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ABSTRACT

This guide was developed as part of a 4-year federally funded project designed to provide services to infants, toddlers, children, and youth with deaf-blindness in Kansas. The project included a pilot project on student portfolio development that documents longitudinally student accomplishments, needed adaptations, modifications, and accommodations, including transition to the next environment or postsecondary environments. The manual begins by describing a student portfolio as a collection of work that demonstrates the abilities, skills, and preferences of a student who is deaf-blind. Questions that students and team members should use in developing a portfolio system are presented, along with information on how to develop a student portfolio. The next three sections of the manual represent the major categories of a student's portfolio: student demographics, academic achievements, and life skills. Each section contains a list of suggested forms or products for describing the student within that particular area. Completed samples of many forms follow each list. Appendix A contains blank copies of all sample forms which can be copied and used for developing student portfolios. (CR)

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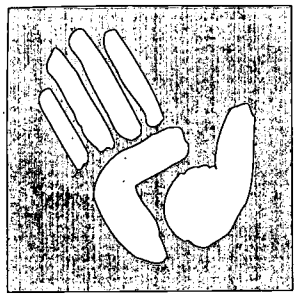

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S T R E N G T H S · D R E A M S · A B I L I T I E S

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STUDENT · PORTFOLIO

a system for documenting
the strengths, needs, and abilities
of students who are deaf blind

Published by the Kansas State Board of Education
1996

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And we who are teachers–

can we do better by our eager, young

seekers for the keys to wisdom

than to help them sharpen

the accuracy of their expectations

without extinguishing the divine fire?

Karl Menninger, Hope

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SECTION 1

INTRODUCTION:

discovering the student as a person

A Student Portfolio is collection of work that demonstrates the abilities, skills, and preferences of a student who is deaf-blind. It may contain actual samples of the student's work, videotapes demonstrating the student's abilities, and interviews with the student, his parents, and teachers. Essentially, it is an educational resume documenting the growth of a student who receives special education support. Although used primarily with students who have dual sensory losses, portfolios can also be used with students who have other disabilities.

The primary purpose of a Student Portfolio is to share information about an individual who is moving from one setting to another; for example, from one grade to another, from high school to college, or from living with parents to living in a supported or independent environment. As such, a portfolio can be used as a tool within both the education and transition planning process. In addition, a Student Portfolio can serve as another piece of an individual's overall assessment profile. For example, a portfolio can be used to represent a student's present level of performance within a three-year profile.

DEVELOPMENT ISSUES

The development of a Student Portfolio requires thoughtful planning, organization, and documentation. Both the student and at least one member of the student's educational team should participate in this process. To ensure the development of a useful portfolio, students and team members should begin by answering the following questions:

1. How will the portfolio be used?

Portfolios are generally used in one of three ways. They can be used as a means to 1) supplement traditional assessment methods, 2) facilitate educational planning, and 3) ease transition from one environment to another. The first question team members must answer is which of these outcomes they wish the portfolio to achieve. The answer to this question will vary from student to student. It will also determine the actual shape and content of the portfolio.

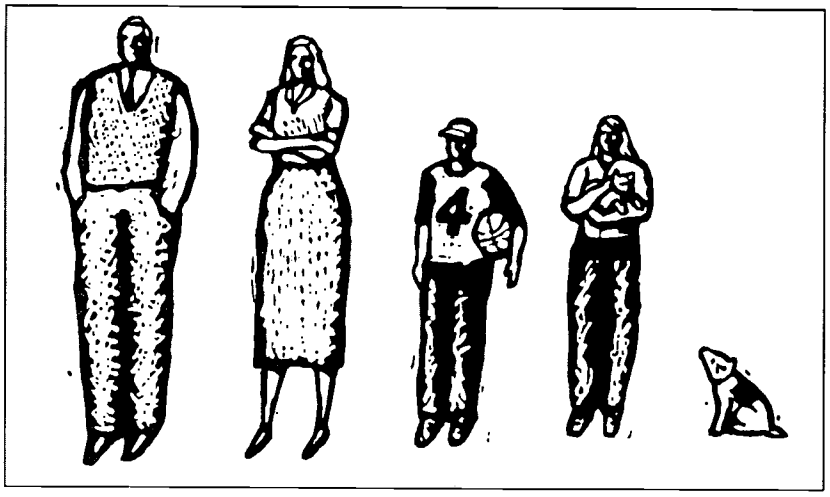
2. How will information be selected for the portfolio?

Typically, Student Portfolios contain three basic types of information: 1) information that describes who the student is as a person (individual demographics), 2) information that describes the student as a learner (academic achievements), and 3) information that describes the skills a student has acquired for functioning within the community (life skills). Examples of forms and documents that can be used to describe the student in each of these areas are found in Sections 2, 3, and 4 of this manual (pages 5-69). Depending upon the intended purpose of the portfolio, the student and participating team members jointly select three or four items from each area that they believe will best describe the student within each area.

Identifying the intended audience is important so pertinent information about the student can be included and the outcome achieved.

3. Who will use the portfolio?

The answer to this question depends upon the intended purpose of the portfolio. For example, if the intended purpose is to facilitate the student's transition to the next grade in school, the audience may be the student's upcoming teacher or educational staff. On the other hand, if the intended purpose is to show a potential employer what the student can do, the audience may be a local businessman or community service provider. Identifying the intended audience is important so pertinent information about the student can be included and the outcome achieved.



4. How will students be involved in developing the portfolio?

Students should be actively involved in developing their portfolios! They should help decide exactly which items will be included, how their achievements will be documented (e.g., via videotapes, audio tapes, or written examples), and which items should be removed from the portfolio. If students are unable to speak for themselves, their family members should participate on their behalf. To facilitate parent involvement, a student's communication books, remnant books, homework assignments, work samples, or experience stories need to be collected throughout the year and shared during quarterly progress reviews or traditional parent-teacher conferences.

5. When should the portfolio be developed and how often should it be reviewed?

Portfolios can be developed at any point in a student's educational career. They are, however, especially helpful when a student is transitioning from one setting to another (e.g., from junior high to high school; from high school to a job). Therefore, they should be reviewed and updated on a regular basis (at least once a semester) to ensure that they accurately reflect the student's current hopes, abilities, and achievements. A regularly scheduled review helps the student, her parents, teachers, and employers identify instructional needs, observe progress toward meeting instructional goals, and provides a visual picture of what strategies, modifications, and techniques worked best for her. Periodic reviews also help team members decide if the right pieces of information are included in the portfolio. Finally, periodic reviews allow the student's team members to evaluate whether the outcome identified in the beginning of the portfolio's design is being reached through the selected media.

6. How will information be contained in the portfolio?

Portfolio information can be contained in a number of ways, including a combination of notebooks, accordion file folders, artist portfolio cases, and miniature file containers with dividers. Team members should be aware of the space required by larger forms of media (e.g., videotapes) so the portfolio does not become too cumbersome. Each item in the portfolio must be securely labeled and dated.

7. How is the information organized within the portfolio?

Portfolios may include samples of the student's work for one to three years. These samples can be organized by content area (i.e., demographics, academic achievements, and life skills), IEP goals and objectives, or calendar months. Each piece of information should be securely labeled and dated. Information included in the portfolio should portray the student's strengths, gifts, challenges, and future visions through the selected illustrations, products, and projects. For all students, portfolios should contain descriptions of how the student best performs, such as his learning styles and adaptations needed for him to participate in an activity.

THE REST OF THIS MANUAL

The next three sections of this manual represent the major categories of a student's portfolio: Student Demographics, Academic Achievements, and Life Skills. Each section contains a list of suggested forms or products for describing the student within that particular area.* Completed samples of many forms follow

HOW TO DEVELOP A STUDENT PORTFOLIO

1. Review and answer the developmental issues discussed in this chapter (pages 1-3).
2. Select three or four forms/items from each of the following areas: Student Demographics, Academic Achievements, and Life Skills (pages 5-69). Selection of items should be based upon the intended purpose of the portfolio and student preferences. (Materials describing the student's life skills are optional until the student reaches the age of 14.)
3. For each item selected, determine how the achievement or skill will be documented. For example, will the student's ability to communicate via tactile ASL be demonstrated in a videotape or described in a written document?
4. Plan how to obtain each item or document each skill. Documentation that requires videotaping the student or interviewing parents and staff involve more planning than simply collecting papers from the student's teacher. The results, however, may be well worth while.
5. Prior to including any document, consult your school or agency's policy regarding confidentiality. Make sure that no forms or items are included that will violate student or parent confidentiality.
6. Give the completed portfolio to the intended user! Briefly the explain the document, how to use it, and when you will collect it.
7. Finally, review (and update) the portfolio at least once a semester.

** Please note that the forms contained in this manual are merely suggestions for how to document a student's abilities, skills, and preferences. Team members should feel free to adapt these forms, develop new forms, or obtain different ones from their colleagues.*

Students should help decide exactly which items will be included in their portfolios, how their achievements will be documented, and which items should be removed from the portfolio.

each list. Finally, Appendix A contains blank copies of all sample forms. Blank forms may be copied and used for developing Student Portfolios.

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SECTION 2

STUDENT DEMOGRAPHICS:

a summary of hopes, dreams, aspirations

Student demographics refers to information that describes the student as an individual. It includes critical information about the student's medical background, communication skills, personal hopes, dreams, and aspirations. A variety of documents can be used to describe an individual in such terms. The box to the right contains a list of some of these documents. The student and participating team members should select three or four of these items based on which items they believe will provide the clearest description of the student. Details may be provided by the student, peers, parents, and teachers. Samples of many forms can be found immediately following the list.

Team members must realize that critical demographic information may be obtained from reports in the student's confidential file. This means that team members must consult with their agency's policy on confidentiality before including any information in a student's portfolio.

SELECT THREE OR FOUR OF THE FOLLOWING ITEMS

- Demographic information from teachers, employers, or support staff members (Sample A, *Student Demographic Data*)
- A report about the student's learning style from his teacher (Sample B, *Preferred Learning Styles and Multiple Intelligences*)
- A Summary Map of information collected from a MAPS session (Sample C, *McGill Action Planning System*)
- A cover created by the student that illustrates how the student sees herself or how she believes others see her (Sample D, *Who Am I?*)
- A summary from the student's last year teacher (Sample E, *Summary of Learning Experiences Form*)
- A letter written by the student about himself for a future teacher, or a letter written about the student by his friend (Sample F, *Letter to the Teacher for Next Year*)
- A self portrait or photograph
- A student survey (Sample G, *Student Preference/Choice Survey*)
- A parent survey (Sample H, *My Child as A Learner*)
- A Background Map from the student's Personal Futures Planning Session (Sample I, *Background Map for Jenni*)
- A communication summary form completed by the speech pathologist (Sample J, *Communication Summary Form*)
- A description of each adaptation currently used by the student
- A description of each adaptation that was unsuccessful
- A description of interpreters (if applicable)
- Samples of handwriting, braille, a videotape of the student using manual sign communication system, augmentative system, home signs, tactile signs, touch cues, or object cues
- A description or photograph of the student's anticipation calendar or day timer (e.g., the student's daily schedule)
- A listing of signed vocabulary or videotapes of the student signing with his peers
- A map of the student's receptive and expressive communication systems that list form, function, content, context, and response

SAMPLE A

Student Demographic Data

A. Identifying Information

Complete this section by reviewing the student's records or interviewing the student's parent(s).

Date last revised: 10/1/95

Name: Victoria L. S.S.# 000-00-000

Address: 141 Lane St., Aurora, KS 24111

Home phone: 555-1212

Date of birth: 7/3/80 Sex: (F) M

School: Washington Years left in school: 3

Names of parent(s)/guardian(s):

Samuel L.

Martha S-L.

Address: 141 Lane St., Aurora, KS 24111

Home phone: 555-1212

Please specify reports that are available in the school record:

Subject	*Date of most recent report*	*Subject*	*Date of most recent report*
Physical therapy	5/18/95	Speech therapy	5/6/95
Occupational therapy		Orthopedics	
Vision	3/18/95	Hearing	2/12/95
Orientation & mobility	10/1/95	Assistive technology	
Dental		Nutrition	
Neurology	6/6/95	Nursing	
Psychology	9/1/94	Social work	
Transition plan	9/1/94		

(Please complete page 2 of this form, Medical Information.)

Student Demographic Data

(continued)

B. Medical Information

Complete this section by reviewing the student's health records and interviewing the student's parent(s) or the school nurse.

Date last reviewed: 10/1/95

Primary physician: Dr. R. Stone Phone #: 555-1717

Examination log:

Subject	*Date of most recent exam*	*Subject*	*Date of most recent exam*
Physical	2/10/95	Dental	11/3/94
Vision	8/29/95	Hearing	7/8/95
Neurology	6/6/95	Orthopedic	

Health and physical conditions log:

Condition	*Applies to student*		*Educational implications*		*If yes, describe special instructions/procedures*
Vision impairment	(Y)	N	(Y)	N	Must sit in front, reduce glare.
Glasses	(Y)	N	(Y)	N	Uses large print. Uses tinted
Hearing impairment	(Y)	N	(Y)	N	glasses when outside.
Hearing aide(s)	Y	(N)	Y	(N)	Expressively communicates
Seizure disorder	(Y)	N	Y	(N)	using ASL signs.
Taking medications	(Y)	N	Y	(N)	Receptively communicates
Allergies	Y	(N)	Y	N	with tactile ASL signs.
Diet restrictions	(Y)	N	Y	N	Seizures controlled with
Appetite concerns	Y	(N)	Y	N	medication.
Previous surgeries	Y	(N)	Y	N	No milk products.
Pending surgeries	Y	(N)	Y	N	
Frequent illness	Y	(N)	Y	N	
Dental concerns	Y	(N)	Y	N	
	Y	N	Y	N	
	Y	N	Y	N	

(Please complete page 3 of this form, Mobility.)

Student Demographic Data

C. **Mobility**
Complete this section by reviewing the student's records and interviewing the student's parents, peers, teachers, orientation and mobility specialist, physical therapist, or occupational therapist.

Date last revised: 10/1/95 _____ _____

Method of ambulation	*Independent?*		*If not independent, explain the type of assistance/adaptations currently used*
walks	Y	(N)	See below.
walks with crutches	Y	N	
walks with walker	Y	N	
walks with cane	(Y)	N	Uses a long, rigid cane with adapted grip.
uses manual wheelchair	Y	N	
uses electric wheelchair	Y	N	
uses sighted guide	(Y)	N	Tell her when coming to an obstacle (sign into her hand).
Other			
_____	Y	N	
_____	Y	N	

Adapted from: Williams, W., Fox, T., Monley, M., McDermott, A., & Fox, W. (1989). *Student record: Manual 1 of the individual program design series.*, Burlington: University of Vermont.

SAMPLE B

Preferred Learning Styles/ Multiple Intelligences

The following describe seven different styles of intelligences or orientations to learning that may be helpful in describing a student's particular learning style. Team members knowledgeable about the student, as well as the parents, can identify the student's preferred style by considering each of the following characteristics. Check each style that seems to be strong for this student. Describe how the student demonstrates these strengths in the spaces provided.

