**Level 1 Vocational Assessment**

**Teacher Assessment**

**Student**: **Date**:

**School**: **OSIS**#

**DOB**: **Class**: **Teacher**:

1. Is this student a known runner? Yes No
2. Is this student a bilingual student? Yes No

If so, is he/she in a bilingual class? Yes No

1. Is the student an ENL student? Yes No

If yes, is he/she receiving services? Yes No

1. What is the student’s primary mode of communication?

Verbal AAC device Eye gaze Other:

1. What are the student’s ADL skills at school in the areas of:
	1. toileting:
	2. eating:
	3. dressing:
	4. personal hygiene:
	5. mobility:
	6. navigating the school/environment:
2. Based on the previous IEP, in what areas has the student improved? (include academic, social, behaviors, etc.)
3. What adaptive behaviors does the student display? (slaps self, sways, uses objects to transition, uses weighted vest to remain calm, etc.)
4. What kind of learner is the student? (visual, kinesthetic, auditory) How does he/she best learn?
5. In what types of activities is the student most successful?
6. What strengths, preferences and interests do you notice in the student?
7. What does the student seem to be confident doing?
8. What subjects/classes does the student seem to enjoy?

Science Math Social Studies Vocational Tech

Art Gym Life Skills ELA Health

Other:

1. Does the student like to work alone or in groups?
	1. Alone b. In groups
2. When is the student most engaged?
3. How does the student interact with peers?
4. How does the student feel about him-/herself? Does he/she have positive or negative self-esteem?
5. How does the student react to new environments in/out of the building?
6. Does the student have any known medical alerts or allergies?
7. Does the student take any medication? Yes No
	1. If so, what is the medication for? (don’t list the name of the medications)
8. Does the student have a 1:1 paraprofessional? Yes No
	1. If yes, is the paraprofessional a health or crisis paraprofessional?
	2. Why does the student have a 1:1 paraprofessional?
9. What management needs does the student have to help him/her be successful? (e.g., transfer from wheelchair to seat or another wheelchair each day, something to help student transition, ear protectors during fire drills, nurse on trips, token boards, first-then boards, something to help the student stay on task/be focused, dietary restrictions, busing accomodations, etc.):
10. Does the student eat the school meals? Yes No

If not, why not?

1. Is the student visually impaired? Yes No

If so, what accommodations are needed?

1. Is the student hearing impaired? Yes No

If so, what accommodations are needed?

1. What type of work is the student interested in?
2. Where does the student want to live when he/she completes high school?
3. What instruction is being provided to the student to help him/her achieve his/her goals?
4. Describe the student’s ability to make informed choices? (e.g., asking relevant questions, looking ahead to possible consequences, etc.)
5. Describe the student’s ability to use problem solving skills in different situations and environments.
6. How does the student respond to change? What helps the student with change?
7. Describe the student’s strengths in the following areas:
	1. Following Directions:
	2. Following established routines :
	3. Interpersonal Skills:
	4. Responsibility:
	5. Initiative:
	6. Leadership:
	7. Technology :
8. In what areas do you think efforts should be focused to develop his/her strengths?
9. In what areas do you think efforts should be focused to work on his/her weaknesses?
10. Please list and explain any special concerns/limitations that may need to be accommodated for this child to be successful at work.