instructional objectives must be stated in such a way as their accomplishment can be measured.
8. The IEP committee must develop an evaluation plan for every objective, which states what the criterion of success is, how it will be measured and when it will be measured. ("objective evaluation criteria, evaluation procedures and evaluation schedule")
9. The IEP committee must state what specific educational services will be provided to meet this annual vocational/work goal. Examples could be:
 - a. Job finding and placement by the work/study coordinator in the district
 - b. Securing a job training program through the Private Industry Council and local Job Training Partnership Act coordinator
 - c. Providing vocational coursework, in the district or the local WTCS, which relates to the student's job placement
10. The IEP committee must state the related services the student will need in order to benefit from the special education program. Examples of related services which might be necessary to reach the vocational goal are:
 - a. Under "rehabilitation counseling services," group instruction, provided by the DVR counselor, on available community jobs and DVR services which can assist students in accessing and keeping them
 - b. Under "parent counseling and training," inservices and worksite

visitations for reluctant parents to demonstrate the feasibility of community integration and employment for their child with disabilities.

- c. Under "transportation," providing cab fare or bus passes for the student to get to the community work site.
 - d. Under "developmental, corrective and other supportive services," securing a special minimum wage license from DILHR for the student
- E. How does an IEP committee go about their task of stating "needed transition services, and interagency responsibilities or linkages?"
1. The IEP committee must state the transition services the student needs. Examples of "coordinated sets of activities" in this area of vocational training will require IEP committee participation from the respective vocational experts (vocational instructor, LVEC, DVI, DVR, WTCS counselor, etc.) and are:
 - a. enrollment in the district's Tech Prep program (coordinated between the WTCS and district)
 - b. on-the-job training supervised by DVR and paired with instruction from the special education program
 - c. enrollment in a district's cooperative business program with adaptations per the IEP, linkage support from the designated vocational instructor (DVI) and special instruction from the special education program
 2. The IEP committee, when appropriate for the individual student, must state "interagency responsibilities or linkages (or both) before the student leaves the school setting." In order to make a statement of another agency's responsibilities, the IEP committee must include a representative of that agency who can make such commitments. How other agencies participate in the IEP development needs to be established by administrative agreements among those agencies and the district. Linkages can be addressed on the IEP by statements indicating that referrals will be made on specific dates to appropriate agencies, consultation with involved agencies will occur on a periodic basis, etc. Such statements could be made under IEP headings of "objectives, related services or action taken." Examples of interagency responsibilities and linkages in the area of vocational skills are:
 - a. IEP referral to a county mental health board of a 16 year old who is "not expected to be enrolled in an educational program 2 years from the date of the report and may require services" of the Community Support Program from that board. ss. 115.85(4)

- b. Commitment from the WTCS transition specialist to assist the EEN student who is enrolled in the high school and taking a vocational class at the WTCS part-time.
- c. Commitment from the DVR counselor to assess the EEN student to determine eligibility for DVR services.
- d. Commitment from the Developmental Disabilities Office to provide legal services to the student and insure that Social Security benefits are in place.

10. MONITORING PROGRESS - EVALUATION

A. Importance of data collection

- 1. Visual indicator of performance and progress
- 2. Provides ongoing assessment information to determine accomplishment of IEP objectives and/or need to revise
- 3. Helps monitor special-minimum wage
- 4. Helps analyze effectiveness of teaching strategies; appropriateness of activity
- 5. Required on IEP in evaluation section
- 6. If IEP comprehensively and conscientiously developed and updated, it is the ideal communication instrument on the student's skills and weaknesses over his/her entire school experience for many agencies' information needs.

B. When to record data

- 1. IEP committee decision – Data may be taken weekly, biweekly, beginning/end of month (under "schedule" of evaluation on IEP)

C. Cautions

- 1. Why are you taking data? Is it being used for program monitoring, changes, accountability—or sitting uselessly in a file?
- 2. Process needs to be consistent across agency personnel and results communicated to all involved-including student!
- 3. Sharing data across agencies always requires adult student or parent permission.

**MULTI-AGENCY PLANNING &
ASSESSMENT
STAGE V**

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MULTI-AGENCY PLANNING AND ASSESSMENT IN THE IEP

The IDEA's transition process holds school districts responsible to initiate multi-agency transition linkages and coordination through the IEP planning team prior to school exit by

"inviting a representative of any other agency that is likely to be responsible for providing or paying for transition services" and if they do not attend, the district must "take other steps to obtain the participation of the other agency in the planning of any transition services."

The intent of this regulation is "to address shared financial and planning responsibilities for providing transition services" (O'Leary, E., 1992) among community agencies and to insure that one agency (school) functions as the case manager for the initiation of transition services. Thus, the IEP should be including present and future commitments of services and/or funding by participating agencies. The earlier this planning occurs, the less duplication of services will occur, the earlier the services will be provided, and hopefully, the better the post-school outcomes will be for the students.

When the IEP committee believes the district has exhausted its expertise in the vocational evaluation and services for a youth with disabilities, it must invite other likely agencies to the IEP committee to assist in the planning and assessment of the student's program. Some typical agencies who should be participating in the IEP process include the Wisconsin Technical College System district transition specialists, a DVR counselor, the county mental health and developmental disabilities counselor.

"If a participating agency fails to provide agreed upon transition services contained in the IEP of a student with a disability, the public agency responsible for the student's education shall, as soon as possible, initiate a meeting for the purpose of identifying alternative strategies to meet the transition objectives, and if necessary, revising the student's IEP. Nothing in this part relieves any participating agency, including a State vocational rehabilitation agency, of the responsibility to provide or pay for any transition service that the agency would otherwise provide to students with disabilities who meet the eligibility criteria of that agency." 34 CFR 300.347

Systematic, consistent and effective multi-agency participation in the IEP process is only achieved through the establishment of administrative level interagency committees and agreements. The comment section of the regulations makes it clear that the task of eliciting community agency participation is the responsibility of school administration, not teachers. Whenever community agency representatives are invited to the IEP meeting, parents must be notified in the IEP notice and must also be notified that their child will be invited. Many agencies which serve individuals with disabilities are required by legislation to develop service plans for their clients. The Division of Vocational Rehabilitation, pursuant to the Rehabilitation Act, must develop an individualized written rehabilitation program (IWRP); the developmental disabilities agency must develop an

individual services plan (ISP) under the Social Security Act; the Job Training Partnership Act (JTPA) program must develop an employment training plan; and the mental health agency must write an individual treatment plan (ITP). If the IEP were coordinated with these varied human service plans, true transition programming and cohesive and comprehensive service delivery would be the result.

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APPENDIX

Additional Examples of Functional Assessment Data Gathering Forms/Formats/Lists

**DUNN COUNTY TRANSITION COUNCIL
FUNCTIONAL VOCATIONAL ASSESSMENT
COVER SHEET**

Date _____

Name _____ D.O.B. _____ Age _____

Address _____ Telephone _____

_____ Anticipated Date of School Exit _____

Social Security # _____ Pr. Handicapping Cond. _____

Most Recent M-Team Date _____ Sec Handicapping Cond. _____

Parent/Guardian (if appropriate) _____

Address _____

Telephone _____

Assessments Completed (High School and Agency Assessments Completed)

Instrument/Type	Date	Where Filed

Current Agency Enrollment

Contact Person

- | | |
|---|---|
| <input type="checkbox"/> CIL-WW
<input type="checkbox"/> County Human Services
<input type="checkbox"/> DVR
<input type="checkbox"/> Indianhead Enterprises
<input type="checkbox"/> Lutheran Social Services
<input type="checkbox"/> PIC
<input type="checkbox"/> Post-secondary institution
<input type="checkbox"/> SSI/SSDI
<input type="checkbox"/> Other | _____

_____ |
|---|---|

Acquired Vocational Skills

Expressed and/or Tested Vocational Interests

Extracurricular Activities, Clubs, Groups, Etc.

Work History

Job Title 1 _____
Wage _____
Duties _____

Employer _____
How Job Secured _____

Length Employed _____
Subsidized Employment _____

Reason for Leaving _____

Job Title 2 _____
Wage _____
Duties _____

Employer _____
How Job Secured _____

Length Employed _____
Subsidized Employment _____

Reason for Leaving _____

FUNCTIONAL VOCATIONAL ASSESSMENT

MOBILITY

	Yes	No	Disability Related
1. Requires assistance from others to travel in community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has physical, mental or emotional limitations that significantly reduce range of travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses public transportation if available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Possesses valid driver's license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can follow route to familiar locations. (example: work, store)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can determine route to new location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Initiates plans to and follows route to new location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Primary mode and provider of transportation - _____			

ACCOMMODATIONS OR COMMENTS: _____

COMMUNICATION

	Yes	No	Disability Related
1. Can explain how he/she learns best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech is a viable form of communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can hear environmental sounds as it relates to safety and reacts appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can hear spoken language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can understand spoken language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can follow verbal and written directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Information

Name of Physician _____

Address _____

Telephone _____ Hospital _____

Recurring Health Conditions _____

Chronic Health Conditions _____

Does the student have any allergies? _____ no _____ yes

If yes, describe what they are and procedural instructions for dealing with reactions: _____

Does the student have a seizure condition? _____ no _____ yes

If yes, describe the seizures and procedural instructions for supporting the student through them: _____

Is the student on any type of medication? _____ no _____ yes

If yes, please provide the following information:

Type of Medication	Prescribed for	Dosage (amount & time)	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who sets up all medical appointments? _____

Diet

Does the consumer have dietary restrictions? If so, describe: _____

(LVACover)

SELF-CARE (CONT.)

	Yes	No	Disability Related
2. Implements good health practices in the following areas:			
balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
medical checkups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dental checkups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Needs personal assistance or accommodations to perform activities of daily living such as:			
eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Needs personal assistance or accommodations to perform activities of daily living such as:			
cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOMMODATIONS OR COMMENTS: _____

SELF DIRECTION

	Yes	No	Disability Related
1. Prepares and follows own schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Follows a schedule if prepared by another individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will need support to arrange and complete interviews with DVR counselor or other agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION (CONT.)

- | | Yes | No | Disability
Related |
|---|--------------------------|--------------------------|--------------------------|
| 7. Can follow directions from simple to complex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Exhibits short or long-term memory deficits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Can use telephone as means of communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reading

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Can read, understand and interpret a single sentence, statement, question. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can read, understand and interpret a paragraph length statement/question. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can read, understand job application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can read and understand newspaper articles. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Writing

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Can print or write legibly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Complete application form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can write in a confined space, i.e., application form, time card, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can write a message accurately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACCOMMODATIONS OR COMMENTS _____

SELF-CARE

- | | Yes | No | Disability
Related |
|--|--------------------------|--------------------------|--------------------------|
| 1. Personal grooming and hygiene adequate for most jobs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INTERPERSONAL SKILLS/ACCEPTANCE (CONT.)

- | | Yes | No | Disability
Related |
|---|--------------------------|--------------------------|--------------------------|
| 7. Able to establish/maintain relationships with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Anticipates consequences of personal actions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Experiences social rejection due to disfigurement or bizarre behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Adjusts easily to new situations and changes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACCOMMODATIONS OR COMMENTS: _____

WORK TOLERANCE

- | | Yes | No | Disability
Related |
|--|--------------------------|--------------------------|--------------------------|
| 1. Physically and emotionally able to maintain an 8-hour day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physically and emotionally able to maintain a 4-hour day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can stand for extended periods of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Able to sit for extended periods of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Tolerate extreme cold. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Tolerate extreme heat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Can tolerate environmental extremes of dust, noise and fumes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Frequent absences. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACCOMMODATIONS OR COMMENTS: _____

SELF DIRECTION (CONT.)

	Yes	No	Disability Related
4. Can identify tasks that need to be done; takes actions to initiate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates an understanding of the consequences of behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can adjust from one task to another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Advocates for self.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Actively participates in setting goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows through with established goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sets realistic job goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Motivated to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOMMODATIONS OR COMMENTS: _____

INTERPERSONAL SKILLS/ACCEPTANCE

	Yes	No	Disability Related
1. Can express concerns in acceptable manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interacts with others appropriately in work situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can work with minimal supervision for a period of 2-3 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are interpersonal skills acceptable during lunch and breaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can accept constructive criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Deals with personal issues outside work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK SKILLS (CONT.)

