



Rochester City School District

## Special Education Department

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

1. Locate the student's previous 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 Secondary Age-Appropriate Transition Assessment and Career Plan below with the student.
4. Collect Parent/Guardian input.
  - **Upload the Assessment Tool AND Secondary Age-Appropriate Transition Assessment and Career Plan as one document into the document repository.**
  - **This form can be completed/edited electronically and saved as a PDF or printed, scanned in and uploaded.**
    - **DO NOT OPEN OR SAVE AS A GOOGLE DOC! You will lose the features of the form if opened or saved incorrectly.**
  - **Label the document as follows: "First Initial. Last Name, Age, Age-Appropriate Assessment" (Example: J. Doe, 14, Age-Appropriate Assessment)**
5. In the draft of the student's IEP, input the Age-Appropriate Assessment Evaluations/Reports section and date it was completed.
6. In the draft of the student's IEP, click "add" in the PLEP to select the 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..."**.
7. Reflect the information gathered from the Age-Appropriate Assessment throughout the sections of the IEP.
  - Document transition goals and tasks in the **Post-Secondary Goals and Coordinated Set of Transition Activities** sections of the IEP.

### **\*\*\*Please Note\*\*\***

- **This form is inclusive and encompasses Student, Parent, and Teacher responses on one document.**
- This form is specific to student's ages 17 and older.
- Document only the current school year's responses on the form.
  - **A new/separate form must be completed each school year.**

# Which Careers Match Your Skills?



Your Name: \_\_\_\_\_

One way to begin your search for a career is to think about the things you are good at doing and then find careers that match your skills. **On the chart below, put a check next to the things you are good at and enjoy doing. Afterwards, review the careers that match your skills.**

**I AM GOOD AT** working with my hands, working with machines and tools, and/or building and fixing things.

## You may enjoy these careers:

Carpenter	Engineer	Pilot
Chef	Firefighter	Plumber
Electrician	Mechanic	Truck driver

**I AM GOOD AT** studying math or science, solving problems and puzzles, and/or working with computers.

## You may enjoy these careers:

Accountant	Crime scene investigator	Pharmacist
Architect	Data security officer	Scientist
Astronaut	Doctor	Statistician
Biologist	Engineer	Systems analyst
Chemist	Financial advisor	Veterinarian
Computer programmer	Geneticist	Video game designer
Computer technician	Meteorologist	Web designer
Conservationist		

**I AM GOOD AT** singing, acting, dancing, or playing music; being creative (writing, art, etc.); and/or speaking or performing in front of others.

## You may enjoy these careers:

Actor/actress	Editor	Producer
Agent	Landscaper	Reporter
Animator	Librarian	Singer
Art teacher	Marketing executive	Songwriter
Artist	Musician	Teacher
Designer	News anchor	Writer
Director	Photographer	

**I AM GOOD AT** helping people solve problems, helping people feel better, and/or teaching people how to do things.

**You may enjoy these careers:**

Chiropractor	Librarian	Teacher
Coach	Nurse	Therapist
Counselor	Nutritionist	Trainer
Hygienist	Paramedic	

**I AM GOOD AT** leading projects and people, selling things or ideas, and/or being in charge of people.

**You may enjoy these careers:**

Advertising executive	Manager	Real estate agent
Insurance agent	Paralegal	Salesperson
Lawyer	Politician	Stockbroker

