

***CONNECTICUT'S***  
***START ON SUCCESS***  
***(SOS)***  
***RESOURCE MANUAL***



**NOVEMBER 2005**

**Collaborating Partners**  
**Connecticut Start on Success (SOS)**

**National Organization on Disability (NOD)**

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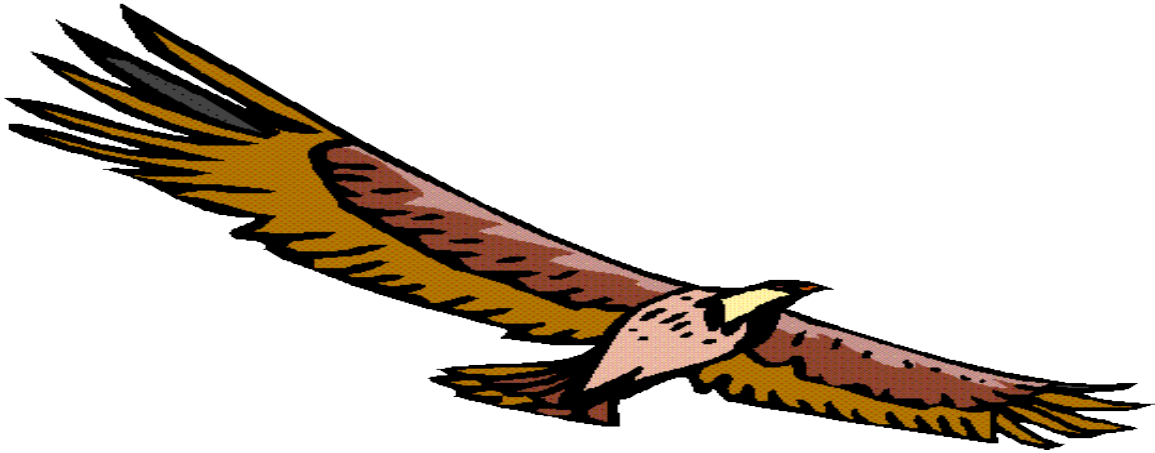
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**This manual is a compilation of forms, resources and materials used by Connecticut’s SOS programs. In addition, forms have been included from Alabama’s SOS program, known as “Crossing Points” and Transcen, Inc., in Maryland.**

**Forms may be edited and revised to meet the needs of each SOS program.**

# Section 1

## Introduction to Start on Success



## **INTRODUCTION TO START ON SUCCESS (SOS)**

### **THE NEED**

Access to employment is the most difficult barrier facing Americans with disabilities – more than 75% are unemployed or underemployed. The problem begins early – for high school students with disabilities, the dropout rate is twice that of their non-disabled peers.

### **RESPONSE**

By providing paid internships at nearby universities, hospitals and corporations, SOS introduces young people with disabilities to workplace realities before they leave high school.

### **PHILOSOPHY**

Given early opportunity and close individual support, young people with disabilities from low income, mostly urban families, can be successfully prepared for competitive employment and lives of independence.

### **OBJECTIVES**

Help students with disabilities to discover that they have abilities which are needed in the workplace; help employers and their non-disabled employees to understand better the realities and advantages of hiring young people with disabilities; demonstrate what can be accomplished at the local level through voluntary partnerships among students, parents, teachers, administrators, service providers and employers; enable these young people to become self-supporting members of their communities.

### **PROGRAM**

Each community develops its version of SOS in ways most appropriate to local circumstances. Although flexibility is a cornerstone of the program, we expect local sites to adhere to the following core elements:

#### **Leadership**

A local SOS program must have a clearly identified lead Coordinator. This may be a school official, local service provider, or a representative of a Governor's Committee on People with Disabilities. Usually, this person is assisted by an intern coordinator who manages day-to-day details and assists the Special Education teachers, job coach/mentors and job site supervisors.

#### **Target Students**

These are "gap kids," young people with disabilities who, if not given workplace training and experience before they leave high school, are likely candidates for isolation and welfare. They are selected on the basis of interest and aptitude. In urban SOS programs, most participants are Hispanic or African-American.