	Yes	No	Disability Related
<u>Math</u>			
1. Can make correct change for purchases under \$20.00.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counts to 100 accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to add, subtract, multiply and divide whole numbers with or without a calculator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCOMMODATIONS OR COMMENTS: _____

ACCOMMODATIONS OR MODIFICATIONS

The following accommodations:

	Have Been Tried	Successful	Not Successful	Recommended	Currently Using
1. Extended time for completion of tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alternative testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Alternative media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Specialized tutoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Interpreter services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK SKILLS

		Yes	No	Disability Related
<u>Pre-Employment</u>				
1	Can use telephone directory to obtain addresses and phone numbers of potential employers, social service agencies and job leads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Will need assistance and encouragement to arrange and complete successful job interviews.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can accurately describe duties performed on jobs either verbally or written.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inquires about job or related work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Employment</u>				
1.	Determines appropriate time to arrive at work or other scheduled events and follows through.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Demonstrated decision making/problem solving and judgment skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Asks for clarification when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Accepts changes in work assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can identify and follow safety procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Seeks additional work when tasks are completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Completes all tasks assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Ability to maintain quality of work - correct own errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Ability to maintain adequate productivity/pace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Adjusts work speed to work demand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUNCTIONAL COMMUNITY SERVICES PROFILE

NAME: _____ DATE: _____
TEACHER: _____ SCHOOL DISTRICT: _____

PLEASE COMPLETE ONLY AREAS OF CONCERN, INCLUDING "DESCRIBE" SECTION

MOBILITY

DEFINITION: Mobility means the physical, cognitive and psychological ability to move from place to place inside and outside the home.

Does the student require help from others to move about the community? Describe:

Does the student use public transportation? Describe types used:

Does the student have the ability to obtain a driver's license?

Can the student determine routes to new locations without assistance?

Can the student follow directions to a new location?

Other (Describe):

COMMUNICATION

DEFINITION: Communication means the physical, cognitive and psychological ability to exchange information effectively.

Does the student have learning or memory deficits? Describe:

Does the student require adaptations or accommodations to hear, speak, read or understand language?
Describe:

Does the student distort, misunderstand or not perceive communication as intended by communicator? (ie. non-verbal, subtle cues, understand humor) Describe:

Developed by CESA #1 Programs for Transition project and the DVR Northwest office. Questions regarding this form should be directed to James P. Heiden, CESA #1, (414) 546-3000; Diane Coley or Stephanie Perla, DVR Northwest, (414) 438-4860.

ACCOMMODATIONS OR MODIFICATIONS (CONT.)

The following accommodations:

	Have Been Tried	Successful	Not Successful	Recommended	Currently Using
6. Environmental accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assistive devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further recommendations or comments: _____

8. Functional Vocational Assessment completed by:

Name

Date

(FuncAsmt)

Does the student have the ability to understand cause and effect? Is the student aware of the consequences of their behavior and the effect of their behavior on others?

Describe:

Does the student require frequent supervision, have difficulty changing tasks or have difficulty maintaining involvement on a task?

Describe:

Does the student have the ability to evaluate their own quantity and quality of work?

Describe:

Is the student able to acknowledge when he/she does not understand instructions and is able to request assistance as needed?

Describe:

Is the student able to prioritize and complete assigned activities?

Describe:

Can the student independently access adult community service providers?

Describe:

Other (Describe):

INTERPERSONAL SKILLS OR ACCEPTANCE

DEFINITION: Interpersonal acceptance mean the physical, cognitive and psychological ability to establish and maintain personal, family or community relationships.

Does student exhibit behaviors or conditions which detract from the performance or acceptance by others?

Describe:

Has the student experienced problems interpreting or responding to the behavior and communication of co-workers and supervisors?

Describe:

Does the student interact appropriately when meeting new people?

Describe:

Other (Describe):

Developed by CESA #1 Programs for Transition project and the DVR Northwest office. Questions regarding this form should be directed to James P. Heiden, CESA #1, (414) 546-3000; Diane Coley or Stephanie Perla, DVR Northwest, (414) 438-4860.

Does the student possess academic deficits in oral and/or written communication? Describe:

Approximate functional reading level: _____ Describe: _____
Approximate functional math level: _____ Describe: _____
Approximate functional writing level: _____ Describe: _____
Approximate functional spelling level: _____ Describe: _____

Other (Describe):

SELF-CARE

DEFINITION: Self care means the physical, cognitive and psychological ability to perform activities of daily living including: eating, toileting, grooming, dressing, cooking, shopping, washing, housekeeping, money management and health and safety needs.

Does student require adaptations or accommodations not typically made for others to perform activities of daily living?

Describe:

Describe student's money management skills. (ie. Making change, preparing a budget and understanding the value of money)

Describe student's time management skills. (ie. Meets deadlines for assignments, punctual to class and a worksite)

Does the student practice good grooming and hygiene skills?

Describe:

Other (Describe):

SELF DIRECTION

DEFINITION: Self direction means the physical, cognitive and psychological ability to independently plan, initiate, organize, make decisions and carry out daily life activities after self-care needs have been met.

Does the student have difficulty in planning, initiating, organizing and/or carrying through on tasks?

Describe:

Developed by CESA #1 Programs for Transition project and the DVR Northwest office. Questions regarding this form should be directed to James P. Heiden, CESA #1, (414) 546-3000; Diane Coley or Stephanie Perla, DVR Northwest, (414) 438-4860.

Is learning limited to routine and repetitive tasks?

Describe:

Does student have difficulty in understanding, recalling instructions or task sequencing?

Describe:

If work is completed ahead of schedule, does student use unassigned work time appropriately. Does student utilize time effectively?

Describe:

Does student work cooperatively in a group of three or more?

Describe:

Does student work independently?

Describe:

Does student handle criticism from fellow workers/peers appropriately?

Describe:

Other (Describe):

3/29/95

Developed by CESA #1 Programs for Transition project and the DVR Northwest office. Questions regarding this form should be directed to James P. Heiden, CESA #1, (414) 546-3000; Diane Coley or Stephanie Perla, DVR Northwest, (414) 438-4860.

WORK TOLERANCE

DEFINITION: Work tolerance means the physical, cognitive and psychological capacity to meet the demands of the workplace regardless of the work skills already possessed by an individual.

Are there any physical restrictions to activities? (Deficits in strength, voluntary motions, reaching, grasping or manipulation, etc.)

Describe:

Is the student taking medication? Are there any side effects?

Describe:

Are there any environmental or psychological factors which should be avoided?

Describe

Does the student have difficulty tolerating work schedules which would be expected of other student/workers?

Describe

Are there any other concerns regarding work tolerance?

Describe

Other (Describe)

WORK SKILLS OR WORK HISTORY

DEFINITION: Work skills or work history means the physical, cognitive and psychological ability to demonstrate work skills or work experience necessary to obtain and maintain appropriate employment.

Are accommodations needed in a classroom or community setting?

Describe

Is supervision required for completion of tasks?

Describe

Does student lack transferable skills from the classroom to community?

Describe

Developed by the Educational Programs for Transition project and the DVR Northwest office. Questions regarding this form should be directed to James P. Hayden, (414) 438-3000, Diane Coiby or Stephanie Perla, DVR Northwest, (414) 438-4860

12. Summarize this individual's reading skills. Be specific in relation to the individual's career goals and expected achievement in postsecondary education and/or job performance.

Math

13. Counts to 100 accurately.
 Yes No
14. Performs the following accurately (99-100% of the time):
 Yes No Adding whole numbers
 Yes No Adding fractions
 Yes No Subtracting whole numbers
 Yes No Subtracting fractions
 Yes No Uses a pocket calculator correctly
15. Can make correct change for purchases under \$20.
 Yes No
16. Summarize this individual's math skills. Be specific in relation to the individual's career goals and expected achievement in postsecondary education and/or job performance.

Writing

17. Accurately writes his/her:
 Yes No Social security number
 Yes No Phone number
 Yes No Complete mailing address
18. Can correctly fill in an application for a job, a school, or a training program
 Yes No
19. Has prepared a complete resume
 Yes No

Functional Skills Inventory

Name	Date
Room	Phone
Address	

Independence

1. Will need parental support to arrange and complete interviews with Department of Health and Social Services' Division of Vocational Rehabilitation counselor or other agency staff
 Yes No
2. Follows a schedule if someone else prepares it
 Yes No
3. Prepares and follows own schedule
 Yes No
4. Can tell time to the minute
 Yes No
5. Meets new people easily
 Yes No
6. Accurately states his/her:
 - Yes No Social security number
 - Yes No Phone number
 - Yes No Complete mailing address

Reading

7. Can read, understand, and interpret a single sentence, statement, or question
 Yes No
8. Can read, understand, and interpret a paragraph-length statement or question
 Yes No
9. Can read, understand, and carry out instructions that are:
 - Yes No Typed
 - Yes No Handwritten
 - Yes No In list form
 - Yes No In paragraph form
10. Can read and understand a job application
 Yes No
11. Can read and understand newspaper articles
 Yes No

24. Implements good health practices:
- | | | |
|------------------------------|-----------------------------|------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Balanced diet |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exercise |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical checkups |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dental checkups |
25. Missed more than four days of school per year.
- Yes No
26. If yes, why?

Travel

27. Uses public transportation.
- Yes No
- If yes, describe type(s) used.

28. Possesses valid driver's license.
- Yes No
29. Knows route to:
- | | | |
|------------------------------|-----------------------------|---------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Place of work |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | DVR office |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Grocery store |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bank |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Laundromat |
30. Can determine routes to new locations without assistance.
- Yes No
31. Can follow verbal directions to a new location.
- Yes No

20. Summarize this individual's writing skills. Be specific in relation to the individual's career goals and expected achievement in postsecondary education and/or job performance.

Physical Coordination/Orientation

21. Has this person been observed to have any physical coordination problems?
 Yes No

Describe how this might limit the individual's employment possibilities.

22. Has this person been observed to have any directionality problems?
 Yes No problem Not observed

The problems are:

Health / Hygiene

23. Practices good grooming and hygiene.
 Yes No

45. Works cooperatively in a group of three or more.
 Yes No
46. Works appropriately alone.
 Yes No
47. Behaves appropriately during work breaks.
 Yes No
48. Behaves appropriately during lunch breaks.
 Yes No
49. Handles criticism from fellow workers appropriately.
 Yes No
50. List the work history of this individual and state how he or she obtained these jobs.
Jobs performed in the school setting:

Jobs performed in the community:

51. Can accurately describe verbally what he or she did on these jobs.
 Yes No
52. Can accurately describe in writing what he or she did on these jobs (for example, when asked to fill out a job application).
 Yes No

Other Skills

53. Understands and follows three-step verbal directions.
 Yes No
54. Can explain how he or she learns best.
 Yes No
55. List other skills that this individual has (for example, musical, athletic).

- 32 Can follow written directions to a new location.
 Yes No
- 33 Must be "walked through" route to a new location in order to learn it.
 Yes No

Employment

- 34 Can use telephone directory to obtain addresses and phone numbers of potential employers and social service agencies.
 Yes No
- 35 Will need assistance and encouragement to arrange and complete successful job interviews.
 Yes No
- 36 Determines appropriate time to arrive at work or other scheduled events (not too early nor too late).
 Yes No
- 37 Once at work, finds own work station.
 Yes No
- 38 Asks questions of supervisor if he or she does not understand work assignment.
 Yes No
- 39 How does person react to changes in work assignment?

- 40 Learns and follows safety procedures.
 Yes No
- 41 Can read and understand technical manuals.
 Yes No
- 42 Understands that work can result in earning money.
 Yes No
- 43 What does this individual do if assigned work is finished?

- 44 If work is completed ahead of schedule, uses unassigned work time appropriately.
 Yes No

Personal Statement

63. Attach a paragraph written by this individual that tells: a) why he or she is seeking agency assistance, b) his or her career objectives, and c) why he or she feels that he or she will be successful in that career.

Source: Wisconsin Division of Vocational Rehabilitation counselors, WI Association of Children and Adults with Learning Disabilities staff, and Center on Education and Work (University of Wisconsin-Madison) staff as part of the project "Best Practices: Successful Vocational Rehabilitation of Persons with Learning Disabilities." December 1988

Learning Style/Strategies

56. Needs extra time to answer questions

- Yes No Verbally
 Yes No In writing

57. Gets distracted by sounds (for example, people talking).

- Yes No

58. Gets distracted by visual stimuli not related to the task at hand (for example, people, birds).

- Yes No

59. What approaches work best if this person needs to learn or practice a new skill that involves eye, hand, or body coordination.

60. What approaches work best when teaching this person information that he or she does not know?

61. What approaches do not work well or at all in attempting to teach this person something he or she does not know?

62. Describe this individual's attitudes and abilities in regard to his or her career choice. Include work habits, initiative, teacher comments, and so forth.

CATEGORY: MONEY MANAGEMENT AND CONSUMER AWARENESS

MINIMAL

- _____ Knows values of coins and currency.
- _____ Can make a transaction at a local store and count change.
- _____ Has an understanding of the difference between "luxuries" and "necessities" in food, transportation, clothing, housing, etc.
- _____ Understands the difference between "sale price" and "regular price".
- _____ Knows how to clip and use coupons.

INTERMEDIATE

- _____ Can open a checking or saving account.
- _____ Can write checks/make withdrawals and make deposits.
- _____ Can record banking transactions (either checking or savings).
- _____ Can budget allowance to last for a week. (Shows some understanding of the concept of saving.)
- _____ Understands the difference between gross wage and take home pay.
- _____ Can use a calculator to add, subtract, divide and multiple.

