



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.
 - Label the document:
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 17 and older.
- Document only the current school year's responses on the form.
 - **A new/separate form must be completed each school year.**

Pictorial Interest Inventory

Structured around eight different career fields

Student name: Today's Date:

Birth Date: Age:

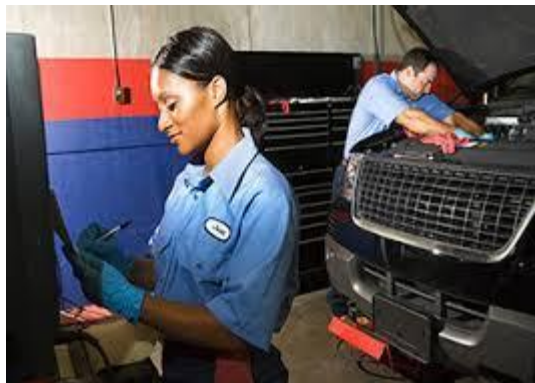
How to Use This Inventory



Directions:

- Each page contains three pictures.
- Choose the picture from each group that shows the task you like most.
- Place an "X" under the picture of the task you choose.
- Choose only one from each page.

A



B



C



D



E



F



G



H



A



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B



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C



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G



H



Score Sheet

Key letter	number of X's	Interest Area
A		Automotive
B		Clerical
C		Food Services
D		Custodial/Housekeeping
E		Landscape/Building trades
F		Materials and Handling
G		Caring for Others
H		Retail

Automotive: Auto Mechanic Tires/brakes inspector Gas Station Attendant Auto Body Repair Truck Driver Auto Body Painter	Clerical: Mailroom Assistant File Clerk Data Entry Shredding Mailings Library Page	Food Services: Line Cook Server Dishwasher Busboy Cafeteria Worker Prep Chef	Custodial/ Housekeeping: Janitor/Custodian Towel Folder Laundry Sorter Stripping/Making Beds Vacuuming Window Washing
Landscape/ Building Trades: Construction Carpenter Weeding Trimming Leaf Blowing Lawn Mowing Snow Shoveling	Materials and Handling: Grocery Stocker Grocery Bagger Pallet Mover Unloading Trucks Packing/Unpacking Boxes Scanning Inventory	Caring for Others: Nurses Assistant Hospice Worker Daycare Assistant Pet DayCare Worker Animal Shelter Worker Hospital Escort	Retail: Cashier Store Greeter Retail Clothing Cart Retrieval Stocking Shelves Customer Service

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

NYSAA Secondary Level- for Ages 17+

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? *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>*Information gathered should be reflected in the PLEP section of the IEP.</p>	
<p>What activities, clubs, or events do you participate in both inside and outside of school?</p> <p>*Information gathered should be reflected in the PLEP and Coordinated Set of Transition Activities sections of the IEP.</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>