

Grade 9 Transition IEP Instructions

****These assessments should be started (several weeks) prior to the scheduled IEP date.**

Step 1a: Complete Transition Assessments (Start as early as possible.)

1. Complete the **DMPS Skills Checklist** based on your observation and discussion with student on items you cannot observe. Also complete any additional assessments indicated by the results of the **DMPS Skills Checklist**.
2. **Career Interest and Basic (Soft) Skills assessments [State Reporting Requirements]**
 - Use Naviance results, if available.
 - If Naviance results are not available, have students complete Naviance individually, or use the following online surveys:
 - Career Interest: <http://www.mynextmove.org/explore/ip>
 - Basic (Soft) Skills: <http://www.careerinfonet.org/skills/default.aspx?nodeid=20>
3. Complete **Part B** of the **Student and Parent Interview** with the student.
4. Complete **Part A** of the **Student and Parent Interview**
 - Via telephone when setting up IEP meeting.
 - or-
 - When arranging the IEP meeting, arrange to send the form to the parent, to be returned in sufficient time for you to complete the IEP draft.
5. Complete the Transition Assessment and Template Guide
 - Use the results of the assessments above to identify post-secondary expectations in each area and to identify needs in each area. Enter these in the appropriate section on the template.
 - Address each identified need, sufficient for the student to reasonably achieve their post-secondary expectations, with specific services/courses/activities.
6. Transfer the results of the assessments template to the IEP (There must be 3 sources listed for each area living, learning and work). **For each student you will use and reference the Revised DMPS Checklist and Student and Parent Interview form. Using these, will provide you with two sources to use in each area. Depending on student need the third (or more if needed) will be identified for you or you may select.**
7. ****UPLOAD** documentation of all assessments to Associated Files in Web IEP.

If you have questions please check with your building consultant and/or WEC.

Step 1b: Schedule the IEP Meeting

- Schedule according to the District timeline.
- Meet with your consultant and the parent needs to be informed prior to the meeting about goal/service that are going to be dropped or added.

Step 2: At the Meeting

- A full draft must be prepared and brought to the meeting. This includes all of Page B.
- Use the input from all team members, including the student, parents, teachers, support staff, administrators, and agency case workers. Adjust the draft, if necessary.
- Parent input, if not already gathered by phone, and any necessary changes based on discussion at the meeting should be added to the Draft. Substantive changes may not be made without holding another IEP meeting.

DMPS Skills Checklist – Grade 9

Student _____ Case Manager _____

IEP Date _____ Assessment Date _____

This is NOT a parent worksheet, and is to be completed by school staff via observation and discussion with the family.

- Scale: 1 - Limited Exposure or Understanding
 2 - Basic Skills, some Competency with Support
 3 - Advanced, Able to Perform with Limited Support
 4 - Independent

Skills marked with an asterisk (*) should be mastered by the end of 9th grade. Other skills should be in development, with a reasonable expectation of mastery with minimal or no additional support.

Living

Personal Care

*Gets himself/herself up in the morning & prepares for the day	1	2	3	4
*Selects and manages/maintains appropriate clothing	1	2	3	4
*Practices personal hygiene and appearance	1	2	3	4
*Manages free time effectively	1	2	3	4
-Makes and keeps appointments	1	2	3	4

Safety & Communication

*Communicates personal information	1	2	3	4
*Participates in conversations appropriately	1	2	3	4
*Knows whom to contact in an emergency	1	2	3	4
-Communication skills increasing and improving	1	2	3	4

Living Environment

*Cleans living environment	1	2	3	4
*Shares household chores	1	2	3	4
-Makes simple household repairs	1	2	3	4
-Identifies options for future living arrangements and supports	1	2	3	4

Food and Nutrition

*Prepares simple snacks & meals using a recipe	1	2	3	4
-Chooses nutritious foods	1	2	3	4
-Understands/describes healthy eating guidelines	1	2	3	4

Money Management

*Counts coins and currency and makes change	1	2	3	4
*Plans and saves for large/long-term purchases	1	2	3	4
-Plans a budget and saves money	1	2	3	4
-Manages a bank account	1	2	3	4

Community & Transportation

*Accesses public transportation	1	2	3	4
*Obtained/will obtain driver's permit or photo ID	No			Yes
*Able to shop for needed items	1	2	3	4
*Engages in community clubs/sports/groups/activities	1	2	3	4
- Learns about & accesses community & county resources				

Personal Development

*Developing and increasing independent living skills	1	2	3	4
*Understands healthy lifestyle choices	1	2	3	4
-Understands healthcare/medication needs	1	2	3	4

If any of the above items are scored a 1, and the need cannot be addressed at home (verified through the Student/Parent Interview), through agency supports or a general education class, **administer the *Living on My Own assessment*, include the results on Page B, and plan for special education services in the area of Living.

