

**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 in 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 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..."**.
8. 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\***







- **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.**
- **This form is specific to NYSAA student's ages 15 and 16.**
- **Document only the current school year's responses on the form.**
  - **A new/separate form must be completed each school year.**
- **If a NYSAA student is turning age 17 or older during the lifetime of the IEP, an Age-Appropriate Transition Secondary Assessment and Career Plan for NYSAA ages 17+ must be completed, this is not the correct form to complete.**
  - **Please DOWNLOAD and complete the appropriate form from the linked folder below: <https://drive.google.com/drive/folders/1pGUqGkBB4FVEOccXY5HHnDFfIXr7kMGQ?usp=sharing>**

## Career Interest Inventory -- Pictorial Version

Learning about yourself is the most important step in your search for a job or career. A Career Interest Inventory helps you relate your interests and abilities to career choices. The following survey will link your career interests to related high school courses.







**Step 1:** Mark the items within each category that describe you. **Step 2:** Total the number of items checked for each category.

### Realistic: The Doer

					
<input type="checkbox"/> Play Sports	<input type="checkbox"/> Care for pets	<input type="checkbox"/> Build Things	<input type="checkbox"/> Lawn /garden	<input type="checkbox"/> Work outdoors	<input type="checkbox"/> Read plans





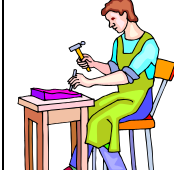

Total Checked \_\_\_\_\_

### Investigative: The Thinker

					
<input type="checkbox"/> Use computers	<input type="checkbox"/> Read	<input type="checkbox"/> Do math	<input type="checkbox"/> Work alone	<input type="checkbox"/> Research	<input type="checkbox"/> Ask questions

Total Checked \_\_\_\_\_






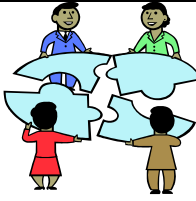
### Artistic: The Creator

					
<input type="checkbox"/> Paint, draw	<input type="checkbox"/> Take pictures	<input type="checkbox"/> Sing, Play music	<input type="checkbox"/> Arrange flowers	<input type="checkbox"/> Make things	<input type="checkbox"/> Decorate

Total Checked \_\_\_\_\_









## Social: The Helper

					
<input type="checkbox"/> Serve people food	<input type="checkbox"/> Work with children	<input type="checkbox"/> Friendly	<input type="checkbox"/> Work with Older people	<input type="checkbox"/> Help people	<input type="checkbox"/> Work on a team







Total Checked \_\_\_\_\_

## Enterprising: The Persuader

					
<input type="checkbox"/> Talk with people	<input type="checkbox"/> Sell things	<input type="checkbox"/> Plan parties	<input type="checkbox"/> Persuade people	<input type="checkbox"/> Lead a group	<input type="checkbox"/> Run a business

Total Checked \_\_\_\_\_

## Conventional: The Organizer

					
<input type="checkbox"/> File	<input type="checkbox"/> Sort	<input type="checkbox"/> Cashier	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Keep records	<input type="checkbox"/> Follow a plan

Total Checked \_\_\_\_\_

Which set of pictures do you enjoy the most?

<input type="checkbox"/> Realistic - the Doer	<input type="checkbox"/> Social - The Helper
<input type="checkbox"/> Investigative - the Thinker	<input type="checkbox"/> Enterprising - the Persuader
<input type="checkbox"/> Artistic - the Creator	<input type="checkbox"/> Conventional - the Organizer



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

***NYSA Secondary Level- for Ages 15-16***

## 1. Student Data

Name:	DOB:
Student ID:	School:
School Year & Grade Level:	Student Age:
Parent/Guardian:	Phone #:

## 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:

\*\*\*Use your professional judgment when completing this section. Answer based on current student awareness and/or parent preference.\*\*\*

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

**(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 below. <i>Be sure to include the teacher's name next to each teacher's comment.</i>