Student's name: Emily R. **Date:** 9/1/95

Name(s) of person completing form: Sue K., Alan R.

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
__ 1. **Verbal and Linguistic**	Thinks in words; learns by listening, reading and verbalizing; benefits from discussion; enjoys writing; enjoys brailling; likes word games; likes books, records, tapes; remembers verse, lyrics, trivia; enjoys libraries.

Demonstrates this by:

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
__ 2. **Logical and Mathematical**	Thinks conceptually; reasons things out; looks for abstract patterns; enjoys computing; does arithmetic problems in head; likes brain teasers, logical puzzles, and strategy games; uses abacus; likes to use computers; likes large display calculators with voice output; likes to experiment; enjoys science kits; likes to classify and categorize.

Demonstrates this by:

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
✓ 3. **Visual and Spatial**	Thinks in images and pictures; likes raised mazes and jigsaw puzzles; likes thermaforms; likes to draw and design things; likes to build models; likes slides, films, videos, raised diagrams, tactile maps and charts; enjoys art museums, architecture, and planetariums.

Demonstrates this by:
Very "in tune" to visual details in pictures; exceptional at working puzzles. Loves to draw, paint, and color.

(Continued on the back)

Preferred Learning Styles/ Multiple Intelligences
(continued)

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
__ 4. **Musical and Rhythmic**	Thinks in tones; learns through rhythm, vibrations, and melodies; plays a musical instrument; sounds are enhanced by auditory trainer or hearing aids; remembers melodies; may need music to study; notices nonverbal sounds; learns things more easily if sung, tapped out, or whistled.

Demonstrates this by:

_____

_____

_____

✓ 5. **Bodily and Kinesthetic**	Processes knowledge through bodily sensations and tactile tracking; communicates through gestures or sign language systems; fidgets while sitting in a chair; learns by manipulating; likes role playing, creative movement, and physical activity.

Demonstrates this by:

Learns best by using manipulatives in math. Enjoys "hands-on" activities. Will choose dramatic play over any other center. Enjoys wrestling, rough housing, and vestibular activities.

__ 6. **Interpersonal**	Understands and cares about people; has many friends; likes to socialize; learns by relating and cooperating; plays group games; good at teaching other children; is a club or committee member and a socializer.

Demonstrates this by:

_____

_____

_____

✓ 7. **Intrapersonal**	Displays independence; likes to be alone; self-motivating; likes self-paced, individualized projects; needs own space; likes solitude; enjoys books about heroes; enjoys long and quiet walks.

Demonstrates this by:

Prefers independent or small group play. Won't participate in large groups. Plays by herself or with her sister at home. INDEPENDENT!

Adapted from: Christopher-Gorden Publishers. (1994). Preferred learning styles/multiple intelligences. *Practical aspects of authentic assessment.* Norwood, MA: Author.

SAMPLE C

McGill Action Planning System

Description:
The McGill Action Planning System (MAPs) was developed in 1989 by Marcia Forrest and Evelyn Lusthaus as a planning tool for designing educational programs that focus on family and student preferences. The planning activity involves the student, family members, nondisabled peers, staff, and could involve others who are interested in the student such as clergy, neighbors, club leaders, and extended family members.

The MAPs process requires a skilled facilitator to guide the group in answering the following questions:

- Who is the student?
- What is the dream for this student?
- What is the nightmare?
- What are the student's strengths and preferences?
- What are the student's needs?
- What educational plans should be made for the year to achieve the dream and avoid the nightmare?

(Continued on back side)

SAMPLE C

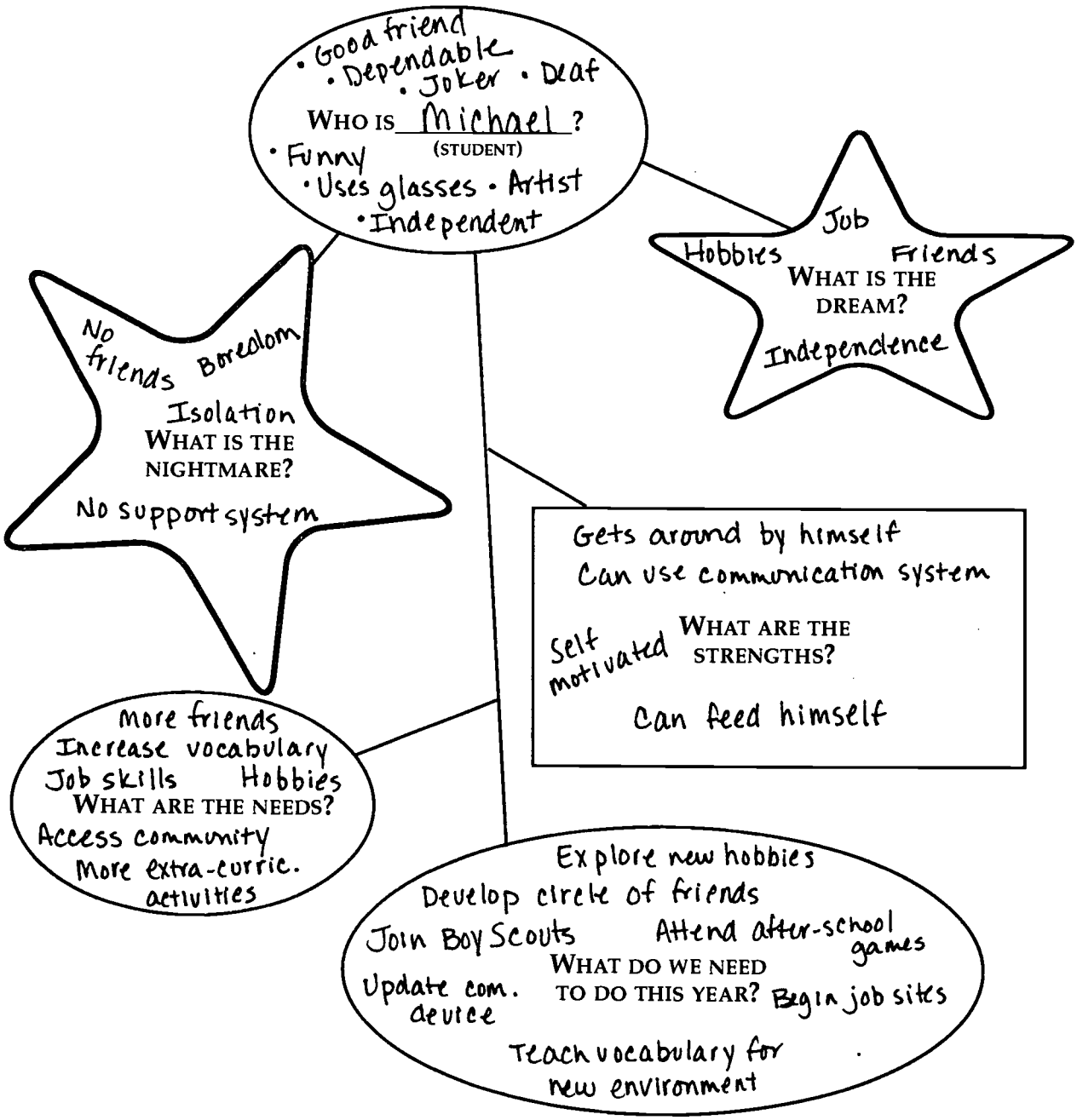
Summary of Maps for

Michael Jones

Date created: 11/29/94

Names of people who participated in the creation of the maps and their relationship to the student:

Cheryl Jones, mom	Tom Smith, neighbor	Mr. Franks, art
Terry Jones, dad	Erik Jordan, friend	Mr. Lane, resource
Cassie Jones, sister	Mrs. Lake, science	T. Elliot, principal
Mary Ellis, grandma	Ms. Potter, math	K.R. Trevor, para



SAMPLE D

Who Am I?

Hi, my name is Sarah Smith and this is my portfolio for 1st grade.

THIS IS WHAT I WOULD LIKE FOR YOU TO KNOW ABOUT ME:

My favorite things to do at school are:

Play with friends. Work on computer.
Art projects with bright colors.

My favorite things to do at home are:

Play with my dog. Hold my baby brother.
Listen to books on tape.

I am best at doing these things:

Computer games on color monitor with large print.
Painting with tempera paint.

I still need help with:

Learning new signs so I can talk to my friends. Using my wheelchair to get to recess. Typing my name on a computer.

The best way for me to talk with others is to:

Using sign language or large pictures.

The best way for me to get around from place to place is:

To use my walker for short trips and wheel chair for long trips. I like my wheel chair when I am in open areas, like recess.

My favorite piece included in my portfolio is:

The picture I painted of my dog, Shasta. The paper that I typed with my name and my brother's name.

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SAMPLE E

Summary of Learning Experiences Form

READING
Has mastered 5 new words on his communication system. Can identify both his first and last name.

LANGUAGE ARTS
Participates in language arts groups & has learned to activate a tape recorder to play a story. Also made puppets for spring play.

ART
Has participated in a wide variety of arts projects in cooperative activities this year. Especially enjoys clay and paint activities.

MUSIC
Enjoys all aspects of music and participates enthusiastically. Likes instruments that make loud noises & vibrate a lot such as a drum.

Jim Smith
NAME

2nd
GRADE

1993-94
SCHOOL YEAR

A. Sanchez
TEACHER

Lincoln Elem.
SCHOOL

Topeka, KS
CITY, STATE

WORK HABITS
Is a hard worker and enjoys school. Needs an occasional reminder to stay on task and complete activities.

SCIENCE
Has made great improvement in science. Is no longer fearful of animals and insects. Partially participates in group science activities.

VISION
Responds best to high contrast materials. A large font has been used on computer when he plays name recog. games.

HEARING
This has been a tough year for Jim. A continual dose of antibiotics has helped his ear infections. He has not worn his hearing aids very much.

EXTRA CURRICULAR
Joined Cub Scout den and participates with help from friends. His mother no longer attends with him.

P.E./MOTOR
Attended P.E. once a week and saw either PT, OT, or O & M specialist weekly. These therapies now integrated in his schedule.

Adapted from: Herbert, E. A. (1992). Portfolios invite reflection from students and staff. *Educational Leadership*, 49 (8), 57-61.

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SAMPLE F

Letter to the Teacher Next Year

This letter includes information that the student wants her teacher for next year to know about her. It should include topics, such as:

- favorite subjects, projects, and activities;
- information about herself as a learner, including her talents and struggles; and
- information about herself as a person, including her interests outside of school.

It may be written by the student, a friend who knows the student well, or the student's parents.

Example of a letter written for a student by her friend

Hi, I am writing this letter to introduce you to my friend, Sue. She will be in the 8th grade next year. Sue has trouble writing or typing, so I am helping her.

Sue's favorite things about school are meeting boys, going to science class, and watching basketball games. She's really good at art, too. In 7th grade, I'm pretty sure that her favorite class was art. She always smiles when I push her wheelchair in the room. She likes to feel the clay and to paint. The 7th grade art teacher always lets Sue pass out supplies. Sue likes classes that have lots of activities she can feel and do, but not too much sitting and listening. That's hard for her to do.

Sue does not like it when kids make fun of how she walks. She still is learning a lot of things that other 7th graders already know, like how to use a computer, how to open her locker, and how to put money in the pop machine. She doesn't see or hear very well, so she needs extra help with almost everything.

When Sue and I go over to her house, we mostly listen to cd's or play one of her video games. She lives out in the country which is really cool cause she has lots of animals, too. Sometimes her dad lets her ride on a tractor and then you should see her smile!

If Sue could talk better, I think she would tell you that she is excited about being in the 8th grade.

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SAMPLE G

Student Preference/Choice Survey

Samantha Spade — 4th
STUDENT'S NAME — GRADE

Mr. Heim — April 1, 1996
TEACHER'S NAME — DATE

TEAM MEMBERS (IF APPLICABLE)

1. How does the student indicate likes and dislikes?
(You may check more than one behavior if it applies.)

		Likes	Dislikes
a.	Laughs	X	
b.	Cries		
c.	Facial expression	X	X
d.	Screams		X
e.	Tantrums		
f.	Looks at people		
g.	Looks at objects		
h.	Moves body		
i.	Points/reaches		
j.	Initiates action	X	
k.	Vocalizes	X	X
l.	Gestures		
m.	Signs	X	

Other:

2. How does the student generally indicate preference/choices when given the choice between two or more activities or foods?

Signs for the one she wants.

3. What types of choices is the student comfortable making?

activities after school
eating lunch
activities in school
books in library
mode of travel
computer games

4. What types of choices is the student uncomfortable making?

5. What are the activities the student best likes to participate in during school?
(These can be either academic or recreational activities.)

Reading
Computer
Science
Math
Music
Girl Scouts

(Continued on the next page)

Student Preference/Choice Survey

6. What are the least favorite activities the student does not like to participate in during school? (These can be either academic or recreational activities.)

P.E. Social Studies Spelling
Roller skating field trips

7. Does the student have preferences (regardless of need) for:

____	speech therapy	____	orientation and mobility
____	occupational therapy	____	transportation
____	diet	____	positioning
____	medical services	____	physical therapy
____	audiology	____	counseling services
____	audiology	X	other: low vision (specify)

8. What time of day does the student prefer to be active?

Morning

9. What time of day does the student prefer to relax?

Afternoon

10. Who does the student prefer to participate with in academic activities (staff, other students, friends)?

Mr. Helm, her interpreter; Mrs. Voight, her vision teacher; her twin brother

11. General student preference(s) regarding TEMPERATURE:

____ hot
____ cold
X warm

12. General student preference(s) regarding TASTE:

X sweet
____ sour
X spicy
____ bland

13. General student preference(s) regarding LIGHTS (please specify):

____ bright
____ dark
X dull (computer)
X natural light (reading)
____ artificial light

(continued on the next page)

Student Preference/Choice Survey

14. General student preference(s) regarding POSITIONING:

____ sidelying	____ prone
____ supine	_X_ standing
_X_ sitting	____ supported kneeling

Favorite positions to participate in activities (please list):
Sits at desk or on floor in a group.

Favorite positions for sleeping (please list):
Stomach

Adaptive devices to obtain favorite position (please list):
NA

15. General student preference(s) regarding MOBILITY:

____ crawling	_X_ walking
____ walker	____ crutches
____ wheelchair	____ travel chair
_X_ cane	____ dog guide
_X_ sighted guide	

16. General student preference(s) regarding SOUND:

____ loud
____ soft
_X_ steady state noise (e.g., fans or vacuum cleaner)

17. General student preference(s) regarding TEXTURES of MATERIALS:

____ rough	_X_ smooth
_X_ hard	____ soft
____ squishy	

18. General student preference(s) regarding TEXTURES of FOOD:

____ pureed	_X_ semi-soft
____ crunchy	____ solid
____ chewy	_X_ smooth

Please list favorite foods:
Regular food. Pizza, cheeseburgers, malts, yogurt, fries.