ADEQUATE

- _____ With assistance can make out monthly budget covering regular expenses for independent living.
- _____ Shows some "sales resistance" to "something for nothing" advertising and "low weekly payment" credit plans.
- _____ Can read monthly bank statements, compare balances, make adjustments as necessary (deduct service charges, check fees, adjust for differences in the balance).
- _____ Can comparison shop using unit pricing information.
- _____ Understands the responsibility of filing a federal and state tax form. Knows the information that is required for filing taxes and knows where to go to get assistance in filing taxes.

EXCEPTIONAL

- _____ Budgets for unanticipated emergencies, seasonal bills, etc.
- _____ Understands buying on credit, loans, interest and late payment penalties.
- _____ Understands payroll deductions, taxes, FICA, insurance.
- _____ Understands what a good credit rating is, how it can be obtained and maintained.
- _____ Can complete a short tax form.
- _____ Can balance a checkbook.
- _____ Has regular savings program.

LIFE SKILLS INVENTORY

LIFE SKILLS INVENTORY COVER SHEET

NAME OF YOUTH: _____

DATE OF BIRTH: _____

PERSON(S) INVOLVED IN LIFE SKILLS ASSESSMENT DATES OF ASSESSMENT

CATEGORY DATE SKILL LEVEL ATTAINED

	<i>Minimum</i>	<i>Intermediate</i>	<i>Adequate</i>	<i>Exceptional</i>
Money Management/ Consumer Awareness	_____	_____	_____	_____
Food Management	_____	_____	_____	_____
Personal Appearance & Hygiene	_____	_____	_____	_____
Health	_____	_____	_____	_____
Housekeeping	_____	_____	_____	_____
Housing	_____	_____	_____	_____
Transportation	_____	_____	_____	_____
Educational Planning	_____	_____	_____	_____
Job Seeking Skills	_____	_____	_____	_____
Job Maintenance skills	_____	_____	_____	_____
Emergency and Safety Skills	_____	_____	_____	_____
Knowledge of Community Resources	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____
Legal Skills	_____	_____	_____	_____

CATEGORY: PERSONAL APPEARANCE AND HYGIENE

MINIMAL

- _____ Can dress self (including underwear, socks, and tied shoes) in a reasonably acceptable fashion.
- _____ Can bathe self.
- _____ Knows how to use soap, shampoo, deodorant, shaving cream and other common personal products appropriate to sex.

INTERMEDIATE

- _____ Showers or bathes regularly.
- _____ Brushes teeth regularly.
- _____ Keeps hair clean and neat.
- _____ Dresses in reasonably clean clothing.

ADEQUATE

- _____ Can read clothing labels and determine which clothes are to be dry cleaned, hand washed and machine washed.
- _____ Can sort and machine wash clothes at a laundromat using appropriate temperatures, amounts of soap, bleach, etc.
- _____ Can dry clothes in a dryer using appropriate settings.
- _____ Knows approximate cost of dry cleaning and can arrange for dry cleaning.
- _____ Can hand wash items following the instructions on the label.
- _____ Can iron clothes.
- _____ Can sew on button and make minor clothing repairs.

EXCEPTIONAL

- _____ Knows the cost of and can budget money for special hair and nail care. (i.e., permanents, braiding, manicures, etc.)
- _____ Knows appropriate clothing to wear for almost all occasions.

CATEGORY: FOOD MANAGEMENT

MINIMAL

- _____ Can order in a cafeteria or fast food restaurant.
- _____ Can set the table properly.
- _____ Knows name and use of cooking utensils.

INTERMEDIATE

- _____ Can order a meal from the menu in a family-style restaurant.
- _____ Can fix a breakfast for one.
- _____ Can fix a lunch for one.
- _____ Can fix a dinner for one.
- _____ Can make out a grocery shopping list.
- _____ Can carry out a grocery shopping trip. (Selecting items on the shopping and paying the cashier.)
- _____ Can use cooking utensils effectively and safely (knives, grater, can opener, potato peeler, egg beater, etc.)
- _____ Can use kitchen appliances effectively and safely.

ADEQUATE

- _____ Stores perishables under refrigeration.
- _____ Recognizes signs of spoilage in food.
- _____ Can follow the instructions for preparing canned or frozen foods.
- _____ Can use acceptable table manners.
- _____ Can plan weekly menu of nutritious meals.
- _____ Can shop for a week's menu and stay within a food budget.
- _____ Can prepare all meals on a week's menu.

EXCEPTIONAL

- _____ Can follow recipes from a cookbook.
- _____ Can adjust recipes to feed more or less people than called for in the recipes.
- _____ Understands how to use dates on food packages to prevent spoilage.
- _____ Takes advantage of specials, seasonal produce, coupons, farmers markets, etc.
- _____ Understands and can use unit pricing to comparison shop.

CATEGORY: HOUSEKEEPING

MINIMAL

- _____ Can wash dishes adequately using soap and hot water.
- _____ Can change a light bulb.
- _____ Can make bed.
- _____ Knows how to sweep floor and stairs, wash wood and linoleum floors, wash windows, dust, polish furniture, clean toilet, clean bath tub and sink.
- _____ Knows appropriate cleaning products to use for different cleaning jobs.
- _____ Knows how to dispose of garbage.

INTERMEDIATE

- _____ Can use vacuum cleaner properly and change bags.
- _____ Can change bed linen.
- _____ Knows how to prevent sinks and toilets from clogging.

ADEQUATE

- _____ Knows how to stop a toilet from running.
- _____ Knows how to use a plunger to unstop a toilet or sink.
- _____ Can defrost the refrigerator, if necessary.
- _____ Can clean a stove.
- _____ Knows what repairs a landlord should perform.
- _____ Knows how to conserve energy and water.

EXCEPTIONAL

- _____ Perform routine house-cleaning to maintain the home in a reasonably clean state.
- _____ Uses drawers and closets appropriately for storage.
- _____ Can do minor household repairs.
- _____ Is able to contact the landlord and request repairs.
- _____ Can change a fuse or reset a circuit breaker.
- _____ Can measure a window for shades or curtains.
- _____ Knows how to get rid of and avoid roaches, ants, mice, etc.

CATEGORY: HEALTH

MINIMAL

- _____ Can open child proof container.
- _____ Knows not to take someone else's medication.
- _____ Knows that drugs, alcohol and tobacco may be harmful to your health.
- _____ Knows parts of the body and sexual functioning.
- _____ Knows how pregnancy occurs.

INTERMEDIATE

- _____ Can recognize and describe symptoms of colds, flu and other common health problems.
- _____ Knows how to get emergency health care.
- _____ Knows what to do for a minor cut, a minor burn, a splinter.
- _____ Understands the risks of pregnancy and sexually transmitted diseases.
- _____ Understands the risks of drug and alcohol abuse.

ADEQUATE

- _____ Can take own temperature using an oral thermometer.
- _____ Can nurse self through cold or flu.
- _____ Recognizes and makes correct use of "over the counter" drugs for pain, stomach upset, diarrhea, fever, cold/allergy symptoms.
- _____ Can call a doctor or dentist and schedule an appointment.
- _____ Can read a prescription label correctly and follow the instructions.
- _____ Can take medication without supervision.
- _____ Knows how to dispose of drugs in a safe manner.
- _____ Knows how to use what is included in a First Aid Kit.
- _____ Has a copy of personal immunization records and medical history.
- _____ Knows methods of birth control and how to obtain birth control devices.
- _____ Knows how to prevent the spread of sexually transmitted diseases.
- _____ Has selected a doctor, dentist or clinic for regular health care.

EXCEPTIONAL

- _____ Is conscious of diet, exercise, good eating habits and other preventative health measures.
- _____ Can determine when to go to an emergency room and when to make an appointment with the family doctor or clinic.
- _____ Understands the importance of medical insurance and how to obtain it.

CATEGORY: TRANSPORTATION

MINIMAL

- _____ Knows amount of money required for bus fare.
- _____ Can make solitary trip on public transportation between two designated points.
- _____ Can ride bicycle safely.
- _____ Knows what is required to get a driver's license.

INTERMEDIATE

- _____ Knows how to call a taxi and provide information needed.
- _____ Knows the approximate cost of taking a taxi.
- _____ If given instructions, can make public transportation journey involving several transfers.
- _____ Can obtain monthly or student bus pass.

ADEQUATE

- _____ Can use information on public transportation routes to get to any location on public transportation system.
- _____ Knows how to travel between cities by bus or train. (Knows how to obtain travel information, make reservations, purchase tickets, get to station, find train/bus, etc.)
- _____ Can arrange routine transportation to work or school.

EXCEPTIONAL

- _____ Can read a map.
- _____ Has a driver's license.
- _____ Can give directions.
- _____ Can fix bicycle.
- _____ Knows how to do basic car maintenance.
- _____ Can estimate cost of owning and operating a car for a month/year.

CATEGORY: HOUSING

MINIMAL

_____ Understands the concept of renting and knows the role of a landlord.

INTERMEDIATE

_____ Can read want ads for vacancies.

_____ Understands basic terms (lease, sub-let, utilities, studio, efficiency, security deposit, reference, etc.)

_____ Can calculate the costs associated with difference types of housing.

ADEQUATE

_____ Can identify type of housing that is within budget and meets current housing needs.

_____ Can calculate "start up" costs. (Utility deposits, connection fees, security deposit, first month's rent, purchase of furniture and all other household items.)

_____ Can complete a rental application.

_____ Can ask the landlord about apartment to determine if apartment meets needs.

_____ Knows to inspect the apartment to make sure appliances work and that the landlord as supplied accurate information about the apartment and the neighborhood.

_____ Shows some concerns for the rights of other residents with regard to property and noise.

_____ Understands the implications if the rights of other residents are not respected.

_____ Understands the implication of the security deposit.

EXCEPTIONAL

_____ Demonstrates the ability to get along with other residents and the landlord.

_____ Knows how to get help if there is a conflict with the landlord.

CATEGORY: JOB SEEKING SKILLS

MINIMAL

- _____ Has reasonable idea of the types of jobs will be available to him/her.
- _____ Knows what the minimum wage is.

INTERMEDIATE

- _____ Can fill out a standard job application form.
- _____ Can read the want ads and find appropriate leads.
- _____ Can complete a mock interview giving appropriate answers to potential questions.

ADEQUATE

- _____ Has a completed job application/fact sheet to take on a job interview.
- _____ Can make appointment for a job interview.
- _____ Knows to prepare for a job interview.
- _____ Knows appropriate clothing to wear for the interview.
- _____ Can complete a job interview.
- _____ Knows the function of and contact the public employment agency.
- _____ Knows the function of and can contact private employment agencies.
Understands that private employment agencies charge fees.
- _____ Can identify ads placed by private employment agencies.

EXCEPTIONAL

- _____ Can write a resume.
- _____ Can follow up an interview with a letter.
- _____ Is able to maturely weigh the advantages of one job over another.
- _____ Understands legal discrimination and where to seek help is discriminated against illegally.

CATEGORY: EDUCATIONAL PLANNING

MINIMAL

_____ Has a realistic view of his/her chances for completing high school and/or seeking higher education.

INTERMEDIATE

_____ If high school graduation is not realistic, understands what a GED is and how to obtain one.

_____ Understands future prospects and probable living standards relative to specific levels of education and/or specialized skills.

ADEQUATE

_____ Can fill out forms to enroll in an educational program.

_____ Has a general idea of what job he/she wants.

_____ Has an appropriate educational plan for the job selected.

_____ Understands educational/skill requirements for job selected.

_____ Can discuss educational/vocational plans with teachers/ counselor.

_____ Is aware of the cost of higher education/vocational training.

_____ Knows the difference between a loan and a grant.

_____ Is aware of educational resources available in the community.

EXCEPTIONAL

_____ "Shops around" to find the best educational resources.

_____ Knows where to find and how to access adult education or vocational training in the community.

_____ Knows how to obtain financial aid/scholarships for additional education.

CATEGORY: JOB MAINTENANCE SKILLS

MINIMAL

- _____ Dresses for work appropriately.
- _____ Reports to work on time.
- _____ Knows job responsibilities and how to complete job tasks.

INTERMEDIATE

- _____ Knows how to read a pay stub.
- _____ Knows to contact employer when not able to go to work.
- _____ Knows what behaviors will get a person fired immediately.
- _____ Knows how to ask for help with a problem on the job.

ADEQUATE

- _____ Knows if eligible for sick time, vacation time or personal time.
- _____ Knows what a grievance procedure is.
- _____ Knows what to do to get a raise.
- _____ Knows when and when not to talk with co-workers.
- _____ Knows appropriate way to talk to supervisor.
- _____ Has a plan for handling anger when angry at supervisor, co-workers, or customers.

EXCEPTIONAL

- _____ Can implement anger management plan in majority of cases.
- _____ Knows how to use company grievance procedure to resolve disagreements.
- _____ Knows companies "unwritten polices" and can function within them.
- _____ Knows how to ask for a raise.
- _____ Knows what to do to be eligible for promotion.
- _____ Knows legal rights as an employee.

CATEGORY: EMERGENCY AND SAFETY SKILLS

MINIMAL

- _____ Knows functions of police, ambulance and fire department. Can reach each by calling the appropriate number
- _____ Is trained to evacuate the residence in case of fire.
- _____ Knows proper way of exposing of smoking materials, if smokes.
- _____ Knows how to lock and unlock door and windows.