DMPS Skills Checklist – Grade 9

Learning

Self-Advocacy

*Can state disability and impact on learning	1	2	3	4
*Describes and asks for accommodations	1	2	3	4
*Describes interests and preferences in school	1	2	3	4
*Knows learning style	1	2	3	4
-Knows what an IEP is, attends meetings and participates in planning	1	2	3	4
-Knows graduation requirements and plans courses accordingly	1	2	3	4
-Investigates post-secondary education options and funding sources	1	2	3	4
-States post-secondary study area, consistent with career goal & interests	1	2	3	4

Study Skills

*Uses problem solving strategies & decision making skills	1	2	3	4
*Uses technology appropriately to access news and information	1	2	3	4
*Identifies and uses appropriate resources (library, technology, etc.)	1	2	3	4
*Demonstrates time management & organizational skills	1	2	3	4
*Manages behavior appropriately in the learning environment	1	2	3	4
*Demonstrates note taking skills	1	2	3	4
*Demonstrates test preparation & test taking skills	1	2	3	4
*Communicates appropriately within large and small learning groups	1	2	3	4

****Items scored a 1 indicate a need for additional support.** Needs should be connected to home or agency support (if verified through the Student/Parent Interview), specific general education activity or intervention or specific special education supports.

****If 3 or more Study Skills items are scored a 1, administer the *Study Skills Inventory*, include results on Page B and use for planning.**

Working

Self-Advocacy

*Can state at least one vocational interest area.	No	Yes
-Stated career interest area is consistent with interest.	No	Yes
-Stated career interest area is consistent with soft skills.	No	Yes

See Transition IEP Instructions document for information on Career Interest and Basic Skills assessments. One or more “No” responses in this category indicate a need for further career exploration, possibly with additional support.

Employability/Transferable Skills

*Attends every day and on time	1	2	3	4
*Has participated in volunteer/non-paid work experience	No			Yes
*Has participated in paid work	No			Yes
*Completes regular chores around the house	1	2	3	4
*Follows instructions	1	2	3	4
*Remains on task and allows others to remain on task.	1	2	3	4
*Has sufficient physical/manual skills for employment	1	2	3	4
*Completes work on time	1	2	3	4
*Demonstrates decision making/problem solving skills	1	2	3	4
*Responds to and interacts appropriately with adults AND peers	1	2	3	4
-Produces high quality work	1	2	3	4
-Initiates work-related tasks	1	2	3	4
-Can search for jobs	1	2	3	4
-Can apply and interview for jobs.	No			Yes
-Accepts responsibility for actions	1	2	3	4

****Items scored a 1 indicate a need for additional support.** Needs should be connected to home or agency support (if verified through the Student/Parent Interview), specific general education activity or intervention or specific special education supports.

Work Habits/Attitudes

*Enjoys or is willing to help at home, in school or in the community	No	Yes
*Works well with others	No	Yes
*Takes instruction/criticism and enjoys learning to do new things	No	Yes
*Asks for and accepts help	No	Yes
*Follows through on tasks and promises	No	Yes
*Accepts and follows rules	No	Yes
*Continues with tasks, even when upset or uninterested	No	Yes

****If four or more items are a “No”, administer the *Attitude Inventory*, include the results on Page B and use for planning.**

Transition Assessment and Template Guide – Gr. 9

INSTRUCTIONS

- The right hand column should be copied into your bank or kept as a template on your desktop.
- If banked, you can simply click the bank button, and enter the information directly into Web IEP.
- If used as a desktop template, enter the information into the Word document. Then, cut and paste into the appropriate box on Page B.
- The left hand column gives guidance on specific information that needs to be included. It is placed directly next to the section on the template to which it applies.

-ANY ITEMS INSIDE OF BRACKETS ARE GUIDES OR PLACEHOLDERS, AND SHOULD BE DELETED AS YOU ENTER INFORMATION.

-WHERE INDICATED, HEADINGS THAT ARE NOT NEEDED, BASED ON THE RESULTS AND PLANNING, SHOULD BE DELETED.

-ALL ASSESSMENTS SHOULD BE COMPLETED AND AVAILABLE WHEN COMPLETING THIS SECTION OF THE IEP.