19. General student preference(s) regarding DRINKS:

____ thick in consistency	____ thin in consistency
_X_ carbonated	____ noncarbonated

Please list favorite drinks:
Coke

(continued on the next page)

Student Preference/Choice Survey

20. General student preference(s) regarding the ENVIRONMENT:

X outdoors	____ indoors
____ wet	X dry
X airy	X sunny

21. General student preference regarding MEDIA:

____ colorful	____ black
____ white	____ neutral
X raised and high contrast	

Favorite colors (please list):
Black on white
Black on yellow

22. General student preference(s) regarding EXPRESSIVE COMMUNICATION:

____ verbalizes	X vocalizes
X signs (specify type) ASL	X gestures
X computer	____ communication board
X anticipation calendar	____ other (please specify)

23. General student preference(s) regarding RECEPTIVE COMMUNICATION:

____ verbalizes	____ vocalizes
____ gestures	____ computer
____ communication board	X signs (please specify type) ASL
____ anticipation calendar	X other (please specify) large pictures

24. General student preference(s) regarding MUSIC:

X hard rock	____ classical
____ rhythm & blues	____ rock & roll
____ jazz	____ folk rock
____ pop	____ country
X rap (mostly vibrations)	____ folk music

Please list favorite songs:
Sweet Child of Mine by Axel Rose ; Snoop Doggy Dog

Please list favorite instruments:
Drums

(continued on the next page)

Student Preference/Choice Survey

25. General student preference(s) regarding TV SHOWS:

____ cartoons	____ family
____ police and detective	____ medical
____ news	____ comedies
____ talk	_X_ game
____ soap operas	_X_ computer game

Please list favorite TV shows: Jeopardy; Wheel of Fortune
Please list favorite computer games: Likes the Internet with magnified screen, glare shield, and brailled key board.

26. General student preference(s) regarding INVOLVEMENT (please specify):
    - _X_ activities of fast pace morning
    - ____ activities of moderate pace
    - _X_ activities of slow pace afternoon

27. General student preference regarding ENGAGEMENT:
    - ____ highly repetitive activities
    - ____ moderately repetitive activities
    - _X_ nonrepetitive activities

28. General student preference(s) regarding ENVIRONMENTAL ACTIVITIES (please specify):
    - _X_ lots of action morning
    - ____ moderate degree of action
    - _X_ limited action afternoon

29. General student preference(s) regarding COMPETITION:
    - ____ highly competitive situations
    - ____ moderately competitive situations
    - _X_ noncompetitive situations

30. General student preference(s) regarding STRUCTURE:
    - _X_ highly structured situations
    - ____ moderately structured situations
    - ____ loosely structured situations

31. General student preference(s) regarding FAMILIARITY:
    - ____ unfamiliar or new surroundings
    - _X_ familiar surroundings

32. General student preference(s) regarding VISUAL STIMULATION (please specify):
    - ____ highly visually stimulating environments
    - ____ moderately visually stimulating environments
    - _X_ low visually stimulating environments just need low figure ground, high contrast environments

(continued on the next page)

Student Preference/Choice Survey

33. General student preference(s) regarding AUDITORY STIMULATION (please specify):
    - X noisy environments can feel vibrations
    - _____ moderately noisy environments
    - _____ quiet environments

34. General student preference(s) regarding PARTICIPATION:
    - X alone
    - X with one other person
    - _____ with small group
    - _____ with large group

35. General student preference(s) regarding ACTIVITY LEVEL (please specify):
    - X very active morning
    - _____ moderately active
    - X relaxed afternoon

36. General student preference(s) regarding DEPENDENCY:
    - _____ independent
    - X supervised
    - _____ dependent

37. General student preference(s) regarding PEERS/AGE GROUP:
    - _____ with age peers
    - X with persons older
    - _____ with persons younger

38. General student preference(s) regarding PEERS/SEX:
    - _____ members of same sex
    - X members of both sexes
    - _____ members of the opposite sex

39. General student preference(s) regarding ATTENTION:
    - _____ center of attention
    - _____ one of the crowd
    - X seen but not heard
    - _____ isolated

Adapted from: Kansas State Board of Education. (1992). *Teaching in natural environments.* Topeka: Author.

SAMPLE H

My Child as a Learner

Shayne R. — STUDENT'S NAME

10/3/96 — DATE

Shiela R. and Michael R. — PARENT(S)

**Since you are your child's first and best teacher,
we would like your perception of your child as a learner.
Thank you for your help.**

How does your child seem to feel about going to school?

So far, he really seems to enjoy it this year.

What are your goals for your child this year?

To make some friends.
To improve reading skills.
To pay better attention.

What are your child's interests (e.g., art, sports, lessons, and hobbies)?

He is on a soccer team.
He likes to play outside, swim, and ride his bike.

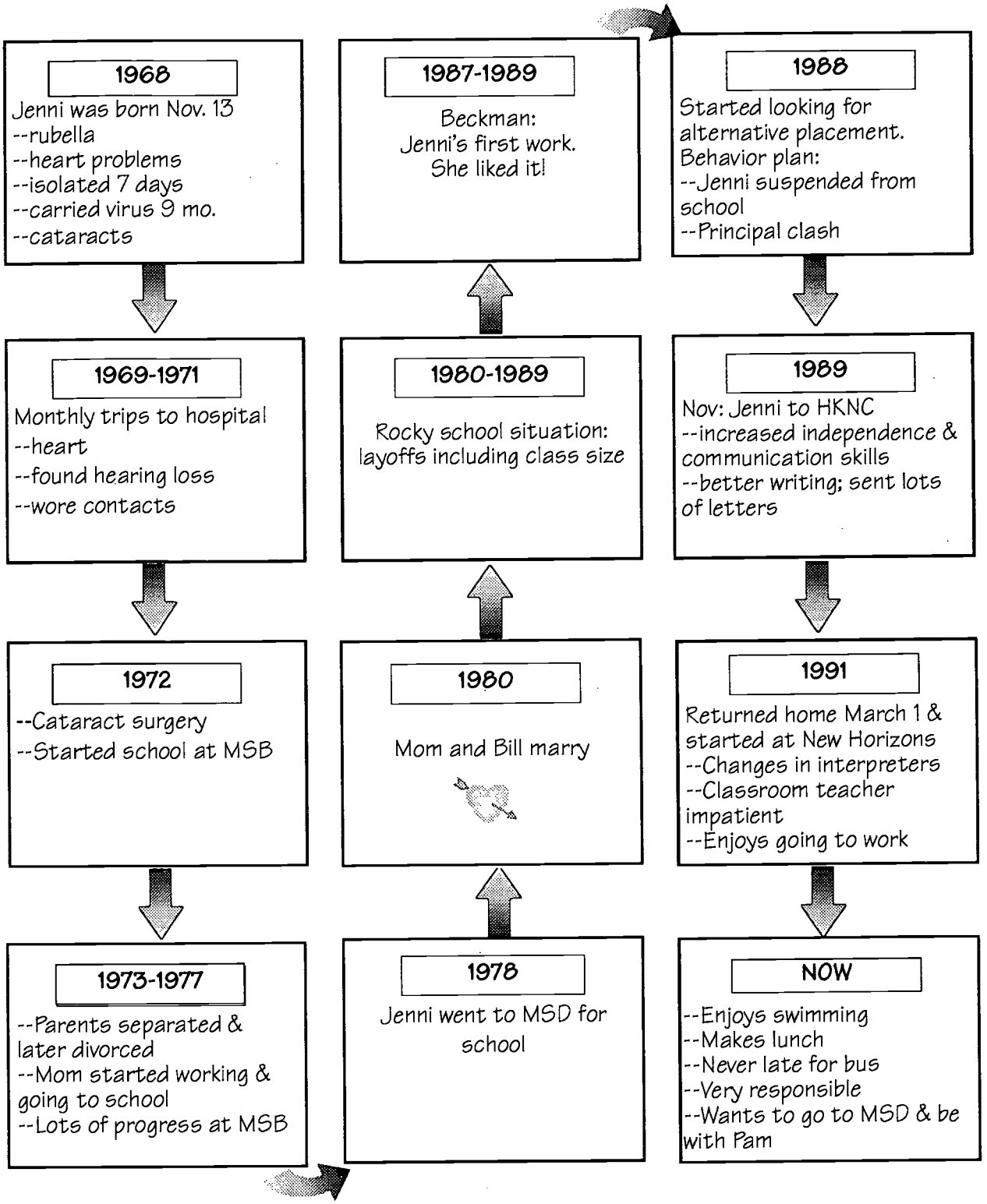
What type of activities do you do together as a family?

We go camping quite a lot in the summer. We go to church and participate in the choir (the children do, too). We watch Shayne's soccer team play.

Adapted from: Christopher-Gordon Publishers. (1994). My child as a learner. *Practical aspects of authentic assessment*. Norwood, MA: Author.

SAMPLE I

Background Map for Jenni



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SAMPLE J

Communication Summary Form

Directions:
Complete this form by reviewing the student's records and interviewing the student's parents, peers, teachers, and speech-language pathologist.

Name of student: Joseph Mathias

Date last revised: 4/1/95

Unaided Systems	*Responds to receptively*		*Uses expressively*		*If yes, describe special instructions/procedures*
NONSYMBOLIC BEHAVIORS*					
Vocalizations	Y	N	(Y)	N	
Affect	Y	N	Y	N	
Body movement	Y	N	Y	N	
Gestural	(Y)	N	(Y)	N	
Physiological	Y	N	Y	N	
Visual	(Y)	N	Y	N	
SYMBOLIC BEHAVIORS*					
Gestures	(Y)	N	(Y)	N	
Sign language	Y	N	Y	N	
Speech	(Y)	N	Y	N	
Pictures	(Y)	N	(Y)	N	
Printed word	Y	N	Y	N	
Braille	Y	N	Y	N	

* Attach vocabulary lists or sample overlays from communication devices.

(Continued on back side)

SAMPLE J (CONTINUED)

Communication Summary Form

Aided Systems	*Responds to receptively*		*Uses expressively*		*If yes, describe special instructions/procedures*
NONELECTRONIC DEVICES*					
Single-sheet	(Y)	N	(Y)	N	_____
Multiple-sheets	Y	N	Y	N	_____
ELECTRONIC DEVICES*					
Tape recorder	Y	N	Y	N	_____
Personal computer	Y	N	Y	N	_____
Dedicated aids (e.g., Touch Talker, Wolf, or SpeechPac)	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
VOCABULARY DISPLAYS*					
Objects	Y	N	Y	N	_____
Photographs	(Y)	N	(Y)	N	_____
Line drawings	Y	N	Y	N	_____
Symbols	Y	N	Y	N	_____
Printed words	Y	N	Y	N	_____
Brailled	Y	N	Y	N	_____
METHODS OF USING THE DEVICES					
Direct selection	Y	N	(Y)	N	_____
Scanning	Y	N	Y	N	_____

* Attach vocabulary lists or sample overlays from communication devices.

Adapted from: Miller, J. (1993). Augmentative and alternative communication. In M. Snell (Ed.), *Instruction of students with severe disabilities*. New York: MacMillan Publishing Co.

SECTION 3

ACADEMIC ACHIEVEMENTS:

a profile of scholastic achievements

The term "academic achievements" refers to information that describes the student's accomplishments within the school system and style of learning. Generally, information about academic achievements is based on the classes the student has taken or in which he is currently enrolled (e.g., English, math, science, shop, or art). Within each area, work may be selected according to categories (e.g., "best work," "favorite project," or "most difficult assignment"). Furthermore, items may be examples of either individual work or group work. They may take the form of written descriptions, audio tapes, videotapes, and photographs. Information about the student's style of learning is based upon what modifications are needed for the student to be successful in each setting.

A variety of documents can be used to describe an individual's academic achievements. The box to the right contains a list of some of these documents. The student and participating team members should select three or four items based on which items they believe will provide the clearest description of the student.

SELECT THREE OR FOUR OF THE FOLLOWING ITEMS*

- A summary of student outcomes targeted for instruction (Sample K, *Educational Summary*)
- A copy of the student's daily and weekly schedule
- Journal entries selected by the student, peer, parent, or teacher
- A video or audio tape of the student presenting a book report or book summary project
- A reading log of self-selected books or books on tape completed during the year (Sample L, *Reading Log*)
- Interview notes or anecdotal records from the teacher about the student's participation (Sample M, *Anecdotal Records*)
- A photo, videotape, or written description of group participation in a language arts project
- Written, dictated, or computer-produced samples of a student composition (i.e., a story, letter, poem, or joke)
- Updated progress notes on reading or writing checklists (Sample N, *Writing Checklist*; Sample 0, *Reading Checklist*)
- Teacher-made tests on any subject
- Criterion-referenced tests on any subject
- Standardized tests on any subject
- Updated progress reports on science, social studies, math continuums, and IEP goals
- A report from the math teacher and special education teacher on successful teaching strategies for this student
- Photos, videotapes, or written descriptions of the student's use of technology, such as microscopes, computers, and calculators
- Examples of student's math skills in real life applications, such as coin use or calculating grocery bill
- A description of a science experiment or investigation, and the student's level of participation
- Examples of the student's favorite math or science activities

* This list is not meant to be comprehensive; it is a mere sampling of possibilities. Team members should simply use it as a springboard of ideas.

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SAMPLE K

Educational Summary

DIRECTIONS FOR COMPLETING THE EDUCATIONAL SUMMARY:

On the back of this page is a form called the Educational Summary. To complete this summary, use data from parent interviews, parent and student inventories, ecological inventories, and other assessments.

1. "AGE-APPROPRIATE NEED" COLUMN
   Is this a skill that would be considered important for a nondisabled, same-age peer to perform? If yes, mark box. If no, leave blank.

2. "PARENT PRIORITY" COLUMN
   Is this skill, routine, or activity something considered important by parents? If yes, mark box. If no, leave blank.

3. "SELECTED YEAR" COLUMNS
   Indicate which year this activity has been targeted for instruction. If it is a student or parent priority, the activity should be targeted for Year 1. Skills of lower priority may be targeted for Year 2 or 3. Be sure that all activities targeted are age-appropriate.

4. "YEAR 1, 2, & 3 SUMMARY" COLUMNS
   At the end of each year, summarize progress on each activity, outcome, or skill.
   - If the priority has been accomplished, write "A" (for accomplished) in the appropriate column.
   - If progress is being made toward achieving the priority, write "P" (for progress) in the appropriate column.
   - If little progress has been made toward achieving the goal, but work will continue, write "C" (for continue) in the appropriate column.
   - If the activity has been dropped as a goal, write "D" (for dropped) in the appropriate column.

   Use this data to plan future IEP goals.

Adapted from: Williams, W., Fox, T., Monley, M., McDermott, A., & Fox, W. (1989). *Student record: Manual 1 of the individual program design series.* Burlington: University of Vermont.