INTERMEDIATE

- _____ Understands basic fire prevention. (No smoking in bed, using gas stove to heat, excessive use of extension cords, frayed electrical cords, etc.)
- _____ Knows how to check smoke alarm and how to replace battery.
- _____ Knows that improperly used appliances can cause fires.
- _____ Can recognize the smell of a gas leak.
- _____ Knows what to do, who to call if she/he smells a gas leak.

ADEQUATE

- _____ Knows how to use a fire extinguisher.
- _____ Knows the different methods for putting out different kinds of fires.
- _____ Knows how to properly store cleaning materials.
- _____ Can usually determine when professional medical help is needed.

EXCEPTIONAL

- _____ Has completed First Aid training.
- _____ Has completed CPR training.

CATEGORY: KNOWLEDGE OF COMMUNITY RESOURCES

MINIMAL

- _____ Knows location of nearest post office and how to use it.
- _____ Knows how to get information by telephone.
- _____ Knows where nearest park is located.
- _____ Knows where nearest supermarket or shopping district is located.

INTERMEDIATE

- _____ Knows where nearest laundromat is located.
- _____ Knows where personal bank is located.
- _____ Can use the yellow pages to obtain information.

ADEQUATE

- _____ Knows who to contact if lost, frightened, depressed, anxious, sick, injured, out of food and money, utilities disconnected, or heat goes out.
- _____ Knows where and how to register for selective service.
- _____ Knows where the nearest state employment office is located.
- _____ Can obtain a copy of birth certificate and a duplicate social security card.

EXCEPTIONAL

- _____ Has awareness of "specialized" resources: mental health counseling, consumer counseling, VD clinics, student aid offices, tenant groups, animal control, public recreation, etc.
- _____ Knows who elected representatives are and how to contact them.
- _____ Has obtained a library card.
- _____ Knows what the Better Business Bureau does and how to contact it.

CATEGORY: INTERPERSONAL SKILLS

MINIMAL

- _____ Can respond to introductions and answer simple questions.
- _____ Can identify personal strengths and needs (with assistance if necessary).
- _____ Has "good" table manners. (Can use knife, fork, spoons, napkin appropriately.)

INTERMEDIATE

- _____ Looks others in the eye and shakes hands if other person offers.
- _____ Can make "small talk" (face to face).
- _____ Can make introductions, including approaching others to introduce self.
- _____ Can establish a realistic goal to meet an identified personal need. (with assistance if necessary)

ADEQUATE

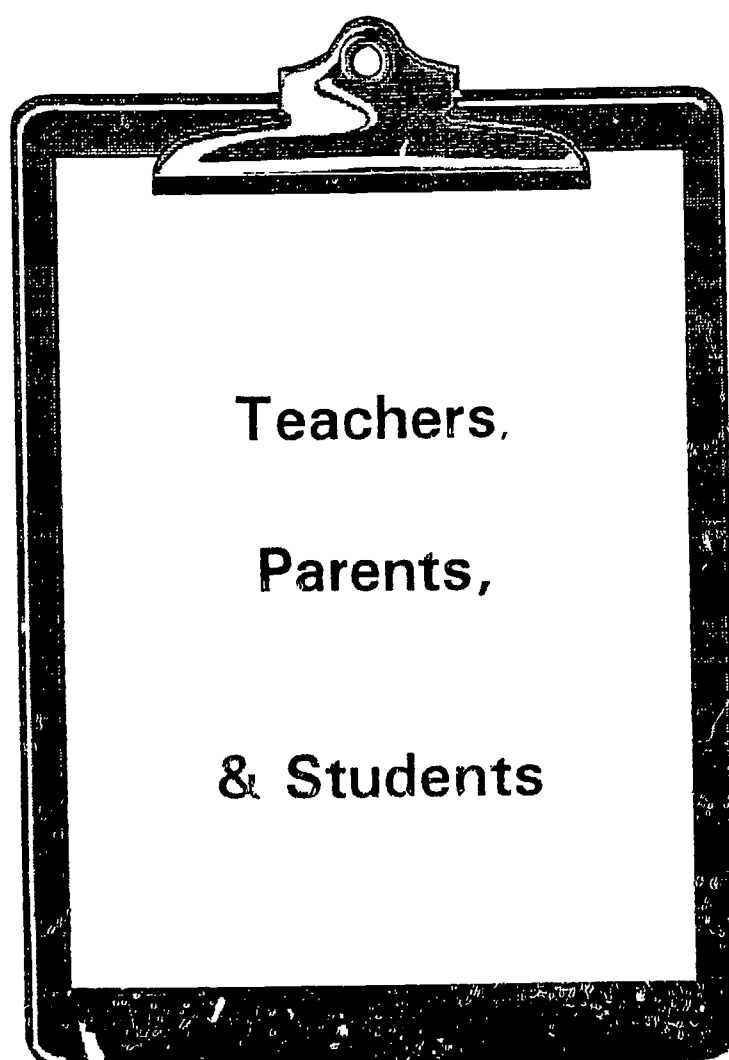
- _____ Accepts invitations from others to be involved in social activities.
- _____ Makes arrangements with peers for social activities.
- _____ Knows where to get help if unable to resolve interpersonal conflicts alone.
- _____ Has some ability to resolve conflicts with others.
- _____ Refrains from physical violence as a means of solving interpersonal conflict.
- _____ Has practiced (in role play or mock situation) how to say "no" to a peer who is trying to persuade him/her to do something wrong.
- _____ Can develop a realistic plan with appropriate steps identified to achieve goal.
- _____ Can carry out plan with some assistance provided.
- _____ Can describe the "best possible" outcome if the goal is achieved and the "worst possible" outcome if the goal is not achieved.
- _____ Can describe the relationship between actions and consequences.

EXCEPTIONAL

- _____ Labels and expresses anger or other strong feelings appropriately. "talks out" problems rather than "acting them out".
- _____ Has demonstrated the ability to say "no" to peers.
- _____ Can develop and carry out a personal plan for goal achievement without constant supervision.
- _____ Can anticipate, with limited input from others, what consequences might be associated with different choices.
- _____ Knows when and how to send a written thank you note.

TRANSITION ASSESSMENT:

A Tool For



Developed by CESA #2
Wisconsin's Design for Transition Success Project
Barb Noll, Director/Mark Flottum, Staff

Funded in part by OSERS/US Department of Education, Grant #H158A30014 under the Individuals with Disabilities Education Act

DVR

Product of Wisconsin's Design for Transition Success Project



CATEGORY: LEGAL ISSUES

MINIMAL

- _____ Would have the phone number of someone to call if arrested or victimized.
- _____ Understands generally what actions are against the law and what the consequences are.

INTERMEDIATE

- _____ Knows rights of arrest.
- _____ Knows what the function of a lawyer is.
- _____ Knows legal age for buying alcohol and tobacco products.
- _____ Understands the meaning of "legal age" in legal terms. (What you can do what you cannot do.)
- _____ Knows the legal requirements for marriage.

ADEQUATE

- _____ Knows responsibility for registering for selective service, if male.
- _____ Aware of availability of free legal services.
- _____ Understands the consequences of signing a contract or a lease.
- _____ Knows legal penalty for
 - _____ Buying, possessing, selling and smoking marijuana and other drugs,
 - _____ Buying and drinking beer and alcohol underage,
 - _____ Trespassing,
 - _____ Shoplifting,
 - _____ Burglary,
 - _____ Possession of stolen property,
 - _____ Traffic violations.

EXCEPTIONAL

- _____ Shows good citizenship and an understanding of the rights and responsibilities of a citizen.
- _____ Knows how and where to register to vote.
- _____ Knows where to go to vote.
- _____ Knows the difference between "felony," "misdemeanor," and "violation."

Most items can be assessed by noting them as: a strength, average, or change needed. Some of the items on the assessment are better answered by a yes or no response; those items are identified by +/- next to them and can be answered in the yes(+)/no(-) column. In some cases, you may not have formed an opinion or noted a specific skill or ability. If so, check the "not assessed" column, then focus your observations over the next few months or the next year on that specific item.

Once something is noted as a strength, it doesn't mean that it will always remain this way. Items noted as strength or average, should be reviewed at least annually.

By using this basic form of assessment, it should help the teachers focus on transition goals and make the IEP development easier. For parents, it will help you maintain an active role in your student's education and serve as a basis for good communication with the schools. For the students, it helps you focus on issues that are important not only to your school program, but will help make a difference when you're looking for employment and planning to move out on your own.

Please remember, when teachers, parents, and students are doing IEP planning, not everything can be addressed every year. You may want to pick out the three or four most critical areas and focus on them for IEP development. Sample transition goals and objectives are attached to the back of this form for your review. Most of the goals and objectives were developed by the State of Minnesota, Education Department. Use them as a guide to your own IEP development.

TRANSITION ASSESSMENT: A TOOL FOR TEACHERS, PARENTS, AND STUDENTS

Transition is the process of moving from school to work, moving from home to independent living, and moving from childhood, to adolescence to adulthood. It is important to keep in mind that transition is a long term process, not something that happens at one time or in one place.

It is the legal responsibility of the school system to address or assess five major areas of transition during a student's school years. The five specific areas that the school systems must address are: 1) Employment / job training 2) Home and daily living skills / personal management, 3) Recreation / leisure needs, 4) Community participation, 5) Post secondary education. All of these areas play a part, to some degree, in everyone's life. If it is the job of the education system to educate students in preparation for adult life, then we must look at these areas as well as the specific academic course work.

Some of the skills or abilities needed in these areas cannot be measured by formal testing, many times we know what a person can and cannot do based upon our own observations and related opinions.

Attached is a checklist of skills, abilities, and characteristics. There is a section for each of the five areas noted above. This checklist is not something that is done one time, then filed away. It is intended to be a document or tool that is started in elementary or middle school. It is to be reviewed and updated over the course of each year and should follow the student through completion of their education.

The value of this type of assessment is that it keeps teachers, parents, and students focused on the same things. It is an ongoing assessment because the format doesn't change from year to year; it remains constant. If two or more individuals are doing an assessment on a child, you may see different answers or opinions, and that's not a problem. We know that individuals behave differently in different environments. What may be a problem at home may not be an issue at school. What may be an issue in one classroom, may not be in another. Sometimes there are behaviors that a teacher notices in a group setting that may never be seen within the home. We also know that one's opinion of one's self is not always shared by others. We can all learn from one another's opinions and observations.

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
C. Join in extracurricular activities						
12. Aware of safety precautions						
13. Respect of & ability to care for equipment						
14. Show self control/frustration management						
15. Ability to ask for assistance						
16. Ability to perform job adequately						
A. Uses appropriate techniques						
B. Uses correct materials/tools						
C. Completes task						
17. Confidence in performing job tasks						
18. Ability to maintain quality work						
A. Recognize, analyze problems w/patience						
B. Identify early signs of problems						
C. Consults w/others, gathers information						
D. Considers alternative solutions						
19. Ability to maintain a productive pace						
20. Has knowledge/acceptance of rules						
A. Understands employment conditions						
B. Understands work conditions						
C. Understands personnel procedures						
21. Flexability for different types of jobs						
22. Willingness to work						
23. Has image of self as worker, oriented to work, interest in job						
24. Physical endurance and stamina						
Review	Review		Review			

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Good Attendance						
2. Punctuality						
A. Arrives early, ready to work						
B. Takes breaks and leaves at proper time						
3. Acceptance of Supervision						
A. Will change behavior when asked						
B. Respects authority of teacher/parent						
C. Pays attention to direction						
D. Resolves opinion differences satisfactorily						
E. Participates in class programs						
F. Requests clarification when necessary						
4. Ability to accept criticism appropriately						
5. Ability to follow directions						
A. Verbal						
B. Sign or symbols						
C. Simple written						
D. Complex (multi-step) written						
6. Stays on task until completed						
7. Manages time effectively						
8. Cleans up work area after self						
9. Can work independently						
10. Can adapt to new people/situations						
11. Ability to cooperate with others						
A. Work in groups, share responsibilities						
B. Share in other student's honor						

Review

Review

Review

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
Q. Lifting strength						
28. Accepts responsibility						
29. Demonstrates helping behavior/teamwork						
30. Takes pride in work						
31. Demonstrates good judgement/problem solving skills						
32. * manages personal problems outside of work/school						
33. Anticipates consequences of personal actions						
34. Job-seeking skills						
A. Knows how to read want ads						
B. Knowledge of area employers						
C. Knowledge of Job Service						
D. Has ability to contact employers						
* can locate job sites						
* can use telephone correctly						
* can introduce self properly						
E. Has knowledge of application process						
* writes legibly						
* knows addresses, phone numbers, etc.						
* knows references						
* familiar with application forms, terms						
* can write a resume'						
* can write a cover letter						
* can write a letter of application						