- The template references which assessments contain the relevant information for that section.

-COLOR CODED ITEMS

- Since it is necessary to sort out which services/courses/activities are to occur on this IEP or in the future, and which must be scheduled and which are simply recommendations, categories have been introduced to organize this. When you enter on Page B you will not use color coding.
- Services, Courses & Activities, Current IEP
- Definitively Planned, Future Services, Courses & Activities
- Suggested Services, Courses & Activities

-PLANNING TEMPLATE BOXES

- Services/courses/activities identified on this worksheet as a result of the assessments and discussion with the student and family should be transferred to the Results section.

-COURSE OF STUDY

- Since most students with IEPs written during the Fall semester have not yet had a chance to earn high school credit, there are two versions of the Course of Study language to choose from.
- Use the first option for those with no high school credits, whose IEPs are written during the 1st semester.
- Use the second option for those who earned credits in middle school, or whose IEPs are written during 2nd semester.

-VOCATIONAL REHABILITATION (contact your building's WEC)

- Information regarding Vocational Rehabilitation should be provided to the family this year. Documentation of this should appear in Working Results, and consideration of a referral should appear in the third COS box under Future Recommendations.

Transition Assessment and Template Guide – Gr. 9

Instructions-Living (need to have 3 sources listed)

Choose the appropriate option, based on the assessment data.

Bankable Template (Place in the Living Results Section Page B)

Based on the assessment data summarized below, **** will not receive services in the area of Living during the course of this IEP. **[His/Her]** identified needs are age appropriate, and it is anticipated that the student will be able to acquire the skills at the same rate as age level peers as described below.

Based on the assessment data summarized below, **** will not receive services in the area of Living during the course of this IEP. **[His/Her]** identified needs are not priority needs for this school year, and will continue to be assessed. They will be addressed in the future as described below.

Based on the assessment data summarized below, **** will not receive services in the area of Living during the course of this IEP. **[He/She]** demonstrates significant needs in this area, but the parent has indicated that the need will be addressed outside of school as described below.

Based on the assessment data summarized below, **** requires services in the area of Living during the course of this IEP. **[His/Her]** identified needs cannot be adequately addressed solely within the general education setting, and will be addressed as described below.

Summary of Skills and Deficits

[Sources: Student & Parent Interview; DMPS Skills Checklist; If needed: Living on My Own]

-Give a descriptive, skill based summary of each of the assessments. Leave a space between each assessment. **The summary, in total, should include:**
 -What living skills does this student demonstrate with independence? With assistance? Still need to develop?
 Address student' understanding of his or her disability and potential impact on independent living;
 understanding of health needs; activities in the community/extra-curricular; accessing community resources where appropriate (i.e. DHS, waivers, transportation, etc.)

-State the student's post-secondary expectation for Living.
 -What are the student's preferences and concerns regarding future living arrangements?
 -Discuss the implications of the student's disability on attainment of the goal, based on the skills assessments.

-If no special education services/courses/activities will be provided on this IEP, there must be sufficient planning in place within the home, community and general education environments to adequately address priority needs necessary to attain the post-secondary goal for Living.

-Link specific needs to specific services/courses/activities.

-Delete any heading that does not apply.

****Wording inside [BRACKETS] is to be typed over or deleted.**

Post-Secondary Living Goal and Impact of Skills and Deficits on Attainment of Goal

[Sources: Student & Parent Interview]

Living Skills Plan

[Source: Student & Parent Interview]

General Education, Community & Home Services, Courses & Activities, Current IEP

[Link specific needs to specific courses/activities in the general education environment. Include in third COS box.]

Special Education Services, Courses & Activities, Current IEP

[Link specific needs to specific courses/activities in the special education environment. Include in third COS box. Page F reference needed. One or more goals may be linked if the goal is designed primarily to address Living needs.]

-Definitively Planned, Future Services, Courses & Activities

[Link specific needs to specific courses/activities. Specify environment and timeframe. Include in third COS box.]

-Suggested General Education and/or Special Education Services, Courses & Activities

[Suggest services/courses/activities that are anticipated to be beneficial. Indicate a timeframe. Include in third COS box.]