**I AM GOOD AT** working with numbers, being organized, and/or following a set plan.

**You may enjoy these careers:**

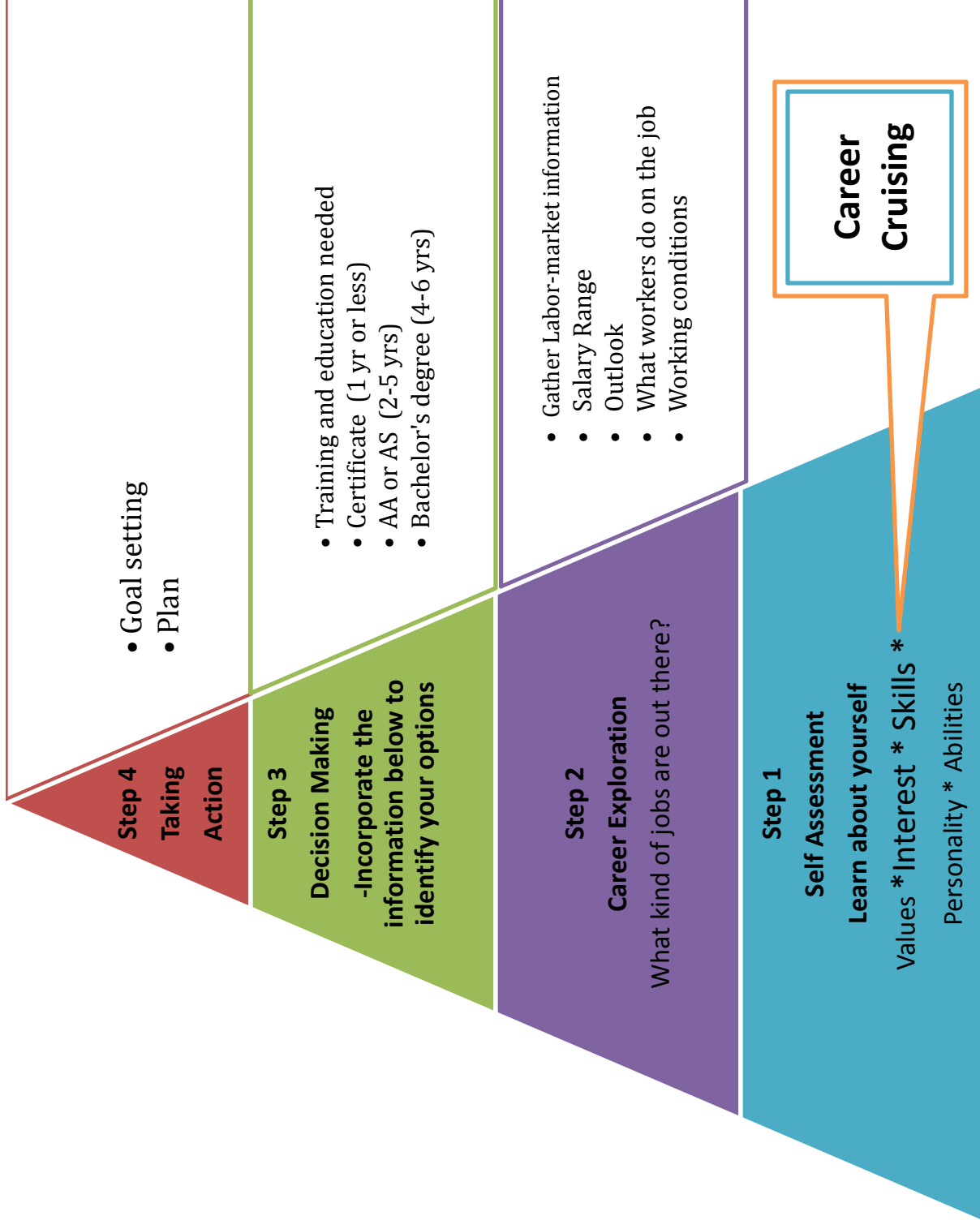
Administrative assistant	Data entry specialist	Payroll clerk
Bank teller	Desk clerk	Postal clerk
Bookkeeper	File clerk	Secretary
Court reporter		

**I AM GOOD AT** learning about history or geography, caring for family and home, and/or taking industrial technology classes.

**You may enjoy these careers:**

Archeologist	Cosmetologist	Surveyor
Carpenter	Historian	Tour guide
Chef	Mechanic	Travel agent
Child care provider	Politician	Welder

Knowing what you are good at and what you like to do is very important when making decisions about careers.  
Just remember that doing well in school will give you more career options when you leave High School.



**ROCHESTER CITY SCHOOL DISTRICT**  
**Age-Appropriate Transition Secondary Assessment and Career Plan**  
*adapted from NYSED Commencement Level Career Plan*

**Secondary Level- for Ages 17+**

**1. Student Data**

<u>Name:</u>	<u>DOB:</u>
<u>Student ID:</u>	<u>School:</u>
<u>School Year &amp; Grade Level:</u>	<u>Student Age:</u>
<u>Parent/Guardian:</u>	<u>Phone #:</u>
<u>Date Completed:</u>	

**2. Review of previous Age-Appropriate Transition Assessment and Assessment Tool**  
*(Obtain the previous year's assessment and assessment tool from FrontLine Document Repository and list the date reviewed with student below)*

Date of Review:	Student Age on Document Reviewed:	Staff Member(s) who conducted the review with student:

**3. Student Feedback, Self- Knowledge, and Post-Secondary Plans**

**3a. Student Disability Awareness:** List a question and a comment the student has regarding their disability or for their upcoming CSE meeting.