Review

Review

Review

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Range Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
25. Has realistic job goals (list)						
A.						
B.						
C.						
26. Initiative						
A. Inquires about tasks and related work						
B. Seeks additional tasks when work done						
C. Willing to practice/request feedback						
27. Exhibits pre-vocational skills						
A. Fine finger dexterity						
B. Gross manual dexterity						
C. Bi-manual dexterity						
D. Small tool usage						
E. Hand-eye coordination						
F. Size discrimination						
G. Physical endurance						
H. Upper extremity range of motion						
I. Basic control (sorting/filing/bookkeeping)						
J. Color discrimination						
K. Form perception						
L. Spatial perception						
M. Manual assembly skills						
N. Hand-eye-foot coordination						
O. Ability to measure						
P. Handle money						
Review	Review				Review	

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
C. Join in extracurricular activities						
12. Aware of safety precautions						
13. Respect of & ability to care for equipment						
14. Show self control/frustration management						
15. Ability to ask for assistance						
16. Ability to perform job adequately						
A. Uses appropriate techniques						
B. Uses correct materials/tools						
C. Completes task						
17. Confidence in performing job tasks						
18. Ability to maintain quality work						
A. Recognize, analyze problems w/patience						
B. Identify early signs of problems						
C. Consults w/others, gathers information						
D. Considers alternative solutions						
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20. Has knowledge/acceptance of rules						
A. Understands employment conditions						
B. Understands work conditions						
C. Understands personnel procedures						
21. Flexibility for different types of jobs						
22. Willingness to work						
23. Has image of self as worker, oriented to work, interest in job						
24. Physical endurance and stamina						

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Review

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Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Good Attendance						
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B. Takes breaks and leaves at proper time						
3. Acceptance of Supervision						
A. Will change behavior when asked						
B. Respects authority of teacher/parent						
C. Pays attention to direction						
D. Resolves opinion differences satisfactorily						
E. Participates in class programs						
F. Requests clarification when necessary						
4. Ability to accept criticism appropriately						
5. Ability to follow directions						
A. Verbal						
B. Sign or symbols						
C. Simple written						
D. Complex (multi-step) written						
6. Stays on task until completed						
7. Manages time effectively						
8. Cleans up work area after self						
9. Can work independently						
10. Can adapt to new people/situations						
11. Ability to cooperate with others						
A. Work in groups, share responsibilities						
B. Share in other student's honor						

Review

Review

Review

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
O. Lifting strength						
28. Accepts responsibility						
29. Demonstrates helping behavior/teamwork						
30. Takes pride in work						
31. Demonstrates good judgement/problem solving skills						
32. Manages personal problems outside of work/school						
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B. Knowledge of area employers						
C. Knowledge of Job Service						
D. Has ability to contact employers						
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* can use telephone correctly						
* can introduce self properly						
E. Has knowledge of application process						
* writes legibly						
* knows addresses, phone numbers, etc.						
* knows references						
* familiar with application forms, terms						
* can write a resume						
* can write a cover letter						
* can write a letter of application						

Review

Review

Review

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
25. Has realistic job goals (list)						
A.						
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C.						
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A. Inquires about tasks and related work						
B. Seeks additional tasks when work done						
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A. Fine finger dexterity						
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D. Small tool usage						
E. Hand-eye coordination						
F. Size discrimination						
G. Physical endurance						
H. Upper extremity range of motion						
I. Basic control (sorting/filing/bookkeeping)						
J. Color discrimination						
K. Form perception						
L. Spatial perception						
M. Manual assembly skills						
N. Hand-eye-foot coordination						
O. Ability to measure						
P. Handle money						
Review	Review		Review			

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Community Participation

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Mobility						
A. Is independent, can transport self (level depends on age, ie. bike, car, walk)						
B. Understands/can use public transportation						
C. Family members willing to aid in transportation						
D. Specialized transportation needed, is available, can be accessed						
2. Personal Safety						
A. Can assess and understand motives of others						
B. Has understanding of personal safety, dangerous situations, etc.						
C. Knows when/how to contact police, fire department, 911, etc.						
D. Has knowledge of home safety requirements						
E. Has knowledge of weather related hazards (ie. tornado, lightning, freezing, etc)						
F. Knows name of family doctor, clinic or other medical care providers						
3. Social/Sexual						
A. Can explain physical differences between men and women						
B. Understands how/when pregnancy occurs						

Review

Review

Review

Employment/Job Training

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
F. Appropriate interviewing skills						
* dresses appropriately						
* proper grooming						
* good eye contact, posture, manners						
G. Aware of job requirements						
* aware of specific required skills						
* aware of own strengths						
* aware of own weaknesses						
* can relate school-to-work experiences						
* can locate information on requirements						
H. Aware of resources for assistance						
* DVR +/-						
* County Human Services +/-						
* JTPA +/-						
* WTCS (VTAE) +/-						
* family members +/-						
* library resource materials +/-						
* high school co-op, work experience prog.						
* Social Security +/-						
* D.D. Board +/-						
* Project Assist +/-						
I. Is aware of nontraditional career options						
J. Is aware of issues of Sexual Harassment in the work place						

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Review

Review

Review

211

Community Participation

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
D. Student can explain how they can compensate for lost function or ability						
6. Student knows/understands issues of family Medical History						
7. Advocacy/Legal Needs - If these are long term needs noted due to physical, mental or emotional care issues . . .						
A. Have issues of guardianship been explored by family/student						
B. Have appropriate support agencies been contacted or referred to						
* D.D. Board +/-						
* D.V.R. +/-						
* Legal Aid +/-						
* Mental Health Services +/-						
* Other - List . . . +/-						
*						
*						
C. Has Social Security office been +/- contacted (SSI benefits, support plans)						
D. Have long term, secure living +/- arrangements been made						

Review

Review

Review

Community Participation

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
C. Understands issues of pregnancy prevention/birth control						
D. Understands issues of sexually transmitted diseases						
E. Understands issues regarding AIDS						
4. Medical needs						
A. Has understanding and is responsible for taking medication/getting prescriptions filled						
B. Knows when a doctor or dentist should be contacted. Responds appropriately to illness or injury						
C. Can answer questions regarding common medical issues (ie. burns, cuts, nose bleeds)						
D. Understands availability of group insurance such as Medicaid, Blue Cross, HMO's, etc.						
5. Medical Supervision - If medical supervision is necessary on an ongoing basis, short or long term for physical or mental health, can ...						
A. Student explain needs for medical care						
B. Student take care of, or participate in medical care						
C. Student explain long range plans for medical care						

Review

Review

Review

Home & Daily Living Skills/Personal Management

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
A. Proper weight & build for health						
B. Has basic knowledge of nutrition						
C. Gets daily exercise						
D. Good posture						
4. Hygiene and Grooming						
A. Brushing teeth daily						
B. Keeps hands clean						
C. Takes daily showers or baths						
D. Uses deodorant daily						
E. Shaves regularly (or trims beard)						
F. Cleans and trims nails						
G. Make-up is appropriate and fresh						
H. Hair care is . . .						
* cut and styled appropriately for age						
* washed as needed						
* kept neatly combed						
* combed in private						
5. Basic Household						
A. Can plan a menu						
B. Can purchase food						
C. Can use coupons						
D. Can do simple cooking						
E. Can do laundry						
F. Can wash dishes						
G. Can clean floors, toilets, etc.						

Review

Review

Review

Home & Daily Living Skills/Personal Management

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Managing Personal Finances						
A. Can identify units of money						
B. Can count money, make change						
C. Can develop personal budget						
D. Can make reasonable expenditures						
E. Can keep basic financial records						
F. Understands use of savings account						
G. Understands use of checking account						
H. Understands use of credit						
I. Can use bank service appropriately						
J. Can explain payroll deductions						
K. Understands concept of taxes						
L. Recognizes need to pay bills on time						
2. Clothing and care						
A. Can dress self						
B. Chooses appropriate clothing						
* for build						
* for style						
* for occasion						
* for age						
* for season						
* for disabilities (modifications)						
C. Clothing is neat/clean						
D. Footwear is appropriate/clean						
3. Basic Health Habits						

Review

Review

Review

Post Secondary Education

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Student Can Explain Need and/or Value of Post Secondary Education for Them						
2. Student Can Identify Post Secondary Options and Differences Between Them						
3. Student/Family Has Expressed Interest In . . .						
A. Universities +/-						
B. Community colleges +/-						
C. Vocational/technical colleges +/-						
D. Community education courses +/-						
E. Apprenticeship programs +/-						
F. Military services +/-						
G. On-the-Job Training +/-						
H. Vocational exploration +/-						
I. Other						
*						
*						
4. Have specific schools or training programs been contacted? +/-						
5. Have financial aids been explored +/-						
6. If disability related services are needed, the student:						
A. Understands rights as established by 504, IDEA, and ADA						
B. Can identify reasonable accommodations						
C. Has assertive communication skills						

Review

Review

Review



Recreation/Leisure Needs

Skill/Ability/Characteristic	Strength	Average	Change Needed	Not Assessed	Yes (+) or No (-)	Comments/Recommendations
1. Can Identify School Sponsored Extra-curricular Activities (ie. FFA, Yearbook, Drama, Ski Club, etc.)						
2. Can Identify Activities Through Church or Community Programs (ie. YMCA, Scouts, Youth Recreation, etc.)						
3. Willingness to Participate						
4. Can Identify Individualized Activities or Hobbies						
5. Has Knowledge of Board Games or Card Games for Groups						
6. Can Identify Acceptable Dress for a Variety of Situations						
7. Can Identify Transportation Options						
8. Can Make Own Transportation Arrangements						
9. Can Identify Issues/Rights Regarding Physical Accessibility						
10. Can Advocate for Own Needs and Interests						
11. Has Knowledge of Resources Available Outside Home Area (Theaters, Museums, etc.)						
12. Can Identify/Establish Exercise Routine						
13. Responds Appropriately in Exercise Setting						

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EMPLOYMENT AND JOB TRAINING _____

GOAL: To improve skills in selecting and planning occupational choices from ____ to ____.

I will make realistic occupational choices by selecting ____ jobs of interest and obtaining information through research, site visits and/or job tryouts.

I will identify the requirements of ____ appropriate and available jobs.

I will identify ____ occupational interests and list jobs appropriate to those interests.

GOAL: To improve competitive work habits and behaviors from ____ to ____.

I will follow directions by performing a series of tasks in response to verbal and written instructions with ____% accuracy.

I will recognize the importance of punctuality by maintaining a ____% attendance/punctuality record.

I will recognize the importance of supervision by demonstrating the appropriate response to supervisory instruction with ____% accuracy.

I will demonstrate knowledge of occupational safety by identifying the safety hazards on ____ jobs.

I will demonstrate the ability to work with others by completing ____ tasks with other persons.

I will meet demands for quality work by performing work tasks with minimum quality standards.

I will perform work at a satisfactory rate on a given job.

EXAMPLES OF TRANSITION GOALS AND OBJECTIVES THAT CAN BE USED IN THE IEP.

Note: The objectives are not complete and are only meant to provide samples. For complete objectives, the conditions or circumstances under which the behavior is performed, criteria for attainment, and a target date for attainment must be added.

When adding or developing new goals and objectives, keep in mind "I" statements: "I will make identify, follow, recognize, demonstrate, meet, know, perform, complete, keep, calculate, choose, plan, locate, find, list, develop, etc."

Many of the following goals and objectives were written as examples by the Minnesota Dept. Of Education.

I will demonstrate knowledge of available community recreation resources by participating in ____ recreational activities outside the home.

I will choose and plan activities by developing an individual plan of leisure activities.

I will demonstrate knowledge of the value of recreation by listing ____ ways that recreation affects physical and mental health.

I will develop a proposed vacation plan including cost ,time, transportation, facilities, and activities.

GOAL: To increase participation in school related activities.

I will attend ____ monthly meetings of school sponsored clubs or organizations.

I will participate in all class related field trips.

HOME AND DAILY LIVING SKILLS _____

GOAL: To Improve management of personal finances from ____ to ____ .

I will identify money and make correct change from bills and coins less than or equal to ____ .

I will make responsible expenditures by identifying and comparing prices and selecting the most economical items with ____ % accuracy.

I will keep basic financial records including a personal budget, calculating income expenses and debts with ____ % accuracy.

I will calculate taxes correctly using a 1040 tax form with ____ % accuracy.

GOAL: To improve skills for seeking, securing, and maintaining employment from ____ to ____ .

I will demonstrate knowledge of job seeking skills by identifying the steps involved in a job search.

I will demonstrate knowledge of job application skills by completing an application and resume with ____% accuracy.

I will complete a real (simulated) job interview.

I will demonstrate occupational adjustments by identifying common problems and solutions encountered on the job.

I will demonstrate knowledge of competitive standards by determining the minimum level of skill and performance requirements needed for a specific job.

I will demonstrate knowledge of how to adjust to changes in employment by identifying ____ factors that lead to successful and unsuccessful employment.

GOAL: I will focus on, and improve on pre-vocational skills.

I will demonstrate the ability to tell time by successfully giving my teachers or parents the correct time from my watch when asked.

I will demonstrate knowledge of linear measurement, to 1/4 inch, by identifying points on a ruler with ____% accuracy.