(Continued on back side)

SAMPLE K (CONTINUED)

Educational Summary

Joshua Smith	10/2/94
STUDENT NAME	DATE INITIATED

YEAR 1 YEAR 2 YEAR 3

Student Outcomes	AGE-APPROPRIATE NEED	PARENT/STUDENT PRIORITY	SELECTED YEAR 1	YEAR 1 SUMMARY	SELECTED YEAR 2	YEAR 2 SUMMARY	SELECTED YEAR 3	YEAR 3 SUMMARY
Increase vocabulary.	X	X	X	P				
Learn sighted guide technique.	X	X	X	A				
Obtain job in the community.	X				X			
Become familiar w/ augmentative com. system.	X	X			X			

SAMPLE L

Reading Log

John Smith
STUDENT'S NAME

Fall, 1995
SEMESTER

Date Completed	Book Title	Read by Student	Book on Tape	Read by Peer	Read by Adult	Author of book
9/4/95	The Hobbit		✓			J.R.R. Tolkein
9/2/95	Restaurant End of Universe				✓	J.O. Smith
9/28/95	Lord of Rings		✓			J.R.R. Tolkein
10/12/95	Return of King		✓			J.R.R. Tolkein
10/17/95	Thunder Road			✓		P. Thompson
11/1/95	The Outsiders				✓	S.E. Hutton
11/17/95	Huckleberry Finn			✓		mark Twain

SAMPLE M

Anecdotal Records

Directions:
Sometimes, the best way to document how a student is participating in an activity is to simply observe and make notes of what you see. This process is called making anecdotal records. This method of making notes is simple. All it takes is time and good observation skills.

To begin, select an activity that allows the student a great deal of participation in a cooperative group. Note the date and activity on your anecodtal record form (see back of this page). Observe the student and make succinct notes about the observation in the space provided.

Anecdotal records are useful in documenting student behavior, participation, cooperation, and work quality. These records are useful when less descriptive methods of documentation are unable to capture what is needed to learn about a particular student.

SAMPLE M (CONTINUED)

Anecdotal Records

for

Tara A. (group & individual participation)

Date & Activity	9/18/95 Reading Grp.	9/19/95 LUNCH	9/20/95 Reading Grp.	9/21/95 MATH
	Cooperative group. No participation. Tuned out. Peers gave up.	Sat alone. Head on table after lunch.	Tried new approach: changed group to interest grouping. Tara participated when others initiated.	Couldn't grab her attention. Book work not the answer. Try manipulatives.
Date & Activity	9/24/95 MATH (indiv)	9/25/95 LUNCH	9/25/95 Reading	9/26/95 Reading
	Used number line and counting cubes. Tara worked hard for 30 min.!	Sat alone.	Same interest group. Minimal participation. Acts sleepy today.	Same group; new activity → dinosaur books taken from reading list. She asked and answered questions w/ peers.
Date & Activity	10/1/95 LUNCH	10/4/95 MATH Grp.		
	Tara back after illness. Sat with Amy from reading group.	Tara asked to be moved to Amy's group. Did well with addition activity.		
Date & Activity				
Date & Activity				

SAMPLE N

Writing Checklist

Henry Hamm | 6th | Ms. Smith

STUDENT'S NAME | GRADE | TEACHER

Mary Martin, vision; Pat McKinley, O&M; Alberta Schultz, hearing

TEAM MEMBERS (IF APPLICABLE)

Dates				
9/16				Makes marks other than drawing on paper using a writing guide
				Primarily relies on pictures to convey meaning, such as with raised lines, magnification, or high contrast
9/16				Sometimes labels or adds "words" to pictures
				Tells about own writing using expressive communication system
				Writes or brailles random recognizable letters
9/16				Copies names and familiar words using braille or writing guide
9/16				Uses pictures, print, or braille to convey meaning writing guide
9/16				Prints with upper-case letters using writing guide, lined paper and black felt pen, and/or brailles alphabet
				Takes risks with writing or brailling
9/16				Begins to read own writing or brailling
9/16				Writes or brailles names and favorite words using brailler, writing guide, or lined paper with black felt pen
9/16				Writing or brailling is from top-bottom, left-right, front-back
9/16				May interchange upper- and lower-case letters with writing guide or lined paper with black felt pen
9/16				Begins to use spacing between words with brailling, writing guide, or lined paper with black felt pen
				Begins to write noun-verb phrases using braille, writing guide, or lined paper with black felt pen
				Writes pieces that self and others can read using braille, writing guide, lined paper with black felt pen, or computer

SAMPLE N (PAGE 2)

Writing Checklist

Dates				
				Begins to write recognizable short sentences using braille, writing guide, lined paper with black felt pen, or computer
				Writes about experiences with some descriptive words using braille, writing guide, lined paper with black felt pen, or computer
9/16				Experiments with capitals and punctuation using braille, writing guide, lined paper with black felt pen, or computer
9/16				Forms may letters legibly using writing guide or lined paper with black felt pen
9/16				Spells some words correctly using braille, writing guide, lined paper with black felt pen, or computer
				Begins to revise written work by adding on words and sentences using braille, writing guide, lined paper with black felt pen, or computer
				Writes paragraph with beginning, middle, and end using braille, writing guide, lined paper with black felt pen, or computer
				Reads peers' writing through braille or large print and offers feedback through appropriate expressive communication mode such as augmentative communication board with voice output or sign language
				Edits for punctuation and spelling
				Uses capital letters and periods
9/16				Forms letters with ease using writing guide or lined paper with black felt pen
				Spells many common words correctly using braille, writing guide, lined paper with black felt pen, or computer without spell check
				Begins to write or braille for various purposes
				Begins to organize ideas in logical sequence
				Develops editing an proofreading skills
				Employs strategies to spell difficult words correctly

SAMPLE N (PAGE 3)

Writing Checklist

Dates				
				Uses complex sentence structure
				Connects paragraphs in logical sequence
				Edits with greater precision (spelling, grammar, punctuation, capitalization)
				Uses literary devices effectively (e.g., dictionary, thesaurus, etc.)
				Integrates information from a variety of sources to increase power of writing
				Uses sophisticated descriptive written language (including brailled)
				Analyzes and evaluates written material in-depth
				Perseveres through complex writing projects using braille, writing guide, lined paper with black felt pen, or computer

Adapted from: Christopher-Gorden Publishers. (1994). Writing checklist. *Practical aspects of authentic assessment*. Norwood, MA: Author.

SAMPLE O

Reading Checklist

Margaret Lee | 5th | Mrs. Edna Edger

STUDENT'S NAME | GRADE | TEACHER

Paul Pinkley, SLP; Janie Winslow, vision; Kim Albright, interpreter

TEAM MEMBERS (IF APPLICABLE)

Dates				
1/22				Holds book, correctly turns pages
1/22				Chooses books and has favorites
1/22				Shows start/end of book
1/22				Listens and responds to literature as it is interpreted or though auditory trainer
1/22				Knows some letter names whether brailled or written in (large print)
1/22				Interested in print or braille large
1/22				Pretends to read
1/22				Uses illustrations to tell story
1/22				Participates in oral reading of familiar books through (sign language) or using alternative communication device
				Knows some letter sounds if using auditory trainer
1/22				Recognizes names/words in context using braille, sign language, or alternative communication device
				Memorizes pattern books and familiar words
				Reads books with word patterns using braille, (sign language), or augmentative communication device
				Knows most letter sound if using auditory trainer or assistive auditory system
				Retells main idea of text using expressive communication system
1/22				Recognizes simple words that are brailled or (printed) LARGE

SAMPLE O (PAGE 2)

Reading Checklist

Dates				
1/22				Reads early-reader books using braille or print with magnification
				Relies on print or braille more than illustrations
				Uses sentence structure clues
				Uses meaning clues
				Retells beginning, middle, and end using sign language or alternative augmentative communication mode
1/22				Recognizes names or words by sight or braille LARGE PRINT
				Understands basic punctuation
				Reads beginning chapter books using braille or large print
1/22				Reads and finishes a variety of materials with frequent guidance
				Retells plot, characters, and events using sign language or alternative augmentative communication mode
				Makes connections between reading, writing, and experiences
				Silent reads for short periods
				Reads medium level chapter books using braille or large print
				Reads and finishes a variety of materials with guidance using braille or large print
				Uses reading strategies appropriately
				Uses reference materials to locate information with guidance in braille or large print
				Reads most young adult literature using braille, large print, or audiotape
				Selects, reads, and finishes a wide variety of materials using braille, large print, or audiotape

SAMPLE O (PAGE 3)

Reading Checklist

Dates

				Uses reference materials independently
				Participates in guided literary discussions using sign language or augmentative communication modes
				Reads complex young adult literature using braille, large print, or auditory tape
				Integrates non-fiction information to develop a deeper understanding
				Interprets sophisticated meaning in young adult literature with guidance
				Participates in complex literary discussions using sign language or alternative augmentative communication system
				Voluntarily reads and understands a wide variety of complex and sophisticated materials using braille, large print, or audiotape
				Evaluates, interprets, and analyzes literary elements critically

Adapted from: Christopher-Gorden Publishers. (1994). Reading checklist. *Practical aspects of authentic assessment*. Norwood, MA: Author.

SECTION 4

LIFE SKILLS:

on the road to independence

The term "life skills" refers to any skill that a person uses to function as an independent adult within the community. They include skills like grocery shopping, banking, bill paying, housekeeping, cooking, and doing laundry. They also include an individual's job skills, whether typing, clerking, teaching, acting, carpentry, or operating machinery. Information describing a student's life skills does not need to be included in the portfolio until the student reaches the age of 14. However, once the student turns 14, this information should definitely be included and continue to appear (and be updated) until the student turns 21 or graduates.

A variety of documents can be used to describe an individual's life skills. The box to the right contains a list of some of these documents. The student and participating team members should select three or four of these items based on which items they believe will provide the clearest description of the student. Samples of many forms can be found immediately following the list.

SELECT THREE OR FOUR OF THE FOLLOWING ITEMS*

- A list of the student's career goals
- A Futures Map from a Personal Futures Planning session (Sample P, *Visions of the Future Map*)
- A vocational history or a summary of work experiences (Sample Q, *Vocational History*)
- A videotape of the student demonstrating a variety of work activities
- A letter of reference from the student's employer
- The student's resume, updated annually, beginning in middle school (Sample R, *Resume*)
- A summary of assistive technology and adaptive equipment information (Sample S, *Assistive Technology and Adaptive Equipment Summary*)
- A videotape of the student in her home preparing meals, watering plants, and arranging her room
- Discrepancy analyses or environmental assessments (Sample T, *Ecological Inventory*)
- A residential evaluation (Sample U, *An Assessment Instrument for Evaluating Community-based Residential Settings*)
- A vocational evaluation (Sample V, *An Assessment Instrument for Evaluating Employment Programs*)

* This list is not meant to be comprehensive; it is a mere sampling of possibilities. Team members should and simply use it as a springboard of ideas for developing the student portfolio.

SAMPLE P

Vision of the Future Map

A JOB

Need to explore various jobs/interest areas

- greenhouse
- restaurant--Bill Knapps
- filing, sorting, organizing material (maps, brochures)

-- Social atmosphere!
-- Challenging!

FUN & FRIENDS

- more friends (who can communicate with Jenni?)
- activities with people other than family
- swim team

HOME...in the future...

- apartment or group home with some support
- own room
- people she can communicate with
- respect for choices
- opportunites for growth
- tv with remote control
- swimming pool

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SAMPLE Q

Vocational History

NAME OF STUDENT: Linda Sanchez

Complete this section be reviewing the student's records and interviewing the student's parents, co-workers, employers, or teachers.

Date last revised: 4/30/95 8/30/95

SUMMARY OF VOCATIONAL EXPERIENCES (E.G., IN-SCHOOL JOBS OR COMMUNITY JOB SITES):

Dates: 1/95 to 4/95 Place of employment: Brown's IGA

Job title: Stocker Supervisor's name: T. Smith

Hours worked: M-F, 3-5 pm Job duties: Stock produce

Supports or adaptive equipment needed: Job coach, picture schedule detailing steps of job.

Training time required per job duty: on going

Work evaluation (e.g., preferences or assessment of performance): Did not enjoy the grocery store environment. Possibly not enough structure. Performance was good, however.

Dates: 10/94 to 1/95 Place of employment: St. Michael's Hospital

Job title: Storeroom assist. Supervisor's name: R. Brown

Hours worked: 1:30-4 pm Job duties: Stocking medical supplies

Supports or adaptive equipment needed: para professional, picture scheduling.

Training time required per job duty: Three months to learn picture scheduling. Para needed in January to monitor behavior only.

Work evaluation (e.g., preferences or assessment of performance): Performance was very good, consistent. Attitude toward work was good. Began to converse with co-workers by end of second week. Successful job experience.

SAMPLE Q (PAGE 2)

Vocational History

SUMMARY OF VOCATIONAL EXPERIENCES (CONTINUED):

Dates: 5/95 to 8/95 Place of employment: 1st National Bank

Job title: coin sorter Supervisor's name: N. Greenspan

Hours worked: Fri'Sat, 7-9am Job duties: sorted coins & bills

Supports or adaptive equipment needed: Used machine that packaged or rolled coins in appropriate amounts. Needed magnifier to see bill #s. Communicated by black felt pen & cards.

Training time required per job duty: Initial: 2 wks daily. After 2 wks: intermittent

Work evaluation (e.g., preferences or assessment of performance): Once seqvence was understood, did well. Switched from picture seqvence matched with words to word seqvence cards only.

Dates: 5/95 to 8/95 Place of employment: Appleton Public Schools

Job title: Office assistant Supervisor's name: Dr. R. Little

Hours worked: M-Th, 8am-NOON Job duties: Data entry

Supports or adaptive equipment needed: Job coach. Material in large print to enter in computer. Screen enlarger and polarization on computer (white print; black background; glare shield)

Training time required per job duty: Initially: daily first 2-3 wks, then during breaks for socialization & communication facilitation w/ co-workers.

Work evaluation (e.g., preferences or assessment of performance): Not enough variety. Worked at a slower pace than supervisors wanted. Did not like the job in the beginning, but once she made a friend, liked the job better. Wanted more variety; data entry fatiguing.

SAMPLE R

Resume

Oscar Valdez
123 High Street
Sommerville, Kansas 66666
(913) 456-7890 (TTY)

Education:	Brookcreek Elementary, K-5 South Middle School, 6-8 Washington High School, 9-12
Honors:	Perfect attendance: grades 6, 9, and 10 2nd place in group project science fair, 7th grade Superior rating: 11th grade art symposium
Activities:	Ecology Club, 11-12th grades Boy Scouts, 2nd-6th grades Church Choir Captain, wrestling team, 10th grade
Work Experience:	*Southside Veterinary Hospital*, senior year clerical assistant (see videotape) *St. Joseph Hospital*, junior year laundry and housekeeping departments *McDonalds Restaurant*, junior year food service (see videotape) *McNeil Office Supply Company*, sophomore year clerical assistant, computer work *Osage County Zoo*, sophomore year groundskeeping (see videotape) *WalMart Store*, freshman year greeter, customer service (see videotape) *Price's Discount Store*, freshman year shelf stocker (see videotape)
Service:	Sunday School Nursery Assistant, grades 10-12 Volunteer, Mesa Retirement Home, grades 7-8
References:	Letters from employers are enclosed

SAMPLE S

Assistive Technology & Adaptive Equipment Summary

Complete this section by reviewing the student's records and interviewing the student's parents, peers, teachers, physical therapists, occupational therapist, speech and language pathologist, orientation and mobility specialist, and assistive technology consultant.