Transition Assessment and Template Guide – Gr. 9

<p>Instructions-Learning (need to have 3 sources listed) State that the student requires services.</p>	<p>Bankable Template (Place in the Learning Results Section Page B) Based on the assessment data summarized below, **** requires services in the areas of [insert goal areas] [His/Her] needs will be addressed as described below.</p>
<ul style="list-style-type: none"> -For each Goal Area, give a descriptive summary of skills and deficits in each goal. Use a separate paragraph, with space in between, for each subject area. -Summarize the results of each of the other assessments, paying attention to specific skills. -<i>Include SLP, PT/OT, etc. (if needed).</i> -The summary, in total, should answer the following: -What is the student's current functioning level in the areas of reading, written language and math, (behavior, if applicable) and how does this compare to age level peers? -What learning skills does this student demonstrate, and which skills does this student need to work on in order to meet post-secondary goals? - Address student's learning style and strengths, and how these relate to interest areas; degree to which student is involved in his or her own post-high school planning and progress in that process; ability to identify & explain accommodation needs. - Link learning strengths/preferences to specific career possibilities. 	<p>Summary of Skills and Deficits [Sources: Goal Area Results; District-wide Assessment Results; Student & Parent Interviews; DMPS Skills Checklist]</p>
<ul style="list-style-type: none"> -State the student's post-secondary goal(s) for Learning. How might these plans be impacted by the disability? -State the specific skills and/or activities the student will need to acquire or complete in order to meet this goal. -Address consistency between stated expectation and assessment data. 	<p>Post-Secondary Learning Goal and Impact of Skills and Deficits on Attainment of Goal [Sources: Student & Parent Interview]</p>
<ul style="list-style-type: none"> -Delete any heading that does not apply. **Wordings inside [BRACKETS] is to be typed over or deleted. 	<p>Learning Plan [Source: Student & Parent Interview]</p> <p>General Education, Community & Home Services, Courses & Activities, Current IEP [Link specific needs to specific courses/activities in the general education environment. Include in third COS box.]</p> <p>Special Education Services, Courses & Activities, Current IEP [Link specific needs to specific courses/activities in the special education environment. Include in third COS box. Check "Yes" box. Page F reference needed. All academic and behavior goals should be linked.]</p> <p>Definitively Planned, Future Services, Courses & Activities [Link specific needs to specific courses/activities. Specify environment and timeframe. Include in third COS box.]</p> <p>Suggested General Education and/or Special Education Services, Courses & Activities [Suggest services/courses/activities that are anticipated to be beneficial. Indicate a timeframe. Include in third COS box.]</p>

Transition Assessment and Template Guide – Gr. 9

Instructions-Working (need to have 3 sources listed)

-Choose the appropriate option, based on the assessment data.

Bankable Template (Place in the Working Results Section Page B)

Based on the assessment data summarized below, **** will not receive services in the area of Working during the course of this IEP. **[His/Her]** identified needs are age appropriate, and it is anticipated that the student will be able to acquire the skills at the same rate as age level peers as described below.

Based on the assessment data summarized below, **** will not receive services in the area of Working during the course of this IEP. **[His/Her]** identified needs are not priority needs for this school year, and will continue to be assessed. They will be addressed in the future as described below.

Based on the assessment data summarized below, **** will not receive services in the area of Working during the course of this IEP. **[He/She]** demonstrates significant needs in this area, but the parent has indicated that the need will be addressed outside of school as described below.

Based on the assessment data summarized below, **** requires services in the area of Working during the course of this IEP. **[His/Her]** identified needs cannot be adequately addressed solely within the general education setting, and will be addressed as described below.

Summary of Skills and Deficits

[Citations: DMPS Skills Checklist; if needed: Attitude Inventory & Behavior goal data]

Post-Secondary Working Goal and Impact of Skills and Deficits on Attainment of Goal

[Citations: Student & Parent Interview; Career Interest & Basic (Soft) Skills assessments (Naviance or alternates)]

[Include IVRS status]

Employability Skills Plan

[Source: Student & Parent Interview]

General Education, Community & Home Services, Courses & Activities, Current IEP

[Link specific needs to specific courses/activities in the general education environment. Include in third COS box.]

Special Education Services, Courses & Activities, Current IEP

[Link specific needs to specific courses/activities in the special education environment. Include in third COS box. Page F reference needed. One or more goals may be linked if the goal is designed primarily to address Working needs.]

-Definitively Planned, Future Services, Courses & Activities

[Link specific needs to specific courses/activities. Specify environment and timeframe. Include in third COS box.]

-Suggested General Education and/or Special Education Services, Courses & Activities

[Suggest services/courses/activities that are anticipated to be beneficial. Indicate a timeframe. Include in third COS box.]