I will develop better upper extremity range of motion by doing my prescribed exercise routine ____ times per week at school and home.

RECREATION AND LEISURE _____

GOAL: To increase use of community recreational facilities and leisure activities from ____ to ____ .

I will demonstrate knowledge of common illnesses, prevention, and treatment with ____ % accuracy.

I will identify and practice personal safety rules in the home and in the community with ____ % accuracy.

GOAL: To improve skills for raising children and meeting marriage responsibilities from ____ to ____ .

I will identify physical care responsibilities for raising children with ____ % accuracy.

I will identify the psychological needs of children and parental responsibilities of meeting those needs with ____ % accuracy.

I will identify personal and joint marriage responsibilities with ____ % accuracy.

GOAL: To improve skills for buying, preparing, and consuming food from ____ to ____ .

I will construct a shopping list within budget limits using grocery advertising with ____ % accuracy.

I will demonstrate appropriate cleaning procedures for food preparation work areas with ____ % accuracy.

I will demonstrate proper food storage procedures to avoid spoilage with ____ % accuracy.

I will demonstrate my knowledge of kitchen safety, basic recipe abbreviations, and appliances while preparing a meal for ____ people.

I will demonstrate the proper way to set a table and appropriate manors and eating behavior ____ out of ____ observations.

I will include the basic food groups in planning meals for one

I will demonstrate responsible use of credit by identifying _____ resources for obtaining a loan and listing _____ advantages and disadvantages of using credit cards.

I will demonstrate correct use of these banking services: Checking account, savings account, check writing, and checkbook balancing with _____ % accuracy.

GOAL: To improve skills for selecting and managing a household from _____ to _____ .

I will identify the basic appliances, tools, and cleaning products and their uses in maintaining the home exterior and interior with _____ % accuracy.

I will demonstrate the use of basic home appliances and household tools with _____ % accuracy.

I will identify a minimum of _____ affordable and adequate housings choices in my community.

I will identify the procedures and items needed to set up a household with _____ % accuracy.

I will perform common home maintenance tasks and repairs including _____ (examples: grass cutting, painting, repair leaking faucet, etc.).

GOAL: To improve skills necessary to care for personal needs from _____ to _____ .

I will identify ways in which physical fitness and weight relate to health with _____ % accuracy.

I will identify proper grooming and hygiene habits and products with _____ % accuracy.

I will identify and demonstrate appropriate dress for various weather conditions, activities and occasions with _____ % accuracy.

the assistance of an aid or another student.

I will work on specific exercises and chair-to-seat transfers
____ times per week, ____ minutes per day.

COMMUNITY PARTICIPATION _____

GOAL: To increase responsible citizenship behaviors from ____ to ____.

I will demonstrate knowledge of civil rights and responsibilities by listing basic civil rights, resources for acquiring legal aid, and draft registration requirements with ____ % accuracy.

I will know the nature of local, state, and federal governments by identifying the purpose and one duty of each level of government.

I will demonstrate knowledge of the law by listing ____ local laws and the consequences of violating those laws.

I will demonstrate knowledge of citizen rights and responsibilities by listing ____ available community services and ____ citizen responsibilities.

GOAL: To improve skills to access the community from ____ to ____.

I will demonstrate knowledge of traffic and safety rules by identifying common traffic and safety rules with ____ % accuracy.

I will demonstrate knowledge and use the various means of transportation by demonstrating the appropriate procedures for use of ____ (examples; bus, taxi, mobility services, etc.).

I will find my way around the community by locating ____ specific sites using maps and directions.

I will demonstrate the ability to drive a car by passing the verbal and written portion of the driver's license examination.

day with ____ % accuracy.

GOAL: To improve skills for buying and caring for clothing from ____ to ____ .

I will demonstrate appropriate laundering procedures, use of laundry facilities and laundry products with ____ % accuracy.

I will plan an appropriate wardrobe that contains basic clothing items appropriate for dress, work, and casual wear within a budget.

I will demonstrate the proper ironing, mending, and storage procedures for common clothing items with ____ % accuracy.

GOAL: To improve decision-making skills from ____ to ____.

I will locate and use sources of assistance when faced with problematic situations.

I will anticipate consequences by listing ____ ways in which personal behavior produces consequences.

I will develop and evaluate alternatives by selecting a personal goal and listing ____ possible alternatives to achieving the goal.

I will recognize the nature of a problem by listing positive and negative aspects of a given problem or situation.

I will develop goal seeking behaviors by setting short-term and long-term goals for school, home work or recreation.

GOAL: To demonstrate increased awareness and performance in mobility at home, in school, and within the community.

I will keep my electric wheelchair in good working order by having it checked each time I go to University Hospital.

I will go between room ____ and room ____, 3rd hour without

W.O.R.C.

WORK OPPORTUNITY IN RURAL COMMUNITIES, INC.

136 Owen Road

Monona, Wisconsin 53716

(608)221-2102

FUNCTIONAL ASSESSMENT

Functional Assessment for: _____

Person responsible for compiling information: _____

Date: _____

Persons involved in the Functional Assessment:

NAME	POSITION/RELATIONSHIP
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Locations/Environments where information was gathered:

1. _____
2. _____
3. _____
4. _____
5. _____



POST SECONDARY EDUCATION AND TRAINING _____

GOAL: To increase knowledge about post-secondary education from _____ to _____.

I will participate in site visits of _____ post-secondary education institutions.

I will list the requirements necessary for entrance into _____ post-secondary education institutions.

I will complete all the requirements necessary for entrance into one post-secondary institution.

I will develop a written post-secondary plan listing the options selected for post-secondary education and training.

I will complete all the requirements necessary to access selected adult service agencies (Select appropriate agency, such as DVR, county social services, advocacy organizations, etc.)

I will complete all the requirements to access funding sources to support selected post-secondary educational choices. (Select appropriate sources, such as DVR, college financial aid office, school guidance counselor for local scholarship information, etc.)

Special Religious Practices: _____

Special Cultural Practices: _____

How supportive is the family of the individual's work?

Comments: _____

Significant others (family, friends, etc.) in the person's life (unpaid relationships):

Other Support Services:

<u>Agency</u>	<u>Contact Person</u>	<u>Telephone #</u>
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<u>Purpose</u>	<u>Frequency of contact</u>
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A Future's Planning Relationship Map can be made to visually draw those individuals involved in the consumer's life. Sample on back of assessment.

Home Environment

Type of Residential Setting:

independent

alone or roommate with "drop in" support staff

alone or roommate with "live in" support staff

Adult Family Home

with group home staff and other residents

with parents

other (please describe) _____

Total number who live in the home: _____

Number of persons with disabilities who live in the home: _____

Future plans for change in residential setting: _____

Names and relationship of those who live in residential setting (i.e., parents, roommates, siblings, staff):

WORK OPPORTUNITY IN RURAL COMMUNITIES, INC.
FUNCTIONAL ASSESSMENT

As many questions as possible should be answered by the individual being assessed to prioritize their input into the assessment and planning process. These questions were written to be directed at significant others (family, teacher, other service provider, friend) but should be worded differently when talking to the individual with a disability. Different color pens can be used to distinguish who has answered each question as there may be conflicting responses by each individual questioned. Observations across different environments are also needed to gather information from home, school, work and community activities. You will need input from many sources to gather the information that will help in planning support services for individuals with disabilities. This is only one form for that purpose.

Personal Information

Name: _____ Telephone: _____
Address: _____ Date of Birth: ___/___/___
Age: _____
Social Security #: _____ - _____ - _____

Does individual have a Social Security Card or Birth Certificate for the I-9 form (filled out when starting a new job)? _____

Services requested (residential, employment, recreational/leisure, therapy, case management, respite, attendant care, etc.): _____

Family Information

Who is the individual's guardian? Self _____ Other _____

Parent: _____ :

Address: _____

Telephone (home): (____) _____

Telephone (work): (____) _____

Parent: _____

Address: _____

Telephone(home): (____) _____

Telephone(work): (____) _____

Names and addresses of Siblings:

Will benefits be adversely affected if the person works? At what point? _____

Does the person or their family have any concerns about how work might affect benefits (i.e., are there any disincentives for the person working)? _____

Does the individual require employment with benefits? _____
Sources of Income: _____

Banking Skills: _____

Transportation

Primary modes of transportation (i.e. walking, biking, bus, car, van): _____

Primary provider of transportation; _____

Has the person ever used public transportation? _____ Any barriers? _____

Describe individual's travel skills in using public transportation, i.e., bus, cab? _____

Describe assistance needed for crossing streets: _____

What skills will individual need to learn to get to and from work? _____

What transportation arrangements will be needed (i.e. walk, bike, drive, family, carpool, paid driver/Transportation Provider, WORC staff.) _____

Communication:

uses sounds/gestures

uses key words/signs

speaks with difficulty

communicates clearly in sentences/signs

uses alternative communication system (describe) _____

How does the person respond to simple "social" questions (i.e., "Hi""How are you?" "How was your weekend?"

How does the person respond to simple requests or directions?

Medical Information:

Name of Physician: _____

Address: _____

Telephone: (____) _____

Hospital: _____

Type of Insurance; _____

Insurance Number: _____

Recurring Health Conditions: _____

AODA Issues _____

Chronic Health Conditions: _____

Does the individual have any allergies? ___no___yes

If yes, describe what they are and procedural instructions for dealing with reactions: _____

Does the individual have a seizure condition? ___no___yes

If yes, describe the seizures and procedural instructions for supporting the individual

through them: _____

Is the person on any type of medication? ___no___yes

If yes, please provide the following information:

Type of Medication/	Prescribed for/	Dosage (amt. and time)/	Side Effects
---------------------	-----------------	-------------------------	--------------

Who sets up all medical appointments? _____

Primary Disability _____

Secondary Disability _____

Financial Information

Is the individual receiving SSI? SSDI? Medical Assistance? Medicare? If possible,

information relating to the amount of benefits being received would be helpful to obtain

(with the individual's permission). _____

Does the person receive Physical or Occupational Therapy? List name and telephone number: _____

Endurance:

What are the recommendations for number of hours individual will be able to work initially or over time?

How often are breaks needed?

Strength:Lifting and Carrying:

What, if any, are the individual's weight limits in lifting and carrying objects?

Orientation/Mobility Skills:

Describe the person's overall sense of direction (e.g., finding a building or a floor/room in a particular building; following a route from their home to the bus stop; locating the breakroom, bathroom, lunchroom at their worksite).

For persons who use a wheelchair, describe how independent they are in moving/maneuvering in wide open spaces (e.g., down sidewalks, hallways) and in more confined spaces (e.g., offices, restaurants).

Learning Style/Academics

How does the individual seem to receive and process information (auditory, visual, kinesthetic, i.e., "by doing")? _____

What methods seem to work best when teaching a new skill): _____

What is the best method for correcting mistakes that the individual might make? Does s/he learn from their mistakes? _____

What are the individual's short-term and long-term memory skills (across a given day, consecutive days, weeks, months)?

Does the individual seem to understand good natured kidding and teasing from others?

How much does the person pay attention and react to others around him/her?

Does the person receive speech/language services? Give name and telephone number of provider: _____

Telephone use: _____

Sensory Information:

Are there any sensory limitations?

List adaptations used that are related to sensory disabilities: _____

Does person receive sensory impairment related services? List name and telephone number of the provider: _____

Physical Information

Does person have limitations with use of hands, arms, legs, feet, head or neck? Please Describe:

Describe person's capacity to grasp, hold and manipulate small objects (buttons, money, screws, etc.):

Are there specific procedures used for positioning? Describe:

Are there restrictions on the types or amount of activities in which the person can engage? Describe:

List adaptations used that are related to physical limitations: _____

Writing Skills:

What are the extent of the individual's writing skills? Prints or writes? With or without model) i.e., can s/he copy information?

Time Telling: unaware of time and clock function
identifies breaks and lunch
can tell time to the hour
can tell time in hours and minutes

Can individual tell time from both a "clock face" and digital watch/wall clock/clock radio? _____

Does individual demonstrate time "awareness" (e.g., responds to time by initiating leaving/stopping work, taking a break, turning on or changing channels on TV to watch preferred program; understands concepts of "early" "on time" and "late").

Describe any adaptations that the individual uses with regard to time telling and/or scheduling: _____

Math/Money Skills:

Math: none
simple counting
simple addition/subtraction with or without calculator?
complex computational skills

To what extent does the individual demonstrate an accurate understanding of what money can be used to buy?

To what extent does the person identify and utilize money to make purchases for him/herself and/or others (i.e., stores, breaks, lunch purchases)?

Who handles the individual's money?

Describe any adaptations that are used with regard to money handling and/or purchasing?

Does individual have a checking account and use a checkbook? With or without adaptations?

What seems to interfere with the individual being able to learn new skills?

Learning preferences:

solitary activities	group activities
sedentary	active
visual	auditory
tactile	

Is individual able to follow more than 1 step verbal directions? 2 steps? 3 steps?

What are the individual's greatest strengths?

