

TRANSITION PROGRAM INITIAL STUDENT INFORMATION SHEET

Instructions: This form is to be completed by the current educational team when referring a student to the Mid-Valley Special Education Cooperative Transition Programs. Please attempt to answer all sections. Thank you for your time and assistance.

Date:			
Student Name:			Disability Primary: _____ Secondary: _____
DOB:	Age:	Grade:	
District#:	Case Manager:		

1. LEVEL OF INDEPENDENCE

- a. Time of Independence (select one):
 - Student can be unsupervised and work productively for an extended period of time
 - Student can be unsupervised and work productively for 30 minutes or less
 - Student must be supervised at all times
- b. Community Skills (check all that apply):
 - Can cross the street independently
 - Has adequate safety skills/understands stranger danger
 - Can move independently & safely within a familiar setting
 - Can drive or independently access(arrange) public transportation
- c. Communication Skills (check all that apply):
 - Speaks fluently
 - Uses Sign Language
 - Uses Augmentative Device
 - Expresses needs/wants
 - Able to ask for help/seek assistance
 - Limited English (parents only speak _____)
 - Utilizes electronic communication (email/text)

2. EMOTIONAL/BEHAVIORAL CONCERNS (check all that apply)

- Free of aggression to people and property for at least 60 days
- Needs 1:1 assistance for behavioral reasons

For Non-preferred tasks: :

- Generally Cooperative
- Inconsistent Cooperation
- Uncooperative

Issues with:

- Drug Abuse or illegal use
- Alcohol abuse or illegal use
- Stealing

- Inappropriate Sexual Behavior
- Acting Out Behavior
- Wandering
- Profane Language
- Other (please list:) _____

Flexibility:

- Able to handle changes in routine/schedule
- Difficulty with changes in routine/schedule

Emotional/psychiatric issues - Please list/describe: _____

3. HEALTH/MEDICAL

- Can self-administer medication
- Consistent with taking medications
- Current Medications: _____

4. GOALS (Note: The MV Transition Programs do NOT focus on formal academic skills) Please circle areas of priority.

Activities of Daily Living Skills	Recreation/Leisure	Vocational	Time/Money Management
Transportation/Mobility	Communication	Social/Emotional	Health/Safety
Accessing Community Resources	Organization/Planning		

5. VOCATIONAL EXPERIENCE (check all that apply)

- Student has a paid job. Where? _____
- Student does volunteer work. Where? _____
- Student is a DRS client. Client # _____

Rate student on level of support needed within vocational environment.

- Independent
- Requires Training and Support
 - Intensive (1:1 all day)
 - Intermittent (checking on student)
 - Fade quickly (orientation)

6. SKILLS

Reading

- Non-reader
- Functional Reader
- Fluent Reader

Math

- Concrete Math Skills
- Abstract Math Skills

Time Skills

- Tells Time
- Requires support with time management

Money Skills

- Independent
- Support required

Study Skills

- Works Independently
- Adult Support Required

7. **AUXILIARY INFORMATION**

- Student has a current Behavior Intervention Plan

Does student have any of the following?: (Please check all that apply)

- State ID Card
- Drivers License
- ADA Paratransit (PACE) Card
- SSI Benefits
- Medicaid
- Guardian (If yes, please list) _____

8. **TRANSITION CLASS CATEGORIES**

Using the Continuum of Transition Services, please take an educated guess on the best placement for this student.

_____ MV 12+ Transition Program (Community Based Program, 1 to 3 days/week, part days)

_____ MV SAIL - ECC/WCC (Supported Community Based Program, 5 days/week, full days)

_____ MV SAIL - Shelby (Experiential Building Based Program, 5 days/week, full days)

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