-Give a descriptive, skill based summary of each of the required assessments. Leave a space between each one.

-The summary, in total, should answer the following:

-What working/employability skills does this student demonstrate with independence? With assistance? Still need to develop?

--What community service and volunteer activities and/or paid employment activities has this student participated in?

-State the student's post-secondary goal(s) for Working.
-How might the disability and the student's progress to date impact the student's career plans?

-Link interests with specific career possibilities.

Identify habits, attitudes, values as they relate to the career interests area(s). Are stated expectations consistent with assessment results?

-What skills does the student need to meet the goal?

-If no special education services/courses/activities will be provided on this IEP, there must be sufficient planning in place within the home, community and general education environments to adequately address priority needs necessary to attain the post-secondary goal for Working.

-Link specific needs to specific services/courses/activities.

-Delete any heading that does not apply.

Transition Assessment and Template Guide – Gr. 9

****Wording inside [BRACKETS] is to be typed over or deleted.**

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Instructions (Page B)

Impact of Disability

- Describe the impact of the student's disability on his/her progress and participation in the general education environment
- Then, under each heading (Living, Learning and Working), describe the impact of the student's disability in each of the three post-secondary areas.

Bankable Template

[Describe the impact of the student's disability on progress and participation in the gen. ed. environment.]

Living:

Learning:

Working:

Post-Secondary Expectations

For each post-secondary area, develop a concise, **one or two sentence statement** describing where the student expects to be after high school. This must align with the assessment information provided, and should not be a repeat of the assessment data.

[No bankable statement]

Transition Assessment and Template Guide – Gr. 9

Course of Study – FALL SEMESTER ONLY

What requirements does this student need to meet to graduate?

**** needs to complete 23 credits for graduation. The Des Moines Public Schools requires: 4 credits of English (including English I, English II & English III or AP Lang. & Comp.), 3 credits of Science, 3 credits of Math (including Algebra I), 3 credits of Social Science (including U.S. History, U.S. Government & either Economics or Microeconomics & 1 additional credit), 1.5 credits of Fine/Applied Arts, 1 credit of PE, 7.5 credits of electives, and CPR. **** will be required to take a variety of electives as part of (his/her) career exploration.

What is this student's current status with regard to these requirements?

**** plans to graduate with peers in May 20** is currently enrolled in a full-schedule in [his/her] first semester of high school. **** has earned 0 out of the 23 credits required to receive a high school diploma from Des Moines Public Schools. **** has begun to take classes for high school credit and [his/her] first courses for credit will be complete at the end of the Fall [YEAR] semester.

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date?

Courses/activities the student will be participating during the course of this IEP

[Always include Naviance, and reference in Working Results box, connected to career exploration.]

Required activities for future IEP years

[Connect specifically to post-secondary goals/expectations, considering information from the transcript check. Specify environment and timeframe.]

Future course/activity recommendations.

[Connect specifically to post-secondary goals/expectations, considering information from the transcript check. Specify environment and timeframe.]

**Courses/activities identified in Box 3 should reflect whether the student is pursuing a formal college degree, a vocational program or an informal education. Identify supports/activities needed in order to choose or apply for college and/or a job. Items listed in this box should already have been mentioned, connected to a specific need, in the relevant results section. These are things BEYOND graduation requirements, so do not include SDI in goal areas.]

****Wording inside [BRACKETS] is to be typed over or deleted.**

Transition Assessment and Template Guide – Gr. 9

Course of Study – SPRING SEMESTER ONLY

What requirements does this student need to meet to graduate?

**** needs to complete 23 credits for graduation. The Des Moines Public Schools requires: 4 credits of English (including English I, English II & English III or AP Lang. & Comp.), 3 credits of Science, 3 credits of Math (including Algebra I), 3 credits of Social Science (including U.S. History, U.S. Government & either Economics or Microeconomics & 1 additional credit), 1.5 credits of Fine/Applied Arts, 1 credit of PE, 7.5 credits of electives, and CPR. **** will be required to take a variety of electives as part of (his/her) career exploration.

What is this student's current status with regard to these requirements?

**** plans to graduate with *** peers in May 20**. **** is currently enrolled in a full schedule at _____ High School. **** has earned ** out of the 23 credits required to receive a high school diploma from Des Moines Public Schools, including ** credits of English, ** credits of Science, ** Credits of Math, ** credits of Social Science, ** credits of Fine/ Applies Arts, ** credits of PE and ** elective credits. **** [has/has not] completed the CPR requirement. **** [is/is not] on track to graduate as planned. [If no, described how this will be addressed.]