Examples: Assuming responsibility?
Social interactions?
Physical strength and endurance?
Attention to details
Attention to the job
Responses well to correction/criticism

What are the individual's weaknesses?

Reading:

none	sight words/symbols
simple reading (1-2 grade)	functional reading (3-6 grade)

To what extent does the person use reading skills to (write on back on sheet):

gather information (locate correct bathroom, bus)
engage in leisure activities (reads magazines, book; board games that involve reading, reading CD cover)
completes task (fill out application, read recipe, assemble objects, shopping list)
Describe any adaptations (e.g., picture reading list) client uses to circumvent reading limitations

If individual is unable to read, can s/he "read" and follow sequential pictorial directions to complete a task?

Meal Planning skills (balanced, ability to prepare) _____

Meal Preparation skills (follow recipes, use of oven/microwave) _____

Food Cleanup and Storage _____

Social Skills/Interactions:

Does individual respond appropriately to conversations, questions and comments from others? _____

Does the person like to be around people or prefer to be alone? _____

What social networks does the individual currently have, (i.e. who are important people in their lives)? _____

What type of connections does the person have that provides them with social interactions with people who live in the community? (i.e. church, bank, regular restaurants, clubs) _____

Future's Planning Profile Map can be used to visually gather information about the person's connections with the community. Copy at the back of this assessment.

What types of social/leisure activities are preferred by the individual (what activities does the individual enjoy doing when his/her time is not structured)? _____

Behavioral Issues

Describe unique behavioral characteristics that may draw attention to the individual in community settings:

Describe interfering/aggressive actions:

Are there any challenging behaviors that may interfere with job performance?

Self-Care Skills:

Does individual need an attendant? _____

Personal hygiene:

cleanliness/body odor

clothing

shaver/hair washed/teeth brushed

Does individual independently perform personal hygiene tasks or pick out own clothing?

Clothing Care (repair, laundry) _____

Housekeeping (schedules, appearance, decorating) _____

Shopping Skills: _____

Safety Responses (who to call, dangerous situations, locking doors, fire alarms) _____

Does individual need assistance when using the bathroom? _____

Are they on a schedule for this assistance? _____

Does individual need assistance during menstrual cycle? _____

Sexuality (knowledge, behavior, attitude, relationships): _____

Diet

Does the individual have dietary restrictions? Describe: _____

Describe the level of assistance needed while eating and drinking, list types of adaptations used if any: _____

List food and beverage preferences: _____

List food and beverage dislikes: _____

Educational History

High School attended? Graduated? _____

Post Secondary Education? Degree? _____

Other training opportunities? _____

Favorite courses in school? _____

Work History

Where has the person worked before? *(List on separate sheet).*

type of business (name, address, telephone, supervisor)	summary of performance
tasks performed	hours
transportation	how was job obtained?
wages	reason for leaving?
how long employed?	positive aspects of job
relationships established	

Was the support provided:

- adequate
- inadequate
- more than may have been needed

Who provided past support? _____

How long was it provided? _____

Describe the nature of support that was provided or may need to be provided in order to maintain community employment: _____

Were past jobs good matches for the person? Why or why not?: _____

Work Skills (on time, attendance): _____

Does the individual have independent job seeking skills? _____

Describe intervention strategies:

Does person receive Psychological, Psychiatric, Counseling or Behavioral related services?
Give name and telephone number of provider; _____

What motivates individual? What are positive reinforcers for this individual?

Does individual wait for directions or initiates to next task independently? Are frequent prompts required, if so what kind?

How many step task can individual perform independently, with adaptations or with coworker instruction?

How does individual adapt to change?

How does individual behave in familiar and unfamiliar environments?

Handling Criticism/Stress

- resistant/argumentative
- withdraws into silence
- accepts criticism/does not change
- accepts criticism/changes behavior

Ability to take direction from a variety of persons:

How does individual indicate how they're feeling (e.g., happy, sad, angry, scared)?

MADISON AREA REHABILITATION CENTERS, INC.

2001 W. Broadway
Madison, WI 53713
(608) 223-9100
Dr. Jill Wheeler, Director

FUNCTIONAL ASSESSMENT for _____

Person Responsible for Compiling Information: _____

Date of Initial Completion: _____

REVISED/REVIEWED:
(circle one)

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Individual Preferences:

What job(s) in the past have been particularly successful for the individual? Why?

What jobs in the past have *not* been particularly successful? Why?

To Individual: What type of work would you like to do?

How many hours would you like to work?

Does the individual seem to enjoy activities that involve:

Significant or minimal gross motor activity

Significant or minimal fine motor movement

Environment with many people or very few people

same-age peers, older, or younger people

Significant visual and auditory stimulation or very little stimulation

Preference for warm/cold environments

What career clusters has the individual shown high interest even if he/she has not had an opportunity to be employed in that type of job?

Additional Comments:

efforts. For this reason, completion or revision of the FA should always precede job development. The FA should also be used in conjunction with completing the Quality Indicators Scale during ISP and other planning meetings to evaluate progress in supported employment and to generate objectives for subsequent time periods.

A secondary use of the FA is as a tool for communicating relevant information about clients as they move between MARC Centers, to other supported employment agencies, or experience changes in residential support agencies.

INTRODUCTION

The Functional Assessment (FA) Outline should be utilized when an individual is referred for supported employment at MARC. In order to secure the most appropriate job match for an individual, the FA should be completed prior to job development. The FA should be comprehensive and include current and relevant information in at least the following content areas:

- I. Individual Preferences
- II. Individual Strengths
- III. Work History
- IV. Functional Use of Academics
- V. Following Directions
- VI. Behavior
- VII. Learning Style
- VIII. Social Skills/Interactions
- IX. Communication Skills
- X. Work Endurance/Stamina
- XI. Medical/Physical Status and Management
- XII. Orientation/Mobility Skills
- XIII. Fine and Gross Motor Coordination Skills
- XIV. Work-Related Skills/Concerns
- XV. Transportation Needs
- XVI. Current financial Information and Concerns
- XVII. Special Consideration/Support Needs
- XVIII. Recommendations

FUNCTIONAL ASSESSMENT DEVELOPMENT

Information contained in the FA should be gathered from the client, from significant others in the client's life, and from observations of the client in community settings. The individual completing the assessment should make an effort to seek a variety of community and work settings from which information can be gathered. Guidelines from the Division of Vocational Rehabilitation (DVR) suggest that a minimum of 80% of the assessment be conducted in community-based (i.e., not simulated or facility-based) environments.

Upon completion, each client's FA should be shared with Dane County Human Services, parent(s)/guardians, other relevant MARC staff, and the residential provider. The FA should be reviewed and/or revised on an as-needed basis, but no less than once/year. The initial page of the FA outline includes an area to indicate who completed the review/revision as well as the date of the review. Each revision need not be kept on file, but the original FA should be kept intact and on file to provide a history.

USE OF FUNCTIONAL ASSESSMENT

The primary use of the FA is as a guide in job development

- with foster parents
- with group home staff and other residents
- with parents
- other (please describe)

If consumer is in a supported living situation, what agency provides support and supervision: _____

Emergency Information:

Consumer's Doctor: _____

Address: _____ Phone: _____

Hospital: _____

Medical Information:

1. Does the consumer have any allergies: no yes

If yes, describe what they are and procedural instructions for dealing with reactions.

2. Does the consumer have a seizure condition: no yes

If yes, describe the seizures and procedural instructions for supporting the consumer through them.

3. Is the consumer on any type of medication: no yes

If yes, please provide the following information:

<u>Type of Medication</u>	<u>Prescribed For</u>	<u>Dosage</u> (amount and time)
---------------------------	-----------------------	---------------------------------

4. Medical Assistance (MA) yes no. If yes,

MA # _____ If not, what type of insurance

does consumer have? _____

COVER SHEET

Person(s) Involved in Conducting Individualized Assessment:

Name	Position/Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Locations/Environments Where Information Was Gathered:

1. _____
2. _____
3. _____
4. _____
5. _____

General Information

Consumer: _____
Address: _____
Phone: _____ D.O.B.: _____
Parent/Guardian: _____
Address: _____ Phone: _____
Social Security #: _____

Residential Information

Consumer lives: ___ independently
 ___ alone with "drop in" support staff
 ___ with "live-in" support staff

7. How long employed?
- 8 Reason for leaving
9. Relationships established

B. Were past jobs good matches for the consumer? Why or why not?

IV. FUNCTIONAL USAGE OF ACADEMICS

A. To what extent does consumer use reading skills* to:

1. gather information (e.g., locate correct bathroom, bus, entrance/exit, checkout lane, etc.)
2. engage in leisure activities (e.g., reads newspaper/magazines/books; engages in board/video games that involve reading; makes music selections by reading album/cassette/cd cover)
3. complete task (e.g., fill out application; reads simple directions to prepare meals, complete work tasks, assemble objects, secure items from shopping list, locate correct time card, elevator etc.)
4. Describe any adaptations (e.g., picture reading list) consumer uses to circumvent reading limitations.

*Refers to use of both written words and numerals

B. Time telling skills

1. Is consumer able to tell time from both a "clock face" and digital watch/wall clock/clock radio?
2. Does consumer demonstrate time "awareness?" (e.g., responds to time by initiating leaving/stopping work/taking a break, going to lunch at appropriate times; turning on or changing channels on TV to watch preferred program; getting up on time; getting to places on time; understands concepts of "early," "on time" and "late.")
3. How are events scheduled for consumer during the day?
4. Does consumer regularly wear and utilize a watch?
5. Does consumer know sequence of days/week; months/yr. Can s/he utilize a calendar to predict or schedule events?

SUPPORTED EMPLOYMENT
FUNCTIONAL ASSESSMENT CONTENT AREAS

I. INDIVIDUAL PREFERENCES

- A. What does consumer seem to enjoy doing when his/her time is not being structured for him/her?
- B. What job(s) in the past have been particularly successful for the consumer? Why?
- C. What job(s) in the past have not been particularly successful for the consumer? Why?
- D. Does the consumer seem to enjoy activities that involve:
 - 1. alot or minimal gross motor movement
 - 2. alot or minimal fine motor movement
 - 3. alot of people or very few people
 - 4. same-age peers, older, or younger people
 - 5. alot of visual and auditory stimulation or very little stimulation

II. INDIVIDUAL STRENGTHS

- A. What does the consumer do well?
- B. Does the consumer have particular strengths in any of the following areas:
 - 1. assuming responsibility
 - 2. social interactions
 - 3. fine motor coordination (i.e., pinch, grasp, manipulation of small objects)
 - 4. gross motor coordination
 - 5. physical strength and endurance
 - 6. attention to task
 - 7. attention to details
 - 8. responding favorably to correction/criticism

III. WORK HISTORY

- A. Where has the consumer worked before?
 - 1. Type of business
 - 2. Tasks performed
 - 3. Transportation
 - 4. Hours
 - 5. Salary
 - 6. Level of support provided

VI. BEHAVIOR

- A. Describe consumer's behavior with regard to:
1. age-appropriateness
 2. appropriateness to situation and location
 3. interfering with work tasks
 4. ability to engage others in social interactions
 5. ability to initiate and respond to social interactions
- B. How does consumer indicate how they're feeling (e.g., happy, sad, angry, scared)?
- C. Describe any challenging behavior(s) that have not been covered above and that are potentially dangerous either to the consumer or to others.
- D. What precipitates challenging behavior(s) and what are strategies for either preventing or coping with behaviors?

VII. LEARNING STYLE

- A. How does consumer seem to receive and process information (auditory, visual, kinesthetic, i.e., "by doing")?
- B. What methods seem to work best when teaching consumer a new skill?
- C. What is the best method for correcting mistakes that the consumer might make? Does s/he learn from her/his mistakes?
- D. What seems to interfere with consumer being able to learn new skills?
- E. What is the consumer's capacity to retain information?
1. short-term memory skills (across a given day or consecutive days)
 2. long-term memory skills (across weeks, months, years)

VIII. SOCIAL SKILLS/INTERACTIONS

- A. Does the consumer readily engage others in conversations?
- B. Does the consumer respond appropriately to conversations, questions, and comments from others?

6. Describe any adaptations that the consumer uses with regard to time telling and/or scheduling.

C. Money Skills

1. To what extent does the consumer demonstrate an accurate understanding of what money can be used to buy? i.e., is money meaningful to consumer? is receiving a paycheck meaningful to consumer?
2. To what extent does consumer identify and utilize money to make purchases for him/herself and/or others?
3. Who handles consumer's money?
4. Describe any adaptations that the consumer uses with regard to money handling and/or purchasing.

D. Writing Skills

1. What are the extent of the consumer's writing skills? Prints or writes? With or without model? (i.e., can s/he copy information?)
2. How does consumer use writing skills on a daily basis? (e.g., writes letters, leaves telephone messages, writes shopping lists, uses checkbook, etc.)
3. Can consumer complete their own job applications independently or would they need assistance?
4. Describe any adaptations consumer uses with regard to writing skills.