Student Question:	Student Comment:

**(Student Feedback, Self- Knowledge, and Post-Secondary Plans continued)**

**3b. Student Experience:** Document student current year school experience.

Question:	Student Response:
What have I done well in school this year?  *Information gathered should be reflected in the PLEP section of the IEP.	
What do you consider to be your strengths?  *Information gathered should be reflected in the PLEP section of the IEP.	
What have I struggled with in school this year?  *Information gathered should be reflected in the PLEP and Annual Goals sections of the IEP.	
What do I need to improve in school this year?  *Information gathered should be reflected in the PLEP, Annual Goals, Transition Needs sections of the IEP.	
What do I need from my program to help me? (Accommodations, Technology, Instructional Strategies, etc.)  *Information gathered should be reflected in the PLEP, Coordinated Set of Transition Activities sections of the IEP.	

**(Student Feedback, Self- Knowledge, and Post-Secondary Plans continued)****3c. Skills Ratings:** Document student voice and/or beliefs of their current skills/abilities/credentials

Student Skill:	Rating:					
Driver's permit/ Driver's license	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:			
Ability to use public transportation: (RTS Bus, Ride-shares, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:			
Paid Work Experiences	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:			
Unpaid Work Experiences/ Volunteer Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain:			
	Not at all		Moderate		Highly Skilled	
Household Skills: (Cooking, Cleaning, Laundry)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Explain:					
Money Management Skills: (Budgeting, Bank Account)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Explain:					

**3d. Student interest:** Document student's interest and preferences

Question:	Student Response:
<p>Explain your interests and preferences (things you like, hobbies, ...)</p> <p><b>*Information gathered should be reflected in the PLEP section of the IEP.</b></p>	
<p>What activities, clubs, or events do you participate in both inside and outside of school?</p> <p><b>*Information gathered should be reflected in the PLEP and Coordinated Set of Transition Activities sections of the IEP.</b></p>	

**(Student Feedback, Self- Knowledge, and Post-Secondary Plans continued)**

**3e. Post-Secondary Goals: Document student's plans after high school**

Question:	Student Response:
<p>What are your career goals?</p> <p><i>*Information gathered should be reflected in the PLEP and Measurable Postsecondary Goals sections of the IEP.</i></p>	
<p>Why do you think this career would be a good fit for you?</p> <p><i>*Information gathered should be reflected in the PLEP section of the IEP.</i></p>	
<p>What skills will you need for this career?</p> <p>How can you begin to work on these skills during High School?</p> <p><i>*Information gathered should be reflected in the PLEP, Annual Goals, Transition Needs sections of the IEP.</i></p>	
<p>After High School, what Training/ Schooling will you need for this career?</p> <p><i>*Information gathered should be reflected in the PLEP and Measurable Postsecondary Goals sections of the IEP.</i></p>	
<p>After High School, where do you plan to live? (Independently, with family, on campus, etc.)</p> <p><i>*Information gathered should be reflected in the PLEP and Measurable Postsecondary Goals sections of the IEP.</i></p>	



\*\*\*\*\***IMPORTANT TO NOTE**\*\*\*\*\*

After the student has provided input above, please have a conversation with the parent/guardian to review the information and gather parent/guardian input and add into the IEP document.

#### 4. Parent/Guardian Feedback

**4a. Parent Response:** How do parents/guardians feel about their child's plans for after high school? What do they want to see their child doing after high school? What concerns do they have?

Parent/Guardian Name:	Parent/Guardian Response:

**4b. Parent request of Community Agency Information:** Check the box below if the parent/guardian would like more information regarding the following Community Agencies:

- ☐ Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
- ☐ 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
- ☐ Youth Services
- ☐ 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.\*\*\*

#### 5. Teacher Input

Teacher Name:	Provide teacher input/comments regarding student's Transition plan below. <i>Be sure to include the teacher's name next to each teacher's comment.</i>