**** needs to complete ** credits for graduation: ** credits of English (including English I, English II & English III), ** credits of Science, ** credits of Math (including Algebra I), ** credits of Social Science (including World History, U.S. History, U.S. Government & either Economics or Microeconomics), ** credits of Fine/Applied Arts, ** credit of PE, ** credits of electives, and CPR.

[Check Course of Study on student's previous IEP. Reference the status of the completion of required and recommended courses and activities listed there.]

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date?

[Always include Naviance, and reference in Working Results box, connected to career explorations.]

Required activities for future IEP years

[Connect specifically to post-secondary goals/expectations, considering information from the transcript check. Specify environment and timeframe.]

Future course/activity recommendations.

[Connect specifically to post-secondary goals/expectations, considering information from the transcript check. Specify environment and timeframe.]

**Courses/activities identified in Box 3 should reflect whether the student is pursuing a formal college degree, a vocational program or an informal education. Identify supports/activities needed in order to choose or apply for college and/or a job. Items listed in this box should already have been mentioned, connected to a specific need, in the relevant results section. These are things BEYOND graduation requirements.]

****Wording inside [BRACKETS] is to be typed over or deleted.**

Student and Parent Interview – Gr. 9

Student _____ Case Manager _____

IEP Date _____ Assessment Date _____

Part A- Parent Perspective

**This section is to be completed either by the teacher with the parent/guardian over the phone, or by the parent/guardian in time for preparation of the IEP.

Living

1. Where do you expect your child to live after high school?

___ With Parents ___ With other family ___ Independently in an apartment/house or dorm ___ With a roommate in an apartment/house or dorm
 ___ Supported living program ___ Group Home Other: _____

2. Areas of Concern: Indicate which of the following areas you are concerned may impact your child's ability to live independently. In each area of concern, indicate where you feel the concerns are, or will need to be addressed.

Specific skills in each category can be found on the Skills Checklist.

Concern	Help from Family	Agency Services	Regular School courses	Special Supports at School
Personal Care	Yes-No			
Safety	Yes-No			
Management of the Living Environment	Yes-No			
Food and Nutrition	Yes-No			
Money Management	Yes-No			
Community and Transportation	Yes-No			
Personal Development, Leisure Time and Relationships	Yes-No			

Other Concerns regarding independent living:

3. Are agency services being provided?

___ Yes** ___ No

If yes, please ask your child's service provider to complete and return the attached **Adult Agency Input form.

**If yes, would you like your child's service provider invited to the IEP meeting? ___ Yes ___ No Service Provider Contact: _____

4. Would you like more information regarding agency services? ___ Yes ___ No

If yes, school staff will provide the **Outside Agency Resources Handout before or during the IEP meeting.

5. What is your child's main mode of transportation? _____

6. Can your child use DART? ___ Yes, independently ___ Yes, with support ___ No, has not had the need. ___ No, is not currently able to.

7. Driver's License: ___ Has a license ___ Has a permit and will obtain a license

___ Plans to get a permit in the future ___ Will not be able to get a license

Learning

8. What is your expectation for your child's learning or training after high school?

___ On the job training ___ Community education ___ Job Corps ___ Vocational/Trade School ___ Community College
 ___ Four Year College/University ___ Other: _____

9. Areas of Concern: Indicate which of the following areas you are concerned may impact your child's ability to achieve his or her goal for education after high school. In each area of concern, indicate where you feel the concerns are, or will need to be addressed. **Specific skills in each category can be found on the Skills Checklist.**

	Concern	Help from Family	Agency Services	Regular School courses	Special Supports at School
Self-advocacy	Yes-No				
Study Skills	Yes-No				
Math Skills	Yes-No				
Literacy Skills	Yes-No				
Behavior	Yes-No				

Other Concerns regarding education after high school:

Working

10. What has your child stated as a career goal(s) or interest area(s)?

11. Do you feel this is realistic? (Briefly explain.)

12. Do you feel this is consistent with your child's strengths and interests? (Briefly explain.)

13. List any alternative careers that you feel might be a better fit or more realistic.

14. Describe any of your child's work or volunteer experience (paid or unpaid) and/or regular household chores.

15. Areas of Concern: Indicate which of the following areas you are concerned may impact your child's ability to achieve his or her career goal. In each area of concern, indicate where you feel the concerns are, or will need to be addressed. **Specific skills in each category can be found on the Skills Checklist.**

	Concern	Help from Family	Agency Services	Regular School courses	Special Supports at School
Self-advocacy	Yes-No				
Employability Skills	Yes-No				
Work Habits & Attitudes	Yes-No				

Other Concerns regarding attainment of the career goal:

Part B- Student Perspective

-This section is to be completed by the student, either independently or with the assistance of school staff.