V. FOLLOWING DIRECTIONS

- A. Is consumer able to follow more than 1-step verbal directions? 2-steps? 3-steps?
- B. If consumer is able to read, can s/he follow simple written directions to complete a task?
- C. If consumer is unable to read, can s/he "read" sequential pictorial directions to complete a task?
- D. Does consumer understand basic spatial concepts (e.g., in, on, under, next to, left/right, in front of etc.)

2. How easy is it for others to understand the consumer?
 - those familiar with person
 - those unfamiliar with person
3. Can consumer participate in interview process?

X. WORK ENDURANCE/STAMINA

- A. Are there any limitations on the amount or type of work that the consumer can do?
- B. If there are limitations, are they based on medical conditions or the result of other decisions?
- C. What type of a work schedule would be reasonable and desirable for the consumer.

XI. MEDICAL/PHYSICAL STATUS AND MANAGEMENT

- A. Describe the consumer's current medical condition and how it does or doesn't impact upon his/her ability to work
- B. List any medications the consumer is currently taking, why they have been prescribed, and how effective they are currently.
- C. Discuss any side effects of medication, particularly as they may relate to work.
- D. Describe any hearing and/or visual impairments and how they may impact on work.

XII. ORIENTATION/MOBILITY SKILLS

A. External

1. Describe the consumer's overall sense of direction (e.g., following a route from their home to the bus stop; being able to walk from bus stop to workplace; locating correct stop to exit bus for work etc)

2. Describe the consumer's mobility skills (i.e., how independent is client in crossing controlled and uncontrolled intersections; in walking outside during different types of weather).

3. For consumers who use a wheelchair, describe how independent they are in moving/maneuvering in wide open

- C. What types of things seem to encourage the consumer to interact with others?
- D. Does the consumer like to be around people or would they prefer to be alone most of the time?
- E. What social networks does the consumer currently have? i.e., who are important people in their lives?
- F. What type of community connections does the consumer have that provides them with opportunities to socially interact with people who are not disabled?
(e.g., church, recreation groups, neighborhood parks, clubs, regular visits to restaurants, grocery stores, banks, etc.)?

IX.

COMMUNICATION SKILLS

A. Receptive skills

- 1. How does consumer respond to simple "social" questions (e.g., "Hi," "How are you?" "Where are you coming from/going to?" "How was your weekend?")
- 2. How does consumer respond to simple requests or directions?
- 3. Does the consumer seem to understand good natured kidding and teasing from others?
- 4. Does the consumer have any diagnosed hearing or visual impairments?
- 5. How much does the consumer pay attention and react to the how others around him/her are acting or reacting to circumstances (including their own actions)?
- 6. Can consumer participate in interview process unassisted?

B. Expressive skills

- 1. How does the consumer communicate expressively?
 - verbal words, phrases, or sentences
 - gestures, sign language
 - combination of verbal and non-verbal means
 - uses alternative communication system

work or en route to work?)

XV. TRANSPORTATION NEEDS

- A. How does the consumer currently access their job?
- B. If consumer is not using public transportation, explain why this decision was made.
- C. What are potential methods for the consumer to access a job in the future?
- D. Will the consumer need assistance/training in learning to utilize other transportation systems?

XVI. CURRENT FINANCIAL INFORMATION AND CONCERNS

- A. Is the consumer receiving SSI? SSDI? If possible, information relating to the amount of benefits being received would be helpful to obtain with the person's permission.
- B. Will benefits be adversely affected if the consumer works? At what point? (e.g., SSDI)
- C. Have IRWEs or PASSs been submitted for the consumer? If so, for what expenses and when are they due for review?
- D. Do the consumer or their family have any concerns about how work might affect benefits i.e., are there any disincentives to the person working?

XVII. SPECIAL CONSIDERATION/SUPPORT NEEDS (Long and Short term)

Describe the nature of support that the consumer would need (both work and work-related) in order to maintain community employment. i.e., get a sense of what type of placement options (individual vs small group) an individual would do best in; how much direct support will be necessary-- initially and ongoing; what type of support would be best?

XVIII. RECOMMENDATIONS

What would you recommend as the ideal job for the consumer?

- A. Type of task(s)
- B. Work environment
- C. Hours
- D. Level of support
- E. Anticipated rate of pay

spaces (e.g., down sidewalks) and in crossing streets.

B. Internal

1. Describe the consumer's overall sense of direction (e.g., locating a floor/room within a building; locating the breakroom, bathroom, lunchroom at their worksite; moving between several work areas)

2. Describe the consumer's mobility skills (e.g., how well does person move through an area from point (a) to point (b))

3. For consumers using wheelchairs, describe how independent they are in moving/maneuvering in more confined spaces (e.g., offices, restaurants, bathrooms etc)

C. Refer to Dane County Mobility Specialist for further evaluation if necessary.

XIII. FINE AND GROSS MOTOR COORDINATION SKILLS

A. Describe the consumer's capacity to grasp, hold, and manipulate small objects (e.g., money, buttons, nuts/bolts/screws, parts).

B. What is the person's dominant hand?

C. Describe any limitations and/or concerns relating to gross motor movement, particularly as they might affect work (e.g., head control, positioning, posture)

XIV. WORK-RELATED SKILLS/CONCERNS

A. Can the consumer get from home to work independently and on time?

B. Describe the consumer's personal hygiene and their capacity to maintain acceptable hygiene while at a worksite (e.g., bathroom skills, ability to clean hands and mouth following lunch, ability to control drooling)

C. Describe the consumer's ability to take a break while at work (e.g., communicate with coworkers, occupy his/her time well, use money to make purchases, return to work on time etc.)

D. Describes what motivates the consumer to initiate and complete a task or activity. (i.e., what seems to be reinforcing for the person?)

E. Describe the consumer's problem solving skills (e.g., can they relate their address and telephone numbers upon request? What are they likely to do if they miss a bus? How do they seek assistance if problems arise at

Intake Interview for Prevocational Services - Page 2.

Physical Limitations:

- a. Arms, hands: _____
- b. Legs, feet: _____
- c. Head, neck: _____
- d. Other(Physical capacities, Prothetic/Assistive Devires): _____

Prior Work Experience(paid or unpaid)/Skills: _____

Communication Information:

- a. Receptive Communication (primary ways trainee receives information):
___spoken words of others ___line drawings ___Manual signs ___gestures
___written/printed words ___tactile contact with objects ___photos/magazines
___watching others demonstrate ___other: _____
- b. Expressive Communications (ways trainee communicates information to others):
___with spoken words ___facial expressions ___with manual signs
___looking at an object ___pointing to/touching objects
___by pointing/touching picture ___by looking at a picture of an object
___communicative device (board, speech synthesizer, etc)
___other: _____

Type of Residence Transferred From:

- ___independent institution ___group home (CBRF)
- ___foster home ___supported apartment ___home with parent/relative

Transportation: Valid drivers license? ___yes ___no

Able to access public transportation? ___yes ___no

Comments on transportation needs: _____

Residential Care for Developmentally Disabled, Inc.

General Offices
424 Washington Avenue
Oshkosh, WI 54901

Regional Office
1548 Western Avenue
Green Bay, WI 54303

Intake Interview for Prevocational Services

Client Name: _____ Date: _____

Address: _____ Telephone: _____

_____ Referral Source: _____

Disability/Diagnosis. _____

Funding Source: _____ Referral Counselor: _____

Interviewer: _____ Title: _____

Primary Goal/Objective in Prevocational Services: _____

Secondary Goal/Objective(s): _____

Job Likes

Job Dislikes

Area(s) of Interest/Preference: _____

Work Hour Preferences (specify AM, PM, days of week): _____

Present Income/Source(s)/Benefits: _____

Specific positioning needs when sitting, riding, standing, lying down, if any: _____

Intake Interview for Prevocational Services - Page 4.

Emergency Contact:

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Comments/Recommendations: _____

Interview conducted by: _____ Title: _____

Interview Date: _____

Intake Interview for Prevocational Services - Page 3.

Medications/Precautions/Allergies: _____

Hospitalization within the last year (list diagnosis): _____

Personal Physician: Name: _____ Telephone: _____

Ever convicted of a felony (list charge)? _____

Regular recurring vacations, appointments or family visitations: _____

Describe challenging or problem behaviors: _____

Describe problems in prior institutional setting: _____

Describe problems in prior residential setting: _____

Other Community Support Systems (list Agencies, Counselors): _____

Recreational Information:

Most preferred leisure activities: _____

Least preferred leisure activities: _____

Description of seizure: _____

Interventions: When: _____
Type of: _____

Medication: _____ Yes _____ No
Type of medication: _____ When it is received: _____

Vision and Hearing Information:

Vision:

Consumer is - Blind: _____ Low Vision: _____ Sighted: _____

Description of disability: _____

Aides/assistance needed: _____

Other vision information: _____

Residential Care for Developmentally Disabled, Inc.

General Offices
424 Washington Avenue
Oshkosh, WI 54901

Regional Office
1548 Western Avenue
Green Bay, WI 54303

SUPPORTED EMPLOYMENT PROGRAM

INDIVIDUAL CONSUMER ASSESSMENT DATA

Date: _____

Person Completing Form: _____

General Information:

Consumer: _____ Consumer Information No.: _____

Address: _____

Parent/Guardian: _____

Home Phone Number: _____ Parent/guardian work ph. # _____

Other General Information: _____

Emergency Information:

Consumer's Doctor: _____ Phone number: _____

Hospital: _____ Phone number: _____

Other Emergency Information: _____

Medical Information:

Allergies:

Procedural Instructions:

Seizures: _____ Yes _____ No

Describe any adaptation the consumer uses: _____

Other mobility or motor information: _____

Break Information:

Eating skills: Independently: ____ assistance: ____ adaptations: ____

Restricted diet: Yes: ____ No: ____

Type of restrictions: _____

Procedure when assistance is needed: _____

Favorite foods/beverages: _____

Recreation/Leisure Skills:

List recreation/leisure activities the consumer would enjoy during break: _____

Hearing:

Consumer is - Deaf: _____ Partial hearing: _____ Not impaired: _____

Description of disability: _____

Aides/Assistance needed: _____

Mobility and Motor Information:

Walking: Independently: _____ With assistance: _____

Not applicable: _____

Assistance procedure used: _____

Steps: Independently: _____ With assistance: _____ Not applicable: _____

Type of assistance/procedure: _____

Wheelchair consumer: Transfers to chair: _____ With assistance: _____

Transfer procedure: _____

Fine Motor Skills: Limitations: _____ No limitations: _____

If consumer has limitations please note limitations and note movement(s) the consumer has: _____

Behavioral Information:

Unusual behaviors: (describe) _____

Behavioral interventions now used: _____

Reinforcements: _____

Acts/Speaks aggressively: never _____ seldom _____ frequently _____

Behavioral intervention now used: _____

Reinforcements: _____

Reaction to criticism/stress: (describe) _____

Behavioral intervention now used: _____

Reinforcements: _____

Other behavioral information: _____

Related Skills Information:

Money: Independently uses money: _____ Assistance: _____

Adaptations: _____

Type of assistance/intervention: _____

Adaptation: _____

List recreation/leisure activities the consumer does not like to do:

Other break information: _____

Social Interactions/Communication Information:

Communication system: _____

Consumer's method of initiating an interaction: _____

Adaptation/materials used for initiation of or maintaining interaction: _____

Interaction/communication objectives at the consumer's vocational site: _____

Consumer's method of making a choice: _____

Associations or links in residence or community: _____



Endurance: works less than 1 hour w/o break:____ 1 - 2 hrs w/o break:____

2 - 3 hrs w/o break:____ over 3 hrs w/o break:____

Strength/Lift & Carry: sedentary (0-10 lbs):____ light work (10-20 lbs):____

medium work (30-50 lbs):____ heavy work (over 50 lbs):____

Adapting to Change: (comments) _____

Perserverance/Attention to Task: (comments) _____

Orientation Skills: (comments) _____

Initiative/Motivation: (comments) _____

Object Discrimination (can consumer distinguish between ordinary work supplies, etc.): (comments) _____

Pedestrian Safety: (comments) _____

Preference Information:

List jobs consumer likes/enjoys: _____

List jobs consumer dislikes: _____

Additional comments: _____

Time: Independently: _____ Unable to tell time: _____

Working on:

Hourly: _____

Half hour: _____

15 minute intervals: _____

5 minute intervals: _____

Adaptations (if any): _____

Reading: Functional reading skills -

none:___ sight words/symbols:___ simple reading:___ fluent:___

Objectives at the vocational site: _____

Adaptations: _____

Math: Functional math skills -

none:___ simple counting:___ simple add'n/subt'n:___ computat'n:___

Objectives at the vocational site: _____

Adaptations: _____

Parent(s)/Guardian preferences

List job parent(s)/guardian want the consumer to do:

List job parent(s)/guardians do not want the consumer to do:

Other preferences information: _____

Financial Considerations:

Check all that apply to the consumer as of date, and enter amounts where appropriate.

___ SSI	\$ _____
___ SSDI	\$ _____
___ Soc. Security	\$ _____
___ General Assistance	\$ _____
___ Medical Assistance	\$ _____
___ Workers' Compensation	\$ _____
___ Other (describe)	\$ _____