#### **Internship Sites**

In matching interns to job sites, we begin with student interests and aptitudes. Therefore, in selecting job site partners, we look for universities, hospitals and corporations that

offer exposure to a broad sampling of career pathways. Though not always feasible, we take pride in placing interns in settings non-traditional for young people with disabilities. There is no expectation that interns will become candidates for regular employment at their job sites.

### **Length of Internships**

Interns serve 10 to 15 hours per week and their internships vary in length from 8 to 32 weeks. In special cases, students are allowed to participate for two years.

### **Curricular Coherence**

In planning, implementation and follow-up, every effort is made to coordinate intern academic preparation with job site realities and expectations. Special emphasis is placed on the many different aspects of job readiness skills, including hygiene, dress, deportment, attitude, punctuality and overall behavior.

### **Support System**

Whether a Special Education teacher, professionally trained job coach, Vocational Rehabilitation counselor or transition coordinator, the objective is to provide interns and employers with strong supports and maximize chances for successful introductory work experience. Following high school graduation, most programs assist in job placement or further education/training.

### **Parental Involvement**

N.O.D. places great importance on parental involvement, not only in the decision to have their child participate, but also in program orientation, periodic conferences and in the culminating end-of-year recognition ceremony.

### **Compensation**

To insure that interns are taken seriously as co-workers in training, we insist that the jobs be real and that they provide fair compensation. Payment of wages makes the internship a more adult experience and increases the likelihood that the program will operate on a business-like basis. Depending on state/ local legislation, the hourly amount is either minimum wage or a special wage stipulated for interns or apprentices.

### **Intern Tracking and Program Evaluation**

These responsibilities are assumed by each local program. Although we pride ourselves on being non-bureaucratic, we do require annual reports, including a summary of expenditures. Representatives from all SOS programs meet annually to share achievements, problem solve and, collectively, chart a course for the next year.

### **Recognition Ceremony**

This important annual gathering celebrates intern accomplishments and recognizes the contributions of employers, supervisors, school personnel, families, mentors, service providers, local officials, donors and media.

**Shared Financial Responsibility**

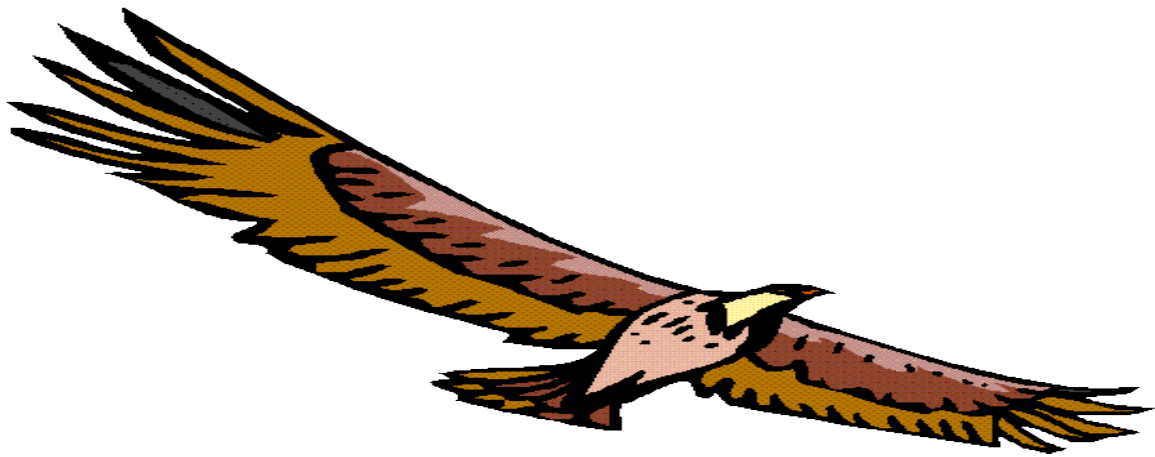
In establishing new SOS programs, the National Organization on Disability gives preference to communities in which all program partners are prepared to make direct or indirect contributions. N.O.D. provides partial financial support up to a maximum of five years. Within that time frame, each local program assumes responsibility for becoming financially self-sufficient. Thus far, all SOS programs have met that goal.