Strengths, Interests and Preferences

Circle those that describe you best. Add additional items in the space provided.

Strengths	Interests	Preferences
<ul style="list-style-type: none"> • Reliable • Creative • Confident • Cooperative • Respects others • Participates in conversations • Follows instructions • Remains on task • Completes work on time • Neat and organized • Persistent • Asks for help • Mechanical • Working with my hands • Hard-working • Athletic • Musical • Artistic <p>Other: _____</p>	<ul style="list-style-type: none"> • Sports • Outdoor activities • Animals/pets • Gardening/plants • Movies/TV • Listening to music • Singing • Playing an instrument • Art/crafts • Volunteering • Helping people • Law/protecting • Building • Designing • Driving/Transportation • Travel • Cooking • Business <p>Other: _____</p>	<ul style="list-style-type: none"> • I work best [alone / with partner or group]. • I like to [lead / let others lead]. • I learn best by [reading / listening / doing]. • I [care about / don't care about] keeping neat and organized. • I [like to meet new people / only work with people I know]. • I prefer to be [outdoors / indoors] • I prefer to be [active / sitting]. • I prefer working with my hands [Yes / No] • I prefer working with numbers and data [Yes / No] • I prefer to work in a [fast paced / casual] environment <p>Other: _____</p>

Living

1. Where would you like to live after high school?

___ With Parents ___ With other family ___ Independently in an apartment/house or dorm ___ With a roommate in an apartment/house or dorm
 ___ Supported living program ___ Group Home ___ Other: _____

2. What concerns do you have about living independently? **Specific skills in each category can be found on the DMPS Skills Checklist.**

___ Self-Care ___ Managing Money ___ Food & Nutrition ___ Taking Care of a House or Apartment ___ Transportation

___ Functioning in the Community ___ Other: _____

3. What are some of the things you feel you need to learn in order to reach your living expectation?

Available housing options	Managing a bank account	Cost of living
Housekeeping skills	Budgeting and paying bills	Meal planning and cooking
Shopping	Setting up utilities (electricity, gas, etc.)	Access emergency services
Handling emergencies	Community and/or government supports	Transportation

Other concerns regarding Living:

Learning

4. What is your goal for learning or training after high school?
 ___ On the job training ___ Community education ___ Vocational/Trade School ___ Community College
 ___ Four Year College/University ___ Job Corps ___ Other: _____

5. What are some of the things you feel you need to learn in order to reach your learning expectation?

Behavior	What training is available	How to choose a school or training program
Study Skills	What classes I should be taking	Information about military training
Math Skills	School/training costs	Financial Aid
Literacy Skills	Tour or visit schools/programs	Speaking up for Myself and Knowing My Needs

Other Concerns regarding education or training after high school:

6. What classes, activities or supports do you feel would help you?
 7. Describe any exploration of colleges, trade schools or training programs that you have completed since your last IEP.
 8. What is your learning style? (If you are not sure, complete the short survey at <http://yark-learn.com/the-yark-questionnaire/the-yark-questionnaire-for-younger-people/> . You may mark one or two. If you mark two, please mark as #1 and #2.
 ___ Visual ___ Aural (Auditory) ___ Verbal (Read/Write) ___ Kinesthetic (Hands-on)
 9. What accommodations on tests and/or in the classroom do you need to succeed in your classes? (List those that you know, or state that you do not know.)

Working

10. What career do you plan to pursue?
 11. Does your career interest area match the results of your skill and interest assessments? (If no, further career exploration is needed. Note on Page B)

12. What are some of the things you feel you need to learn in order to reach your working expectation?

Work Habits & Attitudes	Finding jobs	What employers expect
Explore more careers	Electives or Central Campus programs	Job interviewing
Resume, job applications and paperwork	Dressing appropriately for work	Getting along with co-workers
Working with others (co-workers)	Working with others (customers)	Speaking up for Myself and Knowing My Needs

Other Concerns regarding employability:

13. What experience have you had, career exploration have you completed, or classes have you taken in your interest area?
 14. Are you aware of the type of training that is needed to pursue your career expectation? ___ Yes ___ No
 15. Have you had any paid or unpaid work experience, or are you responsible for any regular chores at home?

