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| **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)**:**   * **KS IDENTIFICATION CARD OR DRIVER’S LICENSE** * **SOCIAL SECURITY CARD** * **BIRTH CERTIFICATE** | **Please provide copies of ID if available:** |

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| **Long Range Transition Goals:** |
| **Career Interests:** |
| **Vocational Strengths:** |

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| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE:** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |
| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE:** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |
| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE:** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |
| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |
| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE:** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |
| **WORK EXPERIENCE** | |
| **NAME OF BUSINESS:** | **ADDRESS & PHONE:** |
| **JOB DESCRIPTION:** | |
| **START DATE:** | **END DATE:** |
| **STARTING PAY:** | **ENDING PAY:** |

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| **Any Additional Work Experiences (Volunteer, School, Paid)** (i.e. Laundry, Custodial, Landscaping, Clerical, Recycling, Restaurant/Food Preparation, Other) | |
| **Employment Support Needs:**   * **Semi-Independent Worker** * **Job Coach on occasion** * **One on one Paraeducator/Job Coach** | **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**   * **School** * **Drives Self** * **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)** |  |

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| **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** |

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| **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** |

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| **ADULT SERVICE AGENCIES** | | |
| **Adult Service Agencies providing services at the time of exit** | | |
| **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:** |  |  |

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| **TESTING/ASSESSMENTS** | | |
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| **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