Student's Name: Rob White
Date last revised: 5/7/95

Functional use of:	*Independent?*		*If not independent, explain type of assistance and adaptations currently used.*
COMPUTER	Y	(N)	Prompt at elbow
	Y	N	Large (24pt.) font
	Y	N	
SWITCHES			
	(Y)	N	Big Red Switch
	(Y)	N	Jelly Bean Switch
	Y	N	
APPLIANCES			
stereo	Y	(N)	with Big Red Switch
television	Y	(N)	with Jelly Bean Switch
washer/dryer	Y	N	
lamps	Y	N	
alarm clock	Y	(N)	flashing light and vibrator
microwave	(Y)	N	braille labels
blender	Y	(N)	with Jelly Bean Switch
	Y	N	
	Y	N	
INDEPENDENT LIVING ACCESSORIES			
utensils	(Y)	N	knife, fork, spoon
plates/bowls	(Y)	N	
glass/cup/(mug)	(Y)	N	must have double handles
	Y	N	
fire/smoke alarm	Y	N	flashing light and vibrator
doorbell	Y	N	tacaid and flashing light
MOBILITY			
cane	Y	N	
maps	Y	N	
dog guide	Y	N	
electronic travel aid	Y	N	
OTHER			
walking in unfamiliar	Y	(N)	long rigid cane, communication
outdoor environs.	Y	N	card, tactile map
	Y	N	
walking in unfamiliar	Y	N	long rigid cane, communication
indoor environs.	Y	N	card, tactile map

SAMPLE T

Ecological Inventory

Environment: Grocery Store Student's Name: Sam Spade

Activity: Grocery Shopping Date: 4/1/96

Steps	*Inventory of non-disabled person*	*Inventory of person with disability*	*Adaptations*
1.	Enter store.	+ (used cane)	
2.	Locate cart.	—	Instead, locates service desk using prewritten card & asks for help.
3.	Refer to list.	—	
4.	Locate 1st item on list.	—	Gives list to shopper.
5.	Push cart.	—	Assists shopper by co-pushing cart or sighted guide.
6.	Scan item.	—	"
7.	Select item.	—	"
8.	Repeat steps 3-7 until all items are located.	—	"
9.	Look for cashier.	—	"
10.	Stand in line.	+	Tells shopper "Thank you" using communication card.
11.	Empty cart.	+	
12.	Pay for purchases.	—	Uses communication wallet and trust
13.	Push cart.	—	Has sacker load groceries into car
14.	Exit.	+ (used cane)	
15.			
16.			
17.			
18.			
19.			
20.			

KEY:

\+ Can perform step independently

\- Requires a prompt to complete the step, or performs it incorrectly

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SAMPLE U

An Assessment Instrument for Evaluating Community-Based Residential Programs

Student's Name and Grade: Tom MacMillan, 11th Date: 4/1/96

GENERAL APPEARANCE		
Things to consider: Maintenance of house Upkeep of grounds Condition of furniture Attractiveness of decor Residents' preferences reflected in decor	*Comments:* • House is maintained by an agency • 24 hr. maintenance • Tom & his roommate select own paint, carpet, furniture, etc.	*Rating of General Appearance:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor
ATMOSPHERE		
Things to consider: Homelike atmosphere Morale of staff Sufficient space for residents and staff at peak times of day Residents' preferences displayed in bedroom and living areas Space for recreation both indoors and outdoors	*Comments:* • 24 hr. supervised staff for initial period, then fades as proficiency & competency increases. • Tom & roommate select own items for their home. • Fenced backyard.	*Rating of Atmosphere:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor
ENVIRONMENTAL ADAPTATIONS		
Things to consider: Safe environment; obstacle-free environment Wheelchair accessibility Physical layout of house Adequate lighting; use of colors Alarm system (e.g., vibrating bed) TTY Use of adaptations Available funding for adaptations	*Comments:* • Floor plan is clean & easy to follow. • Adequate entries & exits for emergencies • Home equipped with flashing alarm & can use tact aid to alert for fire, door, phone.	*Rating of Environmental Adaptations:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

LOCATION		
Things to consider: Atmosphere of neighborhood; traffic patterns Available nearby resources: ■ stores ■ parks ■ churches ■ temples ■ restaurants ■ bus stops Community recreation programs Involvement of neighbors Transportation capacity of home	*Comments:* • Quiet, residential neighborhood. • 3 blocks from strip mall. • Park w/ tennis courts across street. • Would need to walk 2 blocks to catch bus.	*Rating of home's location:* ❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor
STAFF		
Things to consider: Number of staff working on weekdays/weekends Ratio of staff to residents Ratio needed by your son or daughter Turn-over rate of staff Average length of time current staff has been working in the program Type of certification (if any) needed by the staff Level of staff experience relative to your son/daughter's needs Frequency of training offered to staff Type of training offered to staff relative to your son/daughter's needs Training resources available to agency relative to your son/daughter's needs	*Comments:* • High staff turnover. • Good training program and communication training program. • Need at least H.S. degree plus 1-2 yrs. of college. • Can use HKNC Regional Representative for training and resources. • Have an interagency task force for deaf-blind as a resource. • Have local/state AADB Chapter.	*Rating of Staff:* ❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

PLANNING PROCESS		
Things to consider: Planning process is person-centered Level of client involvement Level of parent involvement Access to on-going decision-making process	*Comments:* • Use PFP in planning process. • High client / parent involvement.	*Rating of Planning Process:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor

PROGRAM		
Things to consider: Evidence of flexibility and creativity in offering diverse activities Examples of recreation/leisure activities from the past several months Comparison of recreation/leisure activities offered with his/her preferences and abilities Access to orientation and mobility instruction Integration of orientation and mobility in most daily activities Residents' participation in the daily functions of the home (e.g., cooking, cleaning, gardening, shopping) Choice-making opportunities are integrated in routines and activities Strategies used in working with behavioral challenges Behavioral programs reflect a sensitivity and respect for residents' preferences and right to make choices	*Comments:* • Not too creative regarding services; tend to use what is available regardless if it is a preference of Tom's. (mainly the park, gym, and library). • Limited O&M instruction at agency. Has to receive it at school. • Assist. : active home living activities. • Tom and roommate make majority of choices.	*Rating of Program:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

COMMUNICATION STRATEGIES		
Things to consider: How "personal connections" are established Staff rapport with residents Examples of clients making choices and demonstrating preferences Evidence of staff awareness of the different communication styles of each resident Evidence of the staff using a variety of methods of communication (e.g., sign, pictures, objects, gestures) Evidence of clients using a variety of methods of communication (e.g., sign, picture books, objects, gestures, calendar box) Willingness of staff to wait for a resident to communicate, even if it takes a while Integration of communication in all activities	*Comments:* • Good rapport. • Try to use appropriate communication systems; need more training. • Use variety of communication modes; sign, anticipation calendar, gestures, dry erase board. • Staff will wait for responses by Tom and his roommate. • Limited communication is included in all activities.	*Rating of Program:* ❐ Excellent ❐ Very Good ❐ Good ☒ Fair ❐ Poor
EVALUATION PROCEDURES		
Things to consider: How the program is evaluated Frequency of evaluations Who evaluates the program Existence of a quality assurance program Availability of evaluation results to parents Follow-through on recommendations Who funds the program How donations are made; how they are spent What, if any, were the conditions for this funding Written contract for the program	*Comments:* • Evaluated by agency inter & external evaluations and SRS. • Results available upon request. • Private, nonprofit. Matching funds. The rest are obtained through fund raising and Medicaid waivers.	*Rating of Evaluation Procedures* ❐ Excellent ❐ Very Good ❐ Good ❐ Fair ❐ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

MEDICAL/SUPPORT SERVICES

Things to consider:	*Comments:*	*Rating of Medical/Support Services:*
Frequency and extent of medical services required by your son/daughter Availability and accessibility of: ■ medical services needed ■ adequate dental care ■ physical therapy ■ psychological counseling Staff capability of providing followup (e.g., therapy, seizure monitoring, extensive medications) How medications are monitored Agency policy on infection control Transportation to medical appointments	• Medical care is provided in the community as needed.	❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor

POLICIES

Things to consider:	*Comments:*	*Rating of Policies:*
Agency's mission statement, if written House manuals, if available Agency's statement on human rights/client dignity Agency's written goals for integration and ongoing education Agency's adherence to licensing codes Agency's policy of selecting residents Agency's policy on termination of placements	• All of these are available upon request.	❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor

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SAMPLE U (PAGE 6)

An Assessment Instrument for Evaluating Community-Based Residential Programs

SUMMARY OF ASSESSMENT					
	Excellent	*Very Good*	*Good*	*Fair*	*Poor*
General Appearance of Home		X			
Atmosphere of Home		X			
Environmental Adaptations of Home		X			
Location of Home			X		
Staff			X		
Planning Process		X			
Program		X			
Communication Strategies				X	
Evaluation Procedures				X	
Medical/Support Services		X			
Policies		X			

Adapted with permission from: Helen Keller National Center-Technical Assistance Center, et al. (1991). *An instrument for families: Evaluating community-based residential program for individuals with deaf-blindness.* Sands Point, NY: Authors.

SAMPLE V

An Assessment Instrument for Evaluating Employment Programs

Student's Name and Grade: Tom MacMillan, 11th Date: 4/1/96

JOB SITE CHARACTERISTICS

Things to consider:	*Comments:*	*Rating of Job Site Characteristics:*
General location and appearance of job site Size of company Atmosphere (e.g., volume/pace of work, friendliness of employees) Dress and grooming requirements Rate of employee turnover Look at physical environment from your child's perspective, including: ■ orientation & mobility requirements ■ number of people ■ lighting and or noise level ■ orderliness/cleanliness ■ communication/socialization opportunities Management & values of the organization Is transportation needed? Available? Do employee benefits exist? (e.g., health insurance, worker's compensation, vacation, sick leave)	Tom's Print Shop: • Small company (4 employees) • Pace of work is uneven (sometimes fast; sometimes slow) • Employees are friendly • Wears a uniform to work • Low employee turnover; willing to work split shifts • Easy floor plan • Lighting is adequate; need supplemental lighting for detail work • Communication: one person knows a few signs & finger spelling • Limited opportunities for socialization at work • No employee benefits	❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor

JOB DESCRIPTION

Things to consider:	*Comments:*	*Rating of Job Description:*
Is the job located in the community? Is the job integrated within the organization? What is the work schedule? Are the work expectations defined? Is there a written job description? What are the physical requirements of the job? What job skills are needed? What will he or she earn?	• Job is located in community. • Work schedule is varied. • Does same job every day; no changes. • Lifting some boxes of paper. • Operating copy machine, align paper, fix jams • $5 per hour	❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor

An Assessment Instrument for Evaluating Employment Programs

HEALTH AND SAFETY ISSUES		
Things to consider: Is orientation and mobility assistance needed? Are medication needs required during the work day? Are emergency plans such as fire and evacuation in place? Does the site have machinery that could be dangerous?	*Comments:* • Once familiar w/ site, no further O&M needs. • No med. needs during day. • Site has emergency plans. • Not required to operate dangerous machinery.	*Rating of Health and Safety Issues* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor
SOCIALIZATION ON THE JOB		
Things to consider: What does this job offer beyond a paycheck? What are the communication requirements of the job? Does anyone know ASL (if appropriate)? Do co-workers seem to have potential for becoming friends? Are employees friendly?	*Comments:* • Unless independent friendships start, job offers nothing except paycheck. • Can use white erase board to communicate • Only 1 person knows a little ASL	*Rating of Socialization on the Job:* ❐ Excellent ❐ Very Good ☒ Good ❐ Fair ❐ Poor
AVAILABLE SUPPORTS		
Things to consider: Will training be available? Will assistive technology be available? Are support staff such as job coaches, orientation and mobility specialists, and/or communication specialists available? Who will monitor job performance? How frequently? Do co-workers seem to have potential for being natural supports (doing some of the things a job coach might do)?	*Comments:* • Training is available; have TTY. • Job coach available for limited time. • Staff available on ongoing basis. • Owner will monitor performance monthly. • One or two co-workers have potential as natural supports.	*Rating of Available Supports:* ❐ Excellent ☒ Very Good ❐ Good ❐ Fair ❐ Poor

SAMPLE V (PAGE 3)

An Assessment Instrument for Evaluating Employment Programs

SUMMARY OF ASSESSMENT					
	Excellent	*Very Good*	*Good*	*Fair*	*Poor*
Job Site Characteristics			X		
Job Description			X		
Health and Safety Issues		X			
Socialization on the Job			X		
Available Supports		X			

Adapted with permission from: Helen Keller National Center, Technical Assistance Center (1995). *An assessment instrument for families: Evaluating employment programs for individuals with deaf blindness.* Sands Point, NY: Authors.

APPENDIX A: BLANK FORMS

PLEASE FEEL FREE TO REMOVE THE FOLLOWING FORMS

AND COPY AS NEEDED FOR DEVELOPING STUDENT PORTFOLIOS.

Student Demographic Data

A. Identifying Information
Complete this section by reviewing the student's records or interviewing the student's parent(s).

Date last revised: _____ _____ _____

Name: _____ S.S.# _____

Address: _____

Home phone: _____

Date of birth: _____ Sex: F M

School: _____ Years left in school: _____

Names of parent(s)/guardian(s):

_____

_____

Address: _____

_____

Home phone: _____

Please specify reports that are available in the school record:

Subject	*Date of most recent report*	*Subject*	*Date of most recent report*
Physical therapy	_____	Speech therapy	_____
Occupational therapy	_____	Orthopedics	_____
Vision	_____	Hearing	_____
Orientation & mobility	_____	Assistive technology	_____
Dental	_____	Nutrition	_____
Neurology	_____	Nursing	_____
Psychology	_____	Social work	_____
Transition plan	_____	_____	_____
_____	_____	_____	_____

(Please complete page 2 of this form, Medical Information.)

Student Demographic Data

(page 2)

B. Medical Information

Complete this section by reviewing the student's health records and interviewing the student's parent(s) or the school nurse.

Date last reviewed: _____ _____ _____

Primary physician: _____ Phone #: _____

Examination log:

Subject	*Date of most recent exam*	*Subject*	*Date of most recent exam*
Physical	_____	Dental	_____
Vision	_____	Hearing	_____
Neurology	_____	Orthopedic	_____
_____	_____	_____	_____

Health and physical conditions log:

Condition	*Applies to student*		*Educational implications*		*If yes, describe special instructions/procedures*
Vision impairment	Y	N	Y	N	_____
Glasses	Y	N	Y	N	_____
Hearing impairment	Y	N	Y	N	_____
Hearing aide(s)	Y	N	Y	N	_____
Seizure disorder	Y	N	Y	N	_____
Taking medications	Y	N	Y	N	_____
Allergies	Y	N	Y	N	_____
Diet restrictions	Y	N	Y	N	_____
Appetite concerns	Y	N	Y	N	_____
Previous surgeries	Y	N	Y	N	_____
Pending surgeries	Y	N	Y	N	_____
Frequent illness	Y	N	Y	N	_____
Dental concerns	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
_____	Y	N	Y	N	_____

(Please complete page 3 of this form, Mobility.)