Outside Agency Resources

Resource	Description
Adult Services and Supports	<p>If your student has low academic skills, a behavior goal, or physical disabilities, they may qualify for services as an adult. These adult services are disability based and are connected to an intellectual disability (ID), a mental health diagnosis, or a developmental disability (DD). We are NOT required to have the diagnosis at the time of referral; the adult agencies can help with this. If you have a student with a need for adult support for employment or independent living, there are a number of agencies available. Simply work with the family to connect with an agency below that serves the population you feel would most closely represent the student's needs; they will assist you in accessing the appropriate services for the student.</p> <p style="padding-left: 40px;">Broadlawns, CAP – Mental Health 282-6770 Community Support Advocates – Mental Health, DD, ID 883-1776 Easter Seals – Mental Health, DD, ID 274-1529 Eyerly-Ball – Mental Health 241-0982 Link Associates – ID, DD 262-8888</p>
Supplementary Security Income (SSI)/Social Security Disability Income (SSDI)	<ul style="list-style-type: none"> • If your student's disability significantly impacts independence, they may also qualify for benefits through social security. • Apply through the Social Security Office. (866) 964-7583
Title 19/Medicaid	<ul style="list-style-type: none"> • If your student is low income, in foster care, has medical or intellectual needs, he/she may also be eligible for Title 19/Medicaid at any age. Apply at the DHS office. 286-5555
Vocational Rehabilitation (VR)	<ul style="list-style-type: none"> • If your student is on an IEP, he/she may qualify for services through Vocational Rehabilitation. • This service may provide additional assistance in education/employment opportunities. • Grade 9 IEP should recommend VR referral during 10th grade year. • Referral should occur during 10th grade year. • See Work Experience teacher for more information on the referral process.
Job Corps	<ul style="list-style-type: none"> • Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16 through 24 improve the quality of their lives through vocational and academic training. • Iowa locations include Ottumwa and Denison. • See Work Experience teacher for tour and application information.
Parent-Educator Connection	<ul style="list-style-type: none"> • Modeling an effective collaborative partnership, the PEC is staffed by a parent coordinator who brings the perspective of a parent with a child having special needs and an educator coordinator who brings the perspective of an educator. • Jan Mackey – 242-7556

Adult Agency Input Form

Student _____ Date _____

Agency _____ Representative _____ Title _____

Email _____ Phone _____

For each post-secondary area, please indicate whether or not you are working with the student in that area. Then, complete the skills and goals/expectations sections for those that you identify as service areas.

Independent Living

- Yes, services are being provided in this area.
- Services are not currently being provided, but the student is being evaluated in this area.
- No, services are not currently being provided or considered.

Summary of Skills/Deficits	Goals/Expectations of Services
	Student's stated post-secondary expectation
Detail Services:	

Learning

- Yes, services are being provided in this area.
- Services are not currently being provided, but the student is being evaluated in this area.
- No, services are not currently being provided or considered.

Summary of Skills/Deficits	Goals/Expectations of Services
	Student's stated post-secondary expectation
Detail Services:	

Working/Employability

___ Yes, services are being provided in this area.

___ Services are not currently being provided, but the student is being evaluated in this area.

___ No, services are not currently being provided or considered.

Summary of Skills/Deficits	Goals/Expectations of Services
	Student's stated post-secondary expectation
Detail Services:	

Working Expectation Discrepancy Analysis

Student _____ Case Manager _____ Date _____

Post-Secondary Expectation for Working: _____

Requirements	Current Status	Needs to be Addressed
Training & Education	<i>[Is there a mismatch between the student's stated goal and the job requirement? What is the student's status in meeting the training/educational requirement?]</i>	
Skills Required for Job		
Experience	<i>[Courses, activities, exploration, volunteer experiences, work experiences.]</i>	
Physical Demands	<i>[Student's ability to meet the physical demands and comparison to their preferences.]</i>	
Working Conditions	<i>[Student's work values/preferences]</i>	

The information above will come from a variety of sources, including:

- Student and Parent Interview
- DMPS Skills Checklist
- Interest Profiler*
- Basic (Soft) Skills Assessment*
- Work Values Survey*
- Transferable Skills Assessment*

*These results are available either from the student's Naviance profile or through separate online surveys, depending upon when the student completed or will complete Naviance.

**These assessments can provide information about how the students interests, strengths and preferences match up with their stated post-secondary expectation for working, with links to career profiles through O*Net