

**SOUTH EASTERN SPECIAL EDUCATION
2019-2020
STUDENT VOCATONAL INFORMATION**

General Information

Student Name _____ Birthdate _____

School _____ Year of Graduation/Exit _____

Student School E-mail Address: _____

Student's Primary Disability _____

Student's Secondary Disability, if applicable _____

When was the student's disability (or disabilities) formally diagnosed? _____

Date of most recent IEP _____

Date of most recent case study evaluation _____

Please describe the student's attendance during his/her involvement in high school _____

2018-19 School Year: _____ Days Present _____ Days Absent

Please describe the student's disciplinary history during his/her involvement in high school _____

Are there any other issues or concerns (ie: physical, mental, emotional, environmental, etc.) that may affect this individual's ability to work? Yes No

If yes, please explain _____

Are you aware of receipt of any services from an outside organization or agency (ie: Counseling Center, DCSS, Shriners, DCFS, Probation Office, etc.)? Yes No

If yes, please list _____

ACADEMIC CONTENT AREAS

	Present Level of Performance (grade level, standard scores, strengths, needs)	Essential accommodations, assistive technology, or modifications utilized in high school, any why needed
Reading (Basic reading/decoding; reading comprehension; reading speed)		
Math (Calculation skills, algebraic problem solving; quantitative reasoning)		
Written Language (written expression, spelling)		

Compared to the average high school student, does this individual demonstrate difficulty in any of these areas?			
Learning Skills:	YES	NO	COMMENTS:
Class participation			
Note taking			
Keyboarding			
Organization			
Homework management			
Time management			
Study skills			
Test-taking skills			
Difficulty following oral instructions			
Difficulty following written instructions			
Difficulty with multiple instructions			

Cognitive Areas

Compared to the average high school student, does this individual demonstrate difficulty in any of these areas?

<u>General Ability and Problem Solving:</u>	YES	NO	What impact, if any, does this have on student performance?
Reasoning/processing			

<u>Attention and Executive Functioning:</u>	YES	NO	What impact, if any, does this have on student performance?
Energy level			
Sustained attention			
Easily distracted			
Memory functions			
Processing speed			
Impulse control			
Activity level			

<u>Communication:</u>	YES	NO	What impact, if any, does this have on student performance?
Speech/language			
Assisted communication			

Functional Areas

Compared to the average high school student, does this individual demonstrate difficulty in any of these areas?

<u>Social Skills and Behavior:</u>	YES	NO	What impact, if any, does this have on student performance?
Interactions with teachers			
Interactions with peers			
Asks for assistance			
Responsiveness to services and accommodations			
Confidence and persistence as a learner			
Emotional or behavioral issues related to learning and/or attention			

<u>Independent Living Skills:</u>	YES	NO	What impact, if any, does this have on student performance?
Self-care			
Personal safety			
Money management			
Hygiene			
Grooming			
Does the student have a driver's license?			

<u>Environmental Access/Mobility:</u>	YES	NO	What impact, if any, does this have on student performance?
Assistive technology			
Mobility			
Does the student know how to arrange transportation?			

Self-Determination/Self-Advocacy Skills

1. Does this student have the ability to identify and articulate postsecondary goals?
 Yes No

2. Can this student identify his/her learning strengths and needs?
 Yes No

3. Does this student demonstrate independence and the ability to ask for assistance with learning?
 Yes No

Additional Important Considerations: Work Tolerance

1. Are there any physical limitations as the result of a disability (ie: sit, stand, bend, lift, walk, climb)? Yes No
If yes, please describe.

2. Are there any emotional limitations (ie: ability/inability to cope with stress, criticism, work in a group setting, etc.)? Yes No

3. If this student were required to obtain a job on his/her own, would he/she experience significant problems in accomplishing or performing any of the following?

a. Does this student know how or where to look for a job?

Independently Yes No Comments:

With assistance Yes No

b. Can this student complete a job application completely and accurately?

Independently Yes No Comments:

With assistance Yes No

c. Could this student secure employment interviews and realistically inform potential employers of his/her qualifications, interests, and abilities to meet job demands and employer expectations?

Independently? Yes No Comments:

With assistance Yes No

It is essential that school and cooperative personnel have all the information necessary to appropriately program for specific students. To that end, all personnel with a current educational interest in the student, including the STEP program coordinator, must have information which bears on a student's ability to participate in and benefit from specific programs. Therefore, I understand that I can and shall share information (including but not limited to legal issues, probation status, or other information regarding the student's conduct or activities) which may affect the student's job placement or job program with relevant personnel, including the STEP coordinator.

Referring Teacher Signature _____

Date Completed _____ E-Mail _____

Building Principal Signature _____

Date _____