**Launching SOS**

A community contemplating SOS must be able to demonstrate the need. The National Organization on Disability will not duplicate similar initiatives already in place. It generally takes a full year to develop and implement a new SOS program. All constituents must be involved in the process – students and parents, administrators and teachers, service providers, employers and local officials. Once a decision is taken to launch a local SOS program, the National Organization on Disability sends a Letter of Agreement confirming its financial commitment and its expectations. Before sending such a letter, N.O.D. will have received from the prospective program site a brief project description and three-year budget projection.

# Section 2

## Student Referral Forms





**THIS PAGE IS TO BE COMPLETED BY THE APPLICANT:**

1. What types or work are you particularly interested in exploring?

Have you taken an interest inventory within the past six months?

2. List any prior work experiences (volunteer or paid):

3. Why do you want to be an SOS intern?

4. What is your current grade level? 10<sup>th</sup>  11<sup>th</sup>

5. Homeroom teacher of guidance counselor: \_\_\_\_\_

**CONTINUE TO NEXT PAGE**

Applicant's Statement of Commitment

READ CAREFULLY and SIGN:

If selected to participate in the Start on Success New Britain internship program, I understand and agree to comply with the following rules:

- A. I will attend the Job Readiness sessions to be held prior to being placed in my internship position.
- B. I agree to keep my commitment, for the designated amount of time, to the Start on Success New Britain program and with the selected employer.
- C. I will keep the required records and submit necessary documents as directed.

---

Applicant Signature

Date

Parent's/Guardian's Statement of Commitment

If my child is selected to be an intern in the Start on Success New Britain program, I agree to the following:

- A. I give my permission for my child to participate in the school-to-career transition program;
- B. I will attend the parent Orientation Session, and
- C. I will actively support my child's commitment to the Start on Success Program.

---

Signature of Parent/Guardian

Date

New London High School  
Student Work Program Agreement  
Start On Success

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Worksite Location: \_\_\_\_\_

Work task assignment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreement Statement:

I recognize and accept the responsibilities associated with my participation in the Start On Success Program at N.L.H.S.

I agree to the following:

**Be a positive representative of N.L.H.S..** I should always keep in mind that how I conduct myself at the worksite influences peoples' view of the greater N.L.H.S. community.

**Complete all work assignments to the best of my ability.**

**Work the full schedule of my scheduled work time.** I understand that I am responsible for completing my scheduled work hours and being honest about reporting the time I've worked to my supervisor.

**Learn and follow any specific rules for my worksite.** I understand that I will be responsible for following the rules and worksite routines that are specific to my worksite.

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**Attendance is very important.** I understand the importance of maintaining good attendance to school. I have been selected for participation in the Start On Success program because of the many benefits, both in my educational and personal growth, the experience will provide me. In order to fully benefit from the experience, good attendance is a requirement and if a pattern of poor attendance begins to develop a review of my attendance record could result in being dropped from the program.

**Passing Grades.** I understand that I must maintain passing grades in all the other courses I am taking to be a participant in the S.O.S. program.

**Disciplinary Record.** Just as my conduct is important at the worksite, my behavior in school is expected to reflect my adherence to all school rules.

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# Crossing Points

## Referral for Admission to CrossingPoints

Student Name (first, middle, last) \_\_\_\_\_

Grade \_\_\_\_\_

School in Which Student is Currently Enrolled \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

Student's Area of Exceptionality (as listed on the MEDC):

\_\_\_\_\_

If student has multiple disabilities, list all areas of concern (for example visual deficits, physical/motor deficits, hearing impairment, etc.)

\_\_\_\_\_

\_\_\_\_\_

Has the student received or will the student receive a Certificate of Attendance as an exit document from his/her school system?  Yes  No

Has the student ever committed a Class III offense?  Yes  No

Does the student have a behavior plan?  Yes  No

If so, list the target behaviors for which the plan was written.

\_\_\_\_\_

\_\_\_\_\_

List student's areas of strength (including academic skills, work skills, social skills, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student expressed the desire to develop employment-related skills?  Yes  No

**If student has participated in job skills training, please list places of training and activities performed on each job site:**

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---

# *CrossingPoints*

Dear (Name of Student):

Congratulations! You have been selected to participate in the CrossingPoints program located on the University of Alabama campus. CrossingPoints is a collaboration between the Tuscaloosa City and County school systems and the University of Alabama. The program will assist you in bridging the gap between school and your local community. It is designed to provide hands on experience in the following transition areas: employment, independent living, self determination and functional academics.