Student Demographic Data

(page 3)

C. **Mobility**

Complete this section by reviewing the student's records and interviewing the student's parents, peers, teachers, orientation and mobility specialist, physical therapist, or occupational therapist.

Date last revised: _____ _____ _____

Method of ambulation	*Independent?*		*If not independent, explain the type of assistance/adaptations currently used*
walks	Y	N	
walks with crutches	Y	N	
walks with walker	Y	N	
walks with cane	Y	N	
uses manual wheelchair	Y	N	
uses electric wheelchair	Y	N	
uses sighted guide	Y	N	
Other			
_____	Y	N	
_____	Y	N	

Adapted from: Williams, W., Fox, T., Monley, M., McDermott, A., & Fox, W. (1989). *Student record: Manual 1 of the individual program design series.*, Burlington: University of Vermont.

Preferred Learning Styles/ Multiple Intelligences

The following describe seven different styles of intelligences or orientations to learning that may be helpful in describing a student's particular learning style. Team members knowledgeable about the student, as well as the parents, can identify the student's preferred style by considering each of the following characteristics. Check each style that seems to be strong for this student. Describe how the student demonstrates these strengths in the spaces provided.

Student's name: _____ **Date:** _____

Name(s) of person completing form: _____

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
__ **1. Verbal and Linguistic**	Thinks in words; learns by listening, reading and verbalizing; benefits from discussion; enjoys writing; enjoys brailling; likes word games; likes books, records, tapes; remembers verse, lyrics, trivia; enjoys libraries.

Demonstrates this by:

_____

_____

_____

__ **2. Logical and Mathematical**	Thinks conceptually; reasons things out; looks for abstract patterns; enjoys computing; does arithmetic problems in head; likes brain teasers, logical puzzles, and strategy games; uses abacus; likes to use computers; likes large display calculators with voice output; likes to experiment; enjoys science kits; likes to classify and categorize.

Demonstrates this by:

_____

_____

_____

__ **3. Visual and Spatial**	Thinks in images and pictures; likes raised mazes and jigsaw puzzles; likes thermaforms; likes to draw and design things; likes to build models; likes slides, films, videos, raised diagrams, tactile maps and charts; enjoys art museums, architecture, and planetariums.

Demonstrates this by:

_____

_____

_____

(Continued on the back)

Preferred Learning Styles/ Multiple Intelligences
(continued)

LEARNING STYLES AND INTELLIGENCES	POSSIBLE CHARACTERISTICS
__ 4. **Musical and Rhythmic**	Thinks in tones; learns through rhythm, vibrations, and melodies; plays a musical instrument; sounds are enhanced by auditory trainer or hearing aids; remembers melodies; may need music to study; notices nonverbal sounds; learns things more easily if sung, tapped out, or whistled.

Demonstrates this by:

_____

_____

_____

__ 5. **Bodily and Kinesthetic**	Processes knowledge through bodily sensations and tactile tracking; communicates through gestures or sign language systems; fidgets while sitting in a chair; learns by manipulating; likes role playing, creative movement, and physical activity.

Demonstrates this by:

_____

_____

_____

__ 6. **Interpersonal**	Understands and cares about people; has many friends; likes to socialize; learns by relating and cooperating; plays group games; good at teaching other children; is a club or committee member and a socializer.

Demonstrates this by:

_____

_____

_____

__ 7. **Intrapersonal**	Displays independence; likes to be alone; self-motivating; likes self-paced, individualized projects; needs own space; likes solitude; enjoys books about heroes; enjoys long and quiet walks.

Demonstrates this by:

_____

_____

_____

Adapted from: Christopher-Gorden Publishers. (1994). Preferred learning styles/multiple intelligences. *Practical aspects of authentic assessment.* Norwood, MA: Author.

McGill Action Planning System

Description:
The McGill Action Planning System (MAPs) was developed in 1989 by Marcia Forrest and Evelyn Lusthaus as a planning tool for designing educational programs that focus on family and student preferences. The planning activity involves the student, family members, nondisabled peers, staff, and could involve others who are interested in the student such as clergy, neighbors, club leaders, and extended family members.

The MAPs process requires a skilled facilitator to guide the group in answering the following questions:

- Who is the student?
- What is the dream for this student?
- What is the nightmare?
- What are the student's strengths and preferences?
- What are the student's needs?
- What educational plans should be made for the year to achieve the dream and avoid the nightmare?

(Continued on back side)

Summary of Maps for

_____

Date created: _____

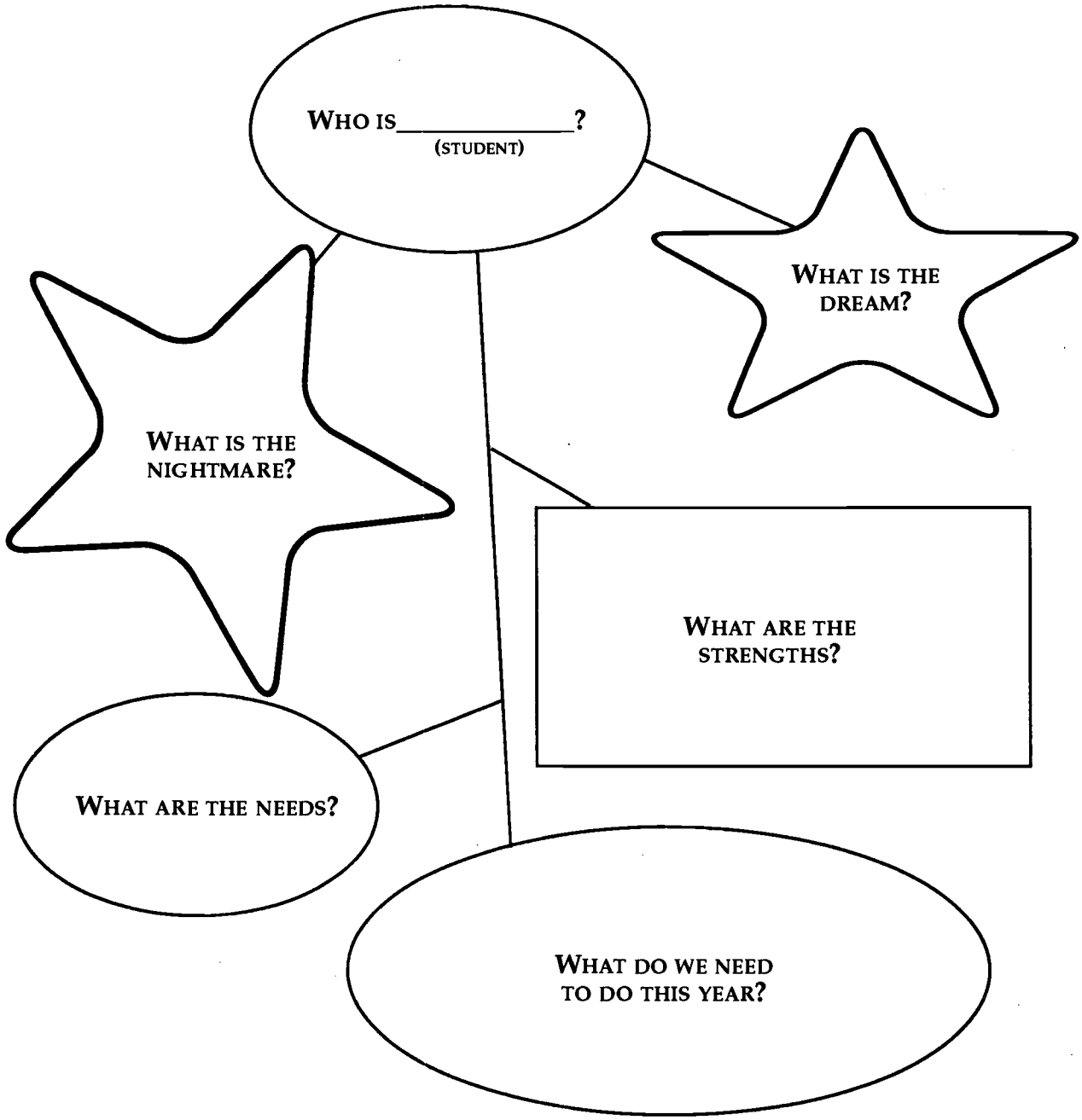
Names of people who participated in the creation of the maps and their relationship to the student:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____



Who Am I?

Hi, my name is _____ and
this is my portfolio for _____ grade.

THIS IS WHAT I WOULD LIKE FOR YOU TO KNOW ABOUT ME:

My favorite things to do at school are:

My favorite things to do at home are:

I am best at doing these things:

I still need help with:

The best way for me to talk with others is to:

The best way for me to get around from place to place is:

My favorite piece included in my portfolio is:

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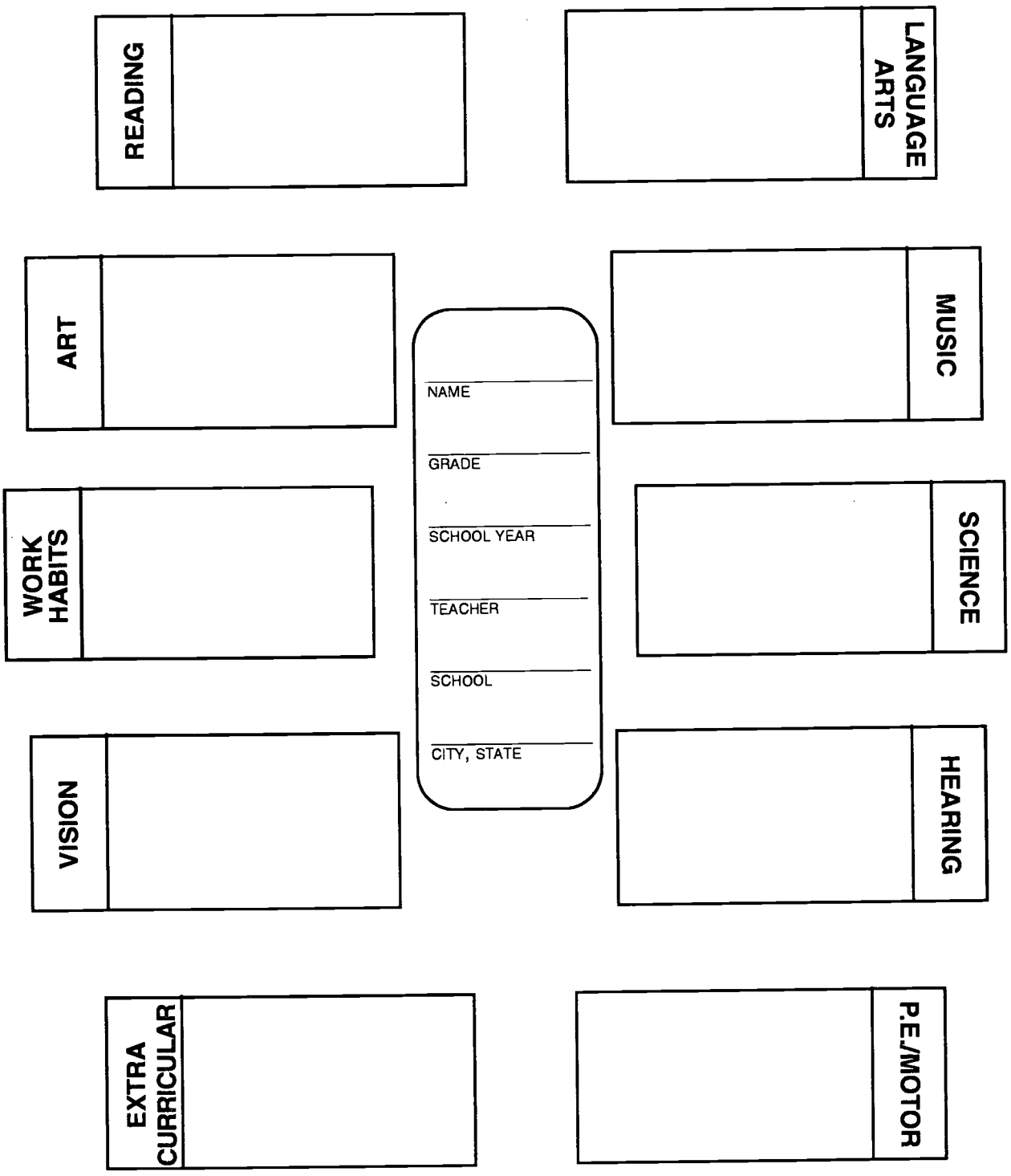
Summary of Learning Experiences Form



Adapted from: Herbert, E. A. (1992). Portfolios invite reflection from students and staff. *Educational Leadership, 49* (8), 57-61.

Student Preference/Choice Survey

STUDENT'S NAME _____ GRADE _____

TEACHER'S NAME _____ DATE _____

TEAM MEMBERS (IF APPLICABLE) _____

1. How does the student indicate likes and dislikes?
(You may check more than one behavior if it applies.)

	Likes	*Dislikes*		*Likes*	*Dislikes*
a. Laughs	____	____	g. Looks at objects	____	____
b. Cries	____	____	h. Moves body	____	____
c. Facial expression	____	____	i. Points/reaches	____	____
d. Screams	____	____	j. Initiates action	____	____
e. Tantrums	____	____	k. Vocalizes	____	____
f. Looks at people	____	____	l. Gestures	____	____
			m. Signs	____	____

Other:

2. How does the student generally indicate preference/choices when given the choice between two or more activities or foods?

3. What types of choices is the student comfortable making?

4. What types of choices is the student uncomfortable making?

5. What are the activities the student best likes to participate in during school?
(These can be either academic or recreational activities.)

(Continued on the next page)

Student Preference/Choice Survey

(PAGE 2)

6. What are the least favorite activities the student does not like to participate in during school? (These can be either academic or recreational activities.)

