

**STUDENT VOCATIONAL/TRANSITION INFORMATION
(BRIDGES REFERRAL INFO)**

NAME:	DATE:
ADDRESS:	REFERRING TEACHER:
HOME PHONE:	DOB/AGE:
PARENTS:	PROJECTED BRIDGES START DATE: PROJECTED # YEARS OF BRIDGES:
DOES STUDENT HAVE (Required for work): <ul style="list-style-type: none"> ○ KS IDENTIFICATION CARD OR DRIVER'S LICENSE ○ SOCIAL SECURITY CARD ○ BIRTH CERTIFICATE 	Please provide copies of ID if available:

Long Range Transition Goals:	
Career Interests:	
Vocational Strengths:	
<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:

<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
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<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
<u>WORK EXPERIENCE</u>	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:

Any Additional Work Experiences (Volunteer, School, Paid) (i.e. Laundry, Custodial, Landscaping, Clerical, Recycling, Restaurant/Food Preparation, Other)	
Employment Support Needs: <ul style="list-style-type: none"> <input type="radio"/> Semi-Independent Worker <input type="radio"/> Job Coach on occasion <input type="radio"/> One on one Paraeducator/Job Coach <input type="radio"/> 	Does student use assistive technology? Y Explain:
Does student have a functional communication system? Y Explain:	Does student need daily health care/nursing services? Y Explain:
Does student need a behavior intervention plan? Y Explain:	Transportation <ul style="list-style-type: none"> <input type="radio"/> School <input type="radio"/> Drives Self <input type="radio"/> Family Provides
Interests and Preferences	
What are some activities the student enjoys? (hobbies, sports, etc.)	
What are some of the conditions where the student works best? (inside/outside, noisy/quiet, fast/slow paced, time of day, same task/different tasks, supervised/unsupervised, etc.)	
Dislikes, etc.	
What particular activities is student known to dislike or we should avoid?	
What particular situations you recommend we avoid when searching for jobs?	
What supports might need to be maintained?	
Other (accommodation and support needs)	

The Student:	Easily	Most of the time	Has some difficulty	Has great difficulty
Adapts to an unfamiliar environment	1	2	3	4
Safely rides in school vehicles	1	2	3	4
Comfortably tolerates movement between community sites	1	2	3	4
Maintains appropriate sexual boundaries	1	2	3	4
Uses a planner	1	2	3	4
Understands and uses money	1	2	3	4
Demonstrates basic calculator skills	1	2	3	4
Can compose a simple letter or note	1	2	3	4
Can independently perform own personal hygiene	1	2	3	4
Does assigned chores/tasks at school	1	2	3	4
Uses appropriate judgment regarding safety practices (pedestrian travel, hot/cold, etc.)	1	2	3	4
Can independently fix own lunch/snacks for school	1	2	3	4
Independently manages own behavior in a group setting	1	2	3	4
Independently manages own behavior in a community setting	1	2	3	4
Independently manages own behavior in a work setting	1	2	3	4

Rate the student's desire to participate in Bridges:				
Strongly interested	Interested	Somewhat interested	Not interested	Unsure of level of interest
Rate the parent's desire for their young adult to participate in Bridges:				
Strongly interested	Interested	Somewhat interested	Not interested	Unsure of level of interest

ADULT SERVICE AGENCIES		
<u>Adult Service Agencies providing services at the time of exit</u>		
Name of Agency	Family is aware of	Family has contacted
The Arc of Douglas County		
Bert Nash		
CDDO/Cottonwood		
CDDO Case Manager		
Community Living Opportunities		
Cottonwood, Inc.		
Foster Care Case Manager or Independent Living Coordinator		

Independence, Inc.		
KS Job Service Center		
Kansas Rehabilitation Services		
NE KS Assistive Tech		
Post Secondary School		
Social Security Administration		
SRS		
Other:		
Other:		

TESTING/ASSESSMENTS		
AREA	ASSESSMENT NAME	DATE COMPLETED
Psychological/Cognitive Test		
Neuropsychological		
Medical/Physical		
Communication		
Adaptive Behavior		
Social/Interpersonal		
Communication/Speech/Language		
Multi-Tiered System of Supports (MTSS/RTI)		
Career/Vocational/Transition		
Community-Based Assessments		
Self-Determination Assessments		
Assistive Technology		
Classroom Observations		
Other		
List from KSDE June 2009		

Modified from Baska C-Tran '09