



Special Education Department

PLEASE READ AND FOLLOW THE STEPS BELOW TO PROPERLY COMPLETE THIS ASSESSMENT:

1. If applicable, locate the student's previous Level 1 Assessment or Age-Appropriate Transition Assessment in the Document Repository and review with the student.
2. The Student will need to complete the Age-Appropriate Transition Assessment Tool and review with the staff member completing/uploading the new assessment.
3. Complete the Age-Appropriate Transition Intermediate Assessment and Career Plan below with the student.
4. Collect Parent/Guardian input.
5. Upload the Age-Appropriate Transition Intermediate Assessment and Career Plan AND Age-Appropriate Transition Intermediate Assessment Tool as one document into the document repository.
 - **This form can be completed online/electronically and saved as a PDF or printed, scanned and uploaded**
 - **Label the document as follows: "First Initial. Last Name, Age, Age-Appropriate Assessment" (Example: J. Doe, 14, Age-Appropriate Assessment)**
6. In the draft of the student's IEP, input the Age-Appropriate Assessment Evaluations/Reports section and date it was completed.
7. In the draft of the student's IEP, click "add" in the Present Levels of Performance (PLEP) to select Career/Transition/Vocational box. **Enter the following statement** and relevant information gathered from completing the Age-Appropriate Assessment and Age-Appropriate Transition Intermediate Tool, **"According to the Age-Appropriate Assessment..."**.

*****Please Note*****

- **The Age-Appropriate Assessment has taken the place of the Level 1 Assessment.**
 - **This new form is inclusive and encompasses Student, Parent, and Teacher responses on one document.**
- The same document should be utilized for the student each year between the ages of 12 and 14.
 - Be sure to retrieve the previous year's document from the Document Repository.
 - Input new information gathered during the current school year in the correct sections based on the student's age at the time.
 - Properly save and upload the revised document to the Document Repository.
- **Do not begin a new Age-Appropriate Assessment if one has already been created.**
 - **Only create a new Age-Appropriate Assessment for a student if:**
 - There is not an Age-Appropriate Assessment in the Document Repository
 - The last document completed was a Level 1 Assessment
 - The student is turning 12 during the lifetime of the IEP
 - The student was recently transferred into RCSD or classified
- If a student is turning age 12 during the lifetime of an IEP, an Age-Appropriate Transition Assessment and Career Plan must be completed. *****Document in the Evaluations/ Reports and Present Levels of Performance (PLEP) sections in the IEP*****
- **Do Not open or write in the Post-Secondary Goals or Coordinated Set of Transition Activities sections of the IEP. ***These sections are ONLY completed for student's age 15 and older.*****
- **If a student is turning age 15 during the lifetime of the IEP, an Age-Appropriate Transition Secondary Assessment and Career Plan must be completed.**
 - **Please DOWNLOAD and complete the appropriate form: <https://drive.google.com/drive/folders/1pGUqGkBB4FVEOccXY5HHnDffIXr7kMGQ?usp=sharing>**

Please complete the following form with your students **BEFORE** completing the Age-Appropriate Transition Intermediate Assessment.

Age-Appropriate Transition Assessment Tool: Personal Qualities and Foundation Skills

Student Name:		Student Age: 11*	
Name of Staff uploading form:		Date:	
Please complete the following chart. Check the box in the column that you feel best describes you:			
BASIC SKILLS	Need to Develop	Able to do with Help	Able to do by Myself
I listen to others before I speak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak so that others can understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THINKING SKILLS			
I solve problems on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make decisions on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES			
I take responsibility for my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCES			
I am always on time for school and classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep my school work organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL			
I get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work well in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a disagreement with someone, I work toward a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION			
I remember information once I learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEMS			
If I don't like the way something is done, I know what to do to change it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I accept constructive criticism and can make changes when suggested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY			
I know how to work with computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get information to complete school assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER DEVELOPMENT			
I know about different careers that are available in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about the skills necessary for those careers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what career(s) I might like to do when I leave high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED LEARNING			
I understand how what I learn in school will be helpful to me when I go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following form with your students **BEFORE** completing the Age-Appropriate Transition Intermediate Assessment.