7. Does the student have preferences (regardless of need) for:

_____ speech therapy
_____ occupational therapy
_____ diet
_____ medical services
_____ audiology
_____ audiology
_____ orientation and mobility
_____ transportation
_____ positioning
_____ physical therapy
_____ counseling services
_____ other: _____
(specify)

8. What time of day does the student prefer to be active?

9. What time of day does the student prefer to relax?

10. Who does the student prefer to participate with in academic activities (staff, other students, friends)?

11. General student preference(s) regarding TEMPERATURE:

_____ hot
_____ cold
_____ warm

12. General student preference(s) regarding TASTE:

_____ sweet
_____ sour
_____ spicy
_____ bland

13. General student preference(s) regarding LIGHTS (please specify):

_____ bright
_____ dark
_____ dull
_____ natural light
_____ artificial light

(continued on the next page)

Student Preference/Choice Survey

(PAGE 3)

14. General student preference(s) regarding POSITIONING:
    - _____ sidelying
    - _____ supine
    - _____ sitting
    - _____ prone
    - _____ standing
    - _____ supported kneeling

    Favorite positions to participate in activities (please list):

    Favorite positions for sleeping (please list):

    Adaptive devices to obtain favorite position (please list):

15. General student preference(s) regarding MOBILITY:
    - _____ crawling
    - _____ walker
    - _____ wheelchair
    - _____ cane
    - _____ sighted guide
    - _____ walking
    - _____ crutches
    - _____ travel chair
    - _____ dog guide

16. General student preference(s) regarding SOUND:
    - _____ loud
    - _____ soft
    - _____ steady state noise (e.g., fans or vacuum cleaner)

17. General student preference(s) regarding TEXTURES of MATERIALS:
    - _____ rough
    - _____ hard
    - _____ squishy
    - _____ smooth
    - _____ soft

18. General student preference(s) regarding TEXTURES of FOOD:
    - _____ pureed
    - _____ crunchy
    - _____ chewy
    - _____ semi-soft
    - _____ solid
    - _____ smooth

    Please list favorite foods:

19. General student preference(s) regarding DRINKS:
    - _____ thick in consistency
    - _____ carbonated
    - _____ thin in consistency
    - _____ noncarbonated

    Please list favorite drinks:

(continued on the next page)

Student Preference/Choice Survey

(PAGE 4)

20. General student preference(s) regarding the ENVIRONMENT:
    - _____ outdoors
    - _____ wet
    - _____ airy
    - _____ indoors
    - _____ dry
    - _____ sunny

21. General student preference regarding MEDIA:
    - _____ colorful
    - _____ white
    - _____ raised and high contrast
    - _____ black
    - _____ neutral

    Favorite colors (please list):

22. General student preference(s) regarding EXPRESSIVE COMMUNICATION:
    - _____ verbalizes
    - _____ signs (specify type)
    - _____ computer
    - _____ anticipation calendar
    - _____ vocalizes
    - _____ gestures
    - _____ communication board
    - _____ other (please specify)

23. General student preference(s) regarding RECEPTIVE COMMUNICATION:
    - _____ verbalizes
    - _____ gestures
    - _____ communication board
    - _____ anticipation calendar
    - _____ vocalizes
    - _____ computer
    - _____ signs (please specify type)
    - _____ other (please specify)

24. General student preference(s) regarding MUSIC:
    - _____ hard rock
    - _____ rhythm & blues
    - _____ jazz
    - _____ pop
    - _____ rap (mostly vibrations)
    - _____ classical
    - _____ rock & roll
    - _____ folk rock
    - _____ country
    - _____ folk music

    Please list favorite songs:

    Please list favorite instruments:

(continued on the next page)

Student Preference/Choice Survey

(PAGE 5)

25. General student preference(s) regarding TV SHOWS:
    - _____ cartoons
    - _____ police and detective
    - _____ news
    - _____ talk
    - _____ soap operas
    - _____ family
    - _____ medical
    - _____ comedies
    - _____ game
    - _____ computer game

    Please list favorite TV shows:
    Please list favorite computer games:

26. General student preference(s) regarding INVOLVEMENT (please specify):
    - _____ activities of fast pace
    - _____ activities of moderate pace
    - _____ activities of slow pace

27. General student preference regarding ENGAGEMENT:
    - _____ highly repetitive activities
    - _____ moderately repetitive activities
    - _____ nonrepetitive activities

28. General student preference(s) regarding ENVIRONMENTAL ACTIVITIES (please specify):
    - _____ lots of action
    - _____ moderate degree of action
    - _____ limited action

29. General student preference(s) regarding COMPETITION:
    - _____ highly competitive situations
    - _____ moderately competitive situations
    - _____ noncompetitive situations

30. General student preference(s) regarding STRUCTURE:
    - _____ highly structured situations
    - _____ moderately structured situations
    - _____ loosely structured situations

31. General student preference(s) regarding FAMILIARITY:
    - _____ unfamiliar or new surroundings
    - _____ familiar surroundings

32. General student preference(s) regarding VISUAL STIMULATION (please specify):
    - _____ highly visually stimulating environments
    - _____ moderately visually stimulating environments
    - _____ low visually stimulating environments

(continued on the next page)

Student Preference/Choice Survey

(PAGE 6)

33. General student preference(s) regarding AUDITORY STIMULATION (please specify):
    _____ noisy environments
    _____ moderately noisy environments
    _____ quiet environments

34. General student preference(s) regarding PARTICIPATION:
    _____ alone
    _____ with one other person
    _____ with small group
    _____ with large group

35. General student preference(s) regarding ACTIVITY LEVEL (please specify):
    _____ very active
    _____ moderately active
    _____ relaxed

36. General student preference(s) regarding DEPENDENCY:
    _____ independent
    _____ supervised
    _____ dependent

37. General student preference(s) regarding PEERS/AGE GROUP:
    _____ with age peers
    _____ with persons older
    _____ with persons younger

38. General student preference(s) regarding PEERS/SEX:
    _____ members of same sex
    _____ members of both sexes
    _____ members of the opposite sex

39. General student preference(s) regarding ATTENTION:
    _____ center of attention
    _____ one of the crowd
    _____ seen but not heard
    _____ isolated

Adapted from: Kansas State Board of Education. (1992). *Teaching in natural environments*. Topeka: Author.

My Child as a Learner

STUDENT'S NAME _____ DATE _____

PARENT(S) _____

Since you are your child's first and best teacher,
we would like your perception of your child as a learner.
Thank you for your help.

How does your child seem to feel about going to school?

What are your goals for your child this year?

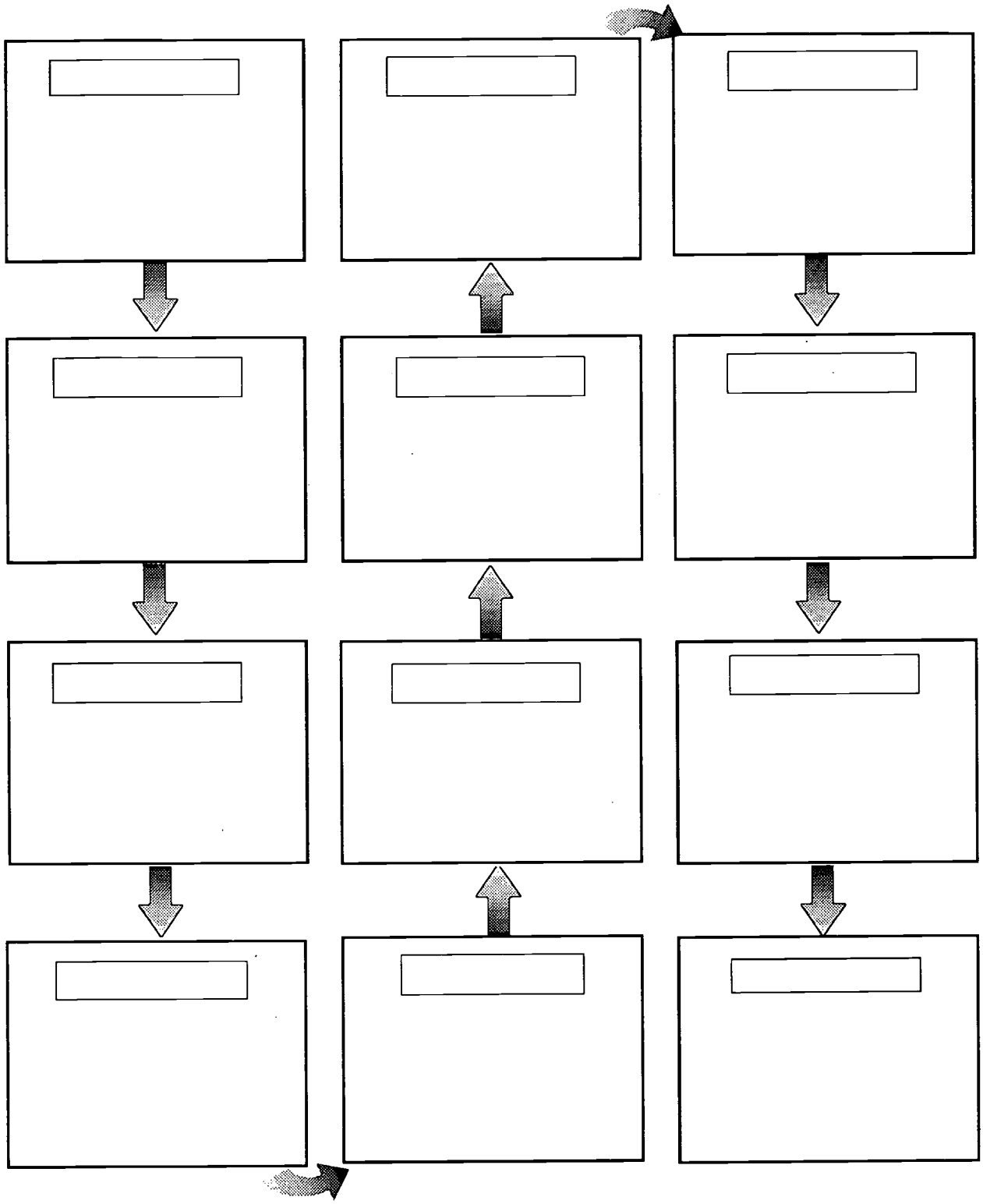
What are your child's interests (e.g., art, sports, lessons, and hobbies)?

What type of activities do you do together as a family?

Adapted from: Christopher-Gordon Publishers. (1994). My child as a learner. *Practical aspects of authentic assessment*. Norwood, MA: Author.

Background Map for

_____



Communication Summary Form

Directions:
Complete this form by reviewing the student's records and interviewing the student's parents, peers, teachers, and speech-language pathologist.

Name of student: _____

Date last revised: _____ _____ _____

Unaided Systems	*Responds to receptively*		*Uses expressively*		*If yes, describe special instructions/procedures*
NONSYMBOLIC BEHAVIORS*					
Vocalizations	Y	N	Y	N	_____
Affect	Y	N	Y	N	_____
Body movement	Y	N	Y	N	_____
Gestural	Y	N	Y	N	_____
Physiological	Y	N	Y	N	_____
Visual	Y	N	Y	N	_____
SYMBOLIC BEHAVIORS*					
Gestures	Y	N	Y	N	_____
Sign language	Y	N	Y	N	_____
Speech	Y	N	Y	N	_____
Pictures	Y	N	Y	N	_____
Printed word	Y	N	Y	N	_____
Braille	Y	N	Y	N	_____

* Attach vocabulary lists or sample overlays from communication devices.

(Continued on back side)

Communication Summary Form

(PAGE 2)

Aided Systems	*Responds to receptively*		*Uses expressively*		*If yes, describe special instructions/procedures*
NONELECTRONIC DEVICES*					
Single-sheet	Y	N	Y	N	_____
Multiple-sheets	Y	N	Y	N	_____
ELECTRONIC DEVICES*					
Tape recorder	Y	N	Y	N	_____
Personal computer	Y	N	Y	N	_____
Dedicated aids (e.g., Touch Talker, Wolf, or SpeechPac)	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
VOCABULARY DISPLAYS*					
Objects	Y	N	Y	N	_____
Photographs	Y	N	Y	N	_____
Line drawings	Y	N	Y	N	_____
Symbols	Y	N	Y	N	_____
Printed words	Y	N	Y	N	_____
Brailled	Y	N	Y	N	_____
METHODS OF USING THE DEVICES					
Direct selection	Y	N	Y	N	_____
Scanning	Y	N	Y	N	_____

* Attach vocabulary lists or sample overlays from communication devices.

Adapted from: Miller, J. (1993). Augmentative and alternative communication. In M. Snell (Ed.), *Instruction of students with severe disabilities*. New York: MacMillan Publishing Co.

Educational Summary

DIRECTIONS FOR COMPLETING THE EDUCATIONAL SUMMARY:

On the back of this page is a form called the Educational Summary. To complete this summary, use data from parent interviews, parent and student inventories, ecological inventories, and other assessments.

1. "AGE-APPROPRIATE NEED" COLUMN
   Is this a skill that would be considered important for a nondisabled, same-age peer to perform? If yes, mark box. If no, leave blank.

2. "PARENT PRIORITY" COLUMN
   Is this skill, routine, or activity something considered important by parents? If yes, mark box. If no, leave blank.

3. "SELECTED YEAR" COLUMNS
   Indicate which year this activity has been targeted for instruction. If it is a student or parent priority, the activity should be targeted for Year 1. Skills of lower priority may be targeted for Year 2 or 3. Be sure that all activities targeted are age-appropriate.

4. "YEAR 1, 2, & 3 SUMMARY" COLUMNS
   At the end of each year, summarize progress on each activity, outcome, or skill.
   - If the priority has been accomplished, write "A" (for accomplished) in the appropriate column.
   - If progress is being made toward achieving the priority, write "P" (for progress) in the appropriate column.
   - If little progress has been made toward achieving the goal, but work will continue, write "C" (for continue) in the appropriate column.
   - If the activity has been dropped as a goal, write "D" (for dropped) in the appropriate column.

   Use this data to plan future IEP goals.

Adapted from: Williams, W., Fox, T., Monley, M., McDermott, A., & Fox, W. (1989). *Student record: Manual 1 of the individual program design series*. Burlington: University of Vermont.

(Continued on back side)

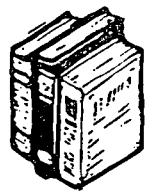
Educational Summary

(PAGE 2)

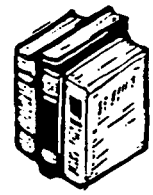
STUDENT NAME _____ DATE INITIATED _____

YEAR 1 _____ YEAR 2 _____ YEAR 3 _____

Student Outcomes	AGE-APPROPRIATE NEED	PARENT/STUDENT PRIORITY	SELECTED YEAR 1	YEAR 1 SUMMARY	SELECTED YEAR 2	YEAR 2 SUMMARY	SELECTED YEAR 3	YEAR 3 SUMMARY



Reading Log



STUDENT'S NAME

SEMESTER

Date Completed	*Book Title*	*Read by Student*	*Book on Tape*	*Read by Peer*	*Read by Adult*	*Author of book*

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Anecdotal Records

Directions:
Sometimes, the best way to document how a student is participating in an activity is to simply observe and make notes of what you see. This process is called making anecdotal records. This method of making notes is simple. All it takes is time and good observation skills.

To begin, select an activity that allows the student a great deal of participation in a cooperative group. Note the date and activity on your anecodtal record form (see back of this page). Observe the student and make succinct notes about the observation in the space provided.

Anecdotal records are useful in documenting student behavior, participation, cooperation, and work quality. These records are useful when less descriptive methods of documentation are unable to capture what is needed to learn about a particular student.

(PAGE 2)

Anecdotal Records

for

_____

Date & Activity				
Date & Activity				
Date & Activity				
Date & Activity				
Date & Activity				

Writing Checklist

STUDENT'S NAME _____ GRADE _____ TEACHER _____

TEAM MEMBERS (IF APPLICABLE) _____

Dates				
				Makes marks other than drawing on paper using a writing guide
				Primarily relies on pictures to convey meaning, such as with raised lines, magnification, or high contrast
				Sometimes labels or adds "words" to pictures
				Tells about own writing using expressive communication system
				Writes or brailles random recognizable letters
				Copies names and familiar words using braille or writing guide
				Uses pictures, print, or braille to convey meaning
				Prints with upper-case letters using writing guide, lined paper and black felt pen, and/or brailles alphabet
				Takes risks with writing or brailling
				Begins to read own writing or brailling
				Writes or brailles names and favorite words using brailler, writing guide, or lined paper with black felt pen
				Writing or brailling is from top-bottom, left-right, front-back
				May interchange upper- and lower-case letters with writing guide or lined paper with black felt pen
				Begins to use spacing between words with brailling, writing guide, or lined paper with black felt pen
				Begins to write noun-verb phrases using braille, writing guide, or lined paper with black felt pen
				Writes pieces that self and others can read using braille, writing guide, lined paper with black felt pen, or computer

Writing Checklist

(PAGE 2)

Dates				
				Begins to write recognizable short sentences using braille, writing guide, lined paper with black felt pen, or computer
				Writes about experiences with some descriptive words using braille, writing guide, lined paper with black felt pen, or computer
				Experiments with capitals and punctuation using braille, writing guide, lined paper with black felt pen, or computer
				Forms may letters legibly using writing guide or lined paper with black felt pen
				Spells some words correctly using braille, writing guide, lined paper with black felt pen, or computer
				Begins to revise written work by adding on words and sentences using braille, writing guide, lined paper with black felt pen, or computer
				Writes paragraph with beginning, middle, and end using braille, writing guide, lined paper with black felt pen, or computer
				Reads peers' writing through braille or large print and offers feedback through appropriate expressive communication mode such as augmentative communication board with voice output or sign language
				Edits for punctuation and spelling
				Uses capital letters and periods
				Forms letters with ease using writing guide or lined paper with black felt pen
				Spells many common words correctly using braille, writing guide, lined paper with black felt pen, or computer without spell check
				Begins to write or braille for various purposes
				Begins to organize ideas in logical sequence
				Develops editing an proofreading skills
				Employs strategies to spell difficult words correctly

Writing Checklist

(PAGE 3)

Dates				
				Uses complex sentence structure
				Connects paragraphs in logical sequence
				Edits with greater precision (spelling, grammar, punctuation, capitalization)
				Uses literary devices effectively (e.g., dictionary, thesaurus, etc.)
				Integrates information from a variety of sources to increase power of writing
				Uses sophisticated descriptive written language (including brailled)
				Analyzes and evaluates written material in-depth
				Perseveres through complex writing projects using braille, writing guide, lined paper with black felt pen, or computer

Adapted from: Christopher-Gorden Publishers. (1994). Writing checklist. *Practical aspects of authentic assessment*. Norwood, MA: Author.

Reading Checklist

STUDENT'S NAME _____ GRADE _____ TEACHER _____

TEAM MEMBERS (IF APPLICABLE) _____

Dates				
				Holds book, correctly turns pages
				Chooses books and has favorites
				Shows start/end of book
				Listens and responds to literature as it is interpreted or though auditory trainer
				Knows some letter names whether brailled or written in large print
				Interested in print or braille
				Pretends to read
				Uses illustrations to tell story
				Participates in oral reading of familiar books through sign language or using alternative communication device
				Knows some letter sounds if using auditory trainer
				Recognizes names/words in context using braille, sign language, or alternative communication device
				Memorizes pattern books and familiar words
				Reads books with word patterns using braille, sign language, or augmentative communication device
				Knows most letter sound if using auditory trainer or assistive auditory system
				Retells main idea of text using expressive communication system
				Recognizes simple words that are brailled or printed

Reading Checklist

(PAGE 2)

Dates

				Reads early-reader books using braille or print with magnification
				Relies on print or braille more than illustrations
				Uses sentence structure clues
				Uses meaning clues
				Retells beginning, middle, and end using sign language or alternative augmentative communication mode
				Recognizes names or words by sight or braille
				Understands basic punctuation
				Reads beginning chapter books using braille or large print
				Reads and finishes a variety of materials with frequent guidance
				Retells plot, characters, and events using sign language or alternative augmentative communication mode
				Makes connections between reading, writing, and experiences
				Silent reads for short periods
				Reads medium level chapter books using braille or large print
				Reads and finishes a variety of materials with guidance using braille or large print
				Uses reading strategies appropriately
				Uses reference materials to locate information with guidance in braille or large print
				Reads most young adult literature using braille, large print, or audiotape
				Selects, reads, and finishes a wide variety of materials using braille, large print, or audiotape

Reading Checklist

(PAGE 3)

Dates

				Uses reference materials independently
				Participates in guided literary discussions using sign language or augmentative communication modes
				Reads complex young adult literature using braille, large print, or auditory tape
				Integrates non-fiction information to develop a deeper understanding
				Interprets sophisticated meaning in young adult literature with guidance
				Participates in complex literary discussions using sign language or alternative augmentative communication system
				Voluntarily reads and understands a wide variety of complex and sophisticated materials using braille, large print, or audiotape
				Evaluates, interprets, and analyzes literary elements critically

Adapted from: Christopher-Gorden Publishers. (1994). Reading checklist. *Practical aspects of authentic assessment*. Norwood, MA: Author.

Vocational History

NAME OF STUDENT: _____

Complete this section be reviewing the student's records and interviewing the student's parents, co-workers, employers, or teachers.

Date last revised: _____ _____ _____

SUMMARY OF VOCATIONAL EXPERIENCES (E.G., IN-SCHOOL JOBS OR COMMUNITY JOB SITES):

Dates: _____ to _____ Place of employment: _____

Job title: _____ Supervisor's name: _____

Hours worked: _____ Job duties: _____

Supports or adaptive equipment needed: _____

_____

_____

Training time required per job duty: _____

_____

Work evaluation (e.g., preferences or assessment of performance): _____

_____

_____

_____

Dates: _____ to _____ Place of employment: _____

Job title: _____ Supervisor's name: _____

Hours worked: _____ Job duties: _____

Supports or adaptive equipment needed: _____

_____

_____

Training time required per job duty: _____

_____

Work evaluation (e.g., preferences or assessment of performance): _____

_____

_____

_____

Vocational History

(PAGE 2)

SUMMARY OF VOCATIONAL EXPERIENCES (CONTINUED):

Dates: _____ to _____ Place of employment: _____

Job title: _____ Supervisor's name: _____

Hours worked: _____ Job duties: _____

Supports or adaptive equipment needed: _____

_____

_____

Training time required per job duty: _____

_____

Work evaluation (e.g., preferences or assessment of performance): _____

_____

_____

_____

Dates: _____ to _____ Place of employment: _____

Job title: _____ Supervisor's name: _____

Hours worked: _____ Job duties: _____

Supports or adaptive equipment needed: _____

_____

_____

Training time required per job duty: _____

_____

Work evaluation (e.g., preferences or assessment of performance): _____

_____

_____

_____

Assistive Technology & Adaptive Equipment Summary

Complete this section by reviewing the student's records and interviewing the student's parents, peers, teachers, physical therapists, occupational therapist, speech and language pathologist, orientation and mobility specialist, and assistive technology consultant.

Student's Name: _____

Date last revised: _____ _____ _____

Functional use of:	*Independent?*		*If not independent, explain type of assistance and adaptations currently used.*
COMPUTER	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
SWITCHES			
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
APPLIANCES			
stereo	Y	N	_____
television	Y	N	_____
washer/dryer	Y	N	_____
lamps	Y	N	_____
alarm clock	Y	N	_____
microwave	Y	N	_____
blender	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
INDEPENDENT LIVING ACCESSORIES			
utensils	Y	N	_____
plates/bowls	Y	N	_____
glass/cup/mug	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
MOBILITY			
cane	Y	N	_____
maps	Y	N	_____
dog guide	Y	N	_____
electronic travel aid	Y	N	_____
OTHER			
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____
_____	Y	N	_____

Ecological Inventory

Environment:_____ Student's Name: _____

Activity: _____ Date: _____

Steps	*Inventory of non-disabled person*	*Inventory of person with disability*	*Adaptations*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

KEY:

\+ Can perform step independently

\- Requires a prompt to complete the step, or performs it incorrectly

An Assessment Instrument for Evaluating Community-Based Residential Programs

Student's Name and Grade: _____ Date: _____

Activity: _____ Date: _____

GENERAL APPEARANCE		
Things to consider: Maintenance of house Upkeep of grounds Condition of furniture Attractiveness of decor Residents' preferences reflected in decor	*Comments:*	*Rating of General Appearance:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

ATMOSPHERE		
Things to consider: Homelike atmosphere Morale of staff Sufficient space for residents and staff at peak times of day Residents' preferences displayed in bedroom and living areas Space for recreation both indoors and outdoors	*Comments:*	*Rating of Atmosphere:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

ENVIRONMENTAL ADAPTATIONS		
Things to consider: Safe environment; obstacle-free environment Wheelchair accessibility Physical layout of house Adequate lighting; use of colors Alarm system (e.g., vibrating bed) TTY Use of adaptations Available funding for adaptations	*Comments:*	*Rating of Environmental Adaptations:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

(PAGE 2)

LOCATION		
Things to consider: Atmosphere of neighborhood; traffic patterns Available nearby resources: ■ stores ■ parks ■ churches ■ temples ■ restaurants ■ bus stops Community recreation programs Involvement of neighbors Transportation capacity of home	*Comments:*	*Rating of home's location:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

STAFF		
Things to consider: Number of staff working on weekdays/weekends Ratio of staff to residents Ratio needed by your son or daughter Turn-over rate of staff Average length of time current staff has been working in the program Type of certification (if any) needed by the staff Level of staff experience relative to your son/daughter's needs Frequency of training offered to staff Type of training offered to staff relative to your son/daughter's needs Training resources available to agency relative to your son/daughter's needs	*Comments:*	*Rating of Staff:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

(PAGE 3)

PLANNING PROCESS		
Things to consider: Planning process is person-centered Level of client involvement Level of parent involvement Access to on-going decision-making process	*Comments:*	*Rating of Planning Process:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor
PROGRAM		
Things to consider: Evidence of flexibility and creativity in offering diverse activities Examples of recreation/leisure activities from the past several months Comparison of recreation/leisure activities offered with his/her preferences and abilities Access to orientation and mobility instruction Integration of orientation and mobility in most daily activities Residents' participation in the daily functions of the home (e.g., cooking, cleaning, gardening, shopping) Choice-making opportunities are integrated in routines and activities Strategies used in working with behavioral challenges Behavioral programs reflect a sensitivity and respect for residents' preferences and right to make choices	*Comments:*	*Rating of Program:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

(PAGE 4)

COMMUNICATION STRATEGIES		
Things to consider: How "personal connections" are established Staff rapport with residents Examples of clients making choices and demonstrating preferences Evidence of staff awareness of the different communication styles of each resident Evidence of the staff using a variety of methods of communication (e.g., sign, pictures, objects, gestures) Evidence of clients using a variety of methods of communication (e.g., sign, picture books, objects, gestures, calendar box) Willingness of staff to wait for a resident to communicate, even if it takes a while Integration of communication in all activities	*Comments:*	*Rating of Program:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor
EVALUATION PROCEDURES		
Things to consider: How the program is evaluated Frequency of evaluations Who evaluates the program Existence of a quality assurance program Availability of evaluation results to parents Follow-through on recommendations Who funds the program How donations are made; how they are spent What, if any, were the conditions for this funding Written contract for the program	*Comments:*	*Rating of Evaluation Procedures* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

MEDICAL/SUPPORT SERVICES		
Things to consider: Frequency and extent of medical services required by your son/daughter Availability and accessibility of: ■ medical services needed ■ adequate dental care ■ physical therapy ■ psychological counseling Staff capability of providing followup (e.g., therapy, seizure monitoring, extensive medications) How medications are monitored Agency policy on infection control Transportation to medical appointments	*Comments:*	*Rating of Medical/Support Services:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

POLICIES		
Things to consider: Agency's mission statement, if written House manuals, if available Agency's statement on human rights/client dignity Agency's written goals for integration and ongoing education Agency's adherence to licensing codes Agency's policy of selecting residents Agency's policy on termination of placements	*Comments:*	*Rating of Policies:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Community-Based Residential Programs

SUMMARY OF ASSESSMENT					
	Excellent	*Very Good*	*Good*	*Fair*	*Poor*
General Appearance of Home					
Atmosphere of Home					
Environmental Adaptations of Home					
Location of Home					
Staff					
Planning Process					
Program					
Communication Strategies					
Evaluation Procedures					
Medical/Support Services					
Policies					

Adapted with permission from: Helen Keller National Center-Technical Assistance Center, et al. (1991). *An instrument for families: Evaluating community-based residential program for individuals with deaf-blindness.* Sands Point, NY: Authors.

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An Assessment Instrument for Evaluating Employment Programs

Student's Name and Grade: _____ Date: _____

JOB SITE CHARACTERISTICS		
Things to consider: General location and appearance of job site Size of company Atmosphere (e.g., volume/pace of work, friendliness of employees) Dress and grooming requirements Rate of employee turnover Look at physical environment from your child's perspective, including: ■ orientation & mobility requirements ■ number of people ■ lighting and or noise level ■ orderliness/cleanliness ■ communication/socialization opportunities Management & values of the organization Is transportation needed? Available? Do employee benefits exist? (e.g., health insurance, worker's compensation, vacation, sick leave)	*Comments:*	*Rating of Job Site Characteristics:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

JOB DESCRIPTION		
Things to consider: Is the job located in the community? Is the job integrated within the organization? What is the work schedule? Are the work expectations defined? Is there a written job description? What are the physical requirements of the job? What job skills are needed? What will he or she earn?	*Comments:*	*Rating of Job Description:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Employment Programs

(PAGE 2)

HEALTH AND SAFETY ISSUES		
Things to consider: Is orientation and mobility assistance needed? Are medication needs required during the work day? Are emergency plans such as fire and evacuation in place? Does the site have machinery that could be dangerous?	*Comments:*	*Rating of Health and Safety Issues* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor
SOCIALIZATION ON THE JOB		
Things to consider: What does this job offer beyond a paycheck? What are the communication requirements of the job? Does anyone know ASL (if appropriate)? Do co-workers seem to have potential for becoming friends? Are employees friendly?	*Comments:*	*Rating of Socialization on the Job:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor
AVAILABLE SUPPORTS		
Things to consider: Will training be available? Will assistive technology be available? Are support staff such as job coaches, orientation and mobility specialists, and/or communication specialists available? Who will monitor job performance? How frequently? Do co-workers seem to have potential for being natural supports (doing some of the things a job coach might do)?	*Comments:*	*Rating of Available Supports:* ❒ Excellent ❒ Very Good ❒ Good ❒ Fair ❒ Poor

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An Assessment Instrument for Evaluating Employment Programs

(PAGE 3)

SUMMARY OF ASSESSMENT					
	Excellent	*Very Good*	*Good*	*Fair*	*Poor*
Job Site Characteristics					
Job Description					
Health and Safety Issues					
Socialization on the Job					
Available Supports					

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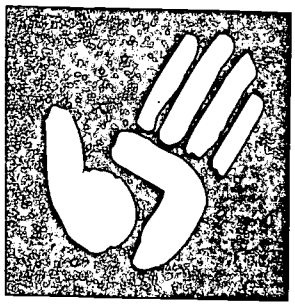

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