Age-Appropriate Transition Assessment Tool: Personal Qualities and Foundation Skills

Student Name:		Student Age: 12	
Name of Staff uploading form:		Date:	
Please complete the following chart. Check the box in the column that you feel best describes you:			
BASIC SKILLS	Need to Develop	Able to do with Help	Able to do by Myself
I listen to others before I speak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak so that others can understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THINKING SKILLS			
I solve problems on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make decisions on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES			
I take responsibility for my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCES			
I am always on time for school and classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep my school work organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL			
I get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work well in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a disagreement with someone, I work toward a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION			
I remember information once I learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEMS			
If I don't like the way something is done, I know what to do to change it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I accept constructive criticism and can make changes when suggested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY			
I know how to work with computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get information to complete school assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER DEVELOPMENT			
I know about different careers that are available in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about the skills necessary for those careers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what career(s) I might like to do when I leave high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED LEARNING			
I understand how what I learn in school will be helpful to me when I go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following form with your students **BEFORE** completing the Age-Appropriate Transition Intermediate Assessment.

Age-Appropriate Transition Assessment Tool: Personal Qualities and Foundation Skills

Student Name:		Student Age: 13	
Name of Staff uploading form:		Date:	
Please complete the following chart. Check the box in the column that you feel best describes you:			
BASIC SKILLS	Need to Develop	Able to do with Help	Able to do by Myself
I listen to others before I speak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak so that others can understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THINKING SKILLS			
I solve problems on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make decisions on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES			
I take responsibility for my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCES			
I am always on time for school and classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep my school work organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL			
I get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work well in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a disagreement with someone, I work toward a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION			
I remember information once I learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEMS			
If I don't like the way something is done, I know what to do to change it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I accept constructive criticism and can make changes when suggested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY			
I know how to work with computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get information to complete school assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER DEVELOPMENT			
I know about different careers that are available in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about the skills necessary for those careers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what career(s) I might like to do when I leave high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED LEARNING			
I understand how what I learn in school will be helpful to me when I go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following form with your students **BEFORE** completing the Age-Appropriate Transition Intermediate Assessment.

Age-Appropriate Transition Assessment Tool: Personal Qualities and Foundation Skills

Student Name:		Student Age: 14*	
Name of Staff uploading form:		Date:	
Please complete the following chart. Check the box in the column that you feel best describes you:			
BASIC SKILLS	Need to Develop	Able to do with Help	Able to do by Myself
I listen to others before I speak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak so that others can understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THINKING SKILLS			
I solve problems on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make decisions on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL QUALITIES			
I take responsibility for my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOURCES			
I am always on time for school and classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep my school work organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL			
I get along with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work well in groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a disagreement with someone, I work toward a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION			
I remember information once I learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEMS			
If I don't like the way something is done, I know what to do to change it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I accept constructive criticism and can make changes when suggested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY			
I know how to work with computers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get information to complete school assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAREER DEVELOPMENT			
I know about different careers that are available in the work place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know about the skills necessary for those careers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what career(s) I might like to do when I leave high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED LEARNING			
I understand how what I learn in school will be helpful to me when I go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROCHESTER CITY SCHOOL DISTRICT

Age-Appropriate Transition Intermediate Assessment and Career Plan

adapted from NYSED Commencement Level Career Plan

Intermediate Level

1. Student Data

Name:	DOB:
Student ID:	School:
Parent/Guardian:	Phone #:

2. Review of previous Age-Appropriate Transition Assessment and Assessment Tool

(Obtain previous years assessment and assessment tool from FrontLine Document Repository and list the date reviewed with student below)

Student Age:	Date of Review:	Staff Member(s) who conducted the review with student:
12		
13		
14		

3. Student Self- Knowledge

Student Age:	A. List personal and academic strengths, preferences, and interests both inside and outside of school.
11*	
12	
13	
14*	

(Student Self- Knowledge continued)

Student Age:	B. List personal and academic areas that are challenging both inside and outside of school.
11*	
12	
13	
14*	

4. Student Education/Career Goals

Student Age:	Student's <u>Education</u> Goals	Student's <u>Career</u> Goals.
11*		
12		
13		
14*		

(Parent Input continued)

Student Age:	D. Additional information, comments or concerns from parent/guardian.
11*	
12	
13	
14*	

E. Check the box below if the parent/guardian would like more information regarding the following Community Agencies:

- ☐ Office for People with Developmental Disabilities (OPWDD)
- ☐ Office of Mental Health (OMH)
- ☐ Social Security/ Social Security Insurance/ Social Security Disability Insurance (SS/SSI/SSDI)
- ☐ Golisano Autism Center
- ☐ Other: _____

***** If any of the boxes have been checked, provide the parent/guardian with a Transition brochure that contains Community Agencies and Transition Team contact information. *****

6. Teacher Input

Student Age:	Provide teacher input/comments below. <i>Be sure to include the teacher's name next to each teacher's comment.</i>
11*	
12	
13	
14*	