CrossingPoints provides the opportunity for you to work 2 to 4 hours a day 1-4 days a week at a University- based or community-based work site. Each work site has been carefully selected to provide a meaningful experience. The work sites are as varied as the interests of the students. A variety of work sites offers opportunities for you to explore an array of potential jobs for your future. This program is designed to provide you with real experiences that will assist you in learning the skills needed for competitive, supported employment. **This program should not be considered employment.**

Students enrolled in CrossingPoints are also enrolled in the Start on Success program. Start on Success Alabama provides a small stipend for student training hours. This is not a wage, and students are not eligible for workman's comp. Before participating in Start on Success, you must successfully complete the job readiness handbook. This will take place during the first six weeks of the fall/spring semester.

CrossingPoints also provides opportunities for you to learn independent living skills such as shopping, going out to lunch, having lunch at a friend's house, cleaning a house, participating in local community activities, and volunteering in their community. These are all important skills needed for you to truly be a contributing member of your community. Functional academics such as telling time and using money are taught in the classroom and utilized in the community through a variety of activities.

We welcome your input and support in the CrossingPoints program. If you have any questions please call us at 348-3180.

Sincerely,

Susan Kizziah  
Tuscaloosa County School System

Becci Hauser  
Tuscaloosa City School System

# Student Contract – Crossing Points

## School-Based Assessment/Community-Based Work Training

Check one:     School-Based Work Assessment     Community-Based Work Training

I, \_\_\_\_\_, agree to the following rules as a participant of the  
(print student's name) school-based/community-based program.

1. To train at the sites where I am assigned.
2. To work cooperatively with supervisory staff assigned to the work training site.
3. To wear clean and appropriate clothes and have good personal hygiene for work training.
4. To get along with others at the training site.
5. To use appropriate language on the training site.
6. To follow all safety and work place rules.
7. To keep working until my assignment is finished.
8. To maintain a good attitude while at the training site.
9. To obey my supervisor, follow directions, and discuss if my work is good or bad without getting angry or leaving the training site without permission.
10. To discuss any complaints about my training with one of my teachers.
11. To go to school/training sites as needed even if other students are going to be involved in a special activity.
12. To do my best at the training site.
13. To have good school and training attendance.
14. To inform my supervisor(s) at the school and work training site before I am absent.

I understand that if I do not obey these rules, I may receive one or more of the following:

- a. A written warning/reprimand.
- b. A lower grade.
- c. A parent conference.
- d. A suspension from the training site.
- e. Termination (end work) of training at the site.

I understand I will not be paid, receive worker's compensation, or be entitled (have a right) to a job at the training site.

### SIGNATURES

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

# Internship Contract

For many of you this will be your first internship and for others it may be your first paid internship experience. Please read this information carefully.

**Print all information:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**In case of emergency, please contact:** \_\_\_\_\_

**Emergency phone number(s):** \_\_\_\_\_

**READ EACH AND INITIAL EACH STATEMENT BELOW:**

|  | <b>Initial</b> |
|--|----------------|
| I will arrive to my job site at my scheduled time.   |                |
| I will work a maximum of ___ hours per week and record my hours correctly on my time sheet.  |                |
| If a paid internship, I will receive payment only for the actual amount of time I have worked during the pay period.   |                |
| I will dress appropriately according to the standards of dress set by my job site.   |                |
| My supervisor/mentor's name is:  |                |
| I will make every effort to attend all special activities that have been planned for me.   |                |
| I will take the appropriate time allowed for lunch and check in with my supervisor/mentor before I leave and when I return.  |                |
| If I am sick, I will immediately contact my supervisor/mentor at _____ and the SOS Program Coordinator at _____.   |                |
| If an accident or injury occurs, I will notify my supervisor/mentor immediately.   |                |
| I will not make or receive personal phone calls from the work site or use work site equipment or supplies for personal use. I understand, that if I am assigned to a computer workstation, I will not abuse my privileges by using my system for games, chat rooms, or sending unauthorized electronic messages. |                |
| I understand that I may be suspended or deactivated from my job if I have three or more unexcused absences, have repeated tardiness, and/or leave work without permission, or break any of the behavior standards.   |                |
| <b>Student Signature:</b>  | <b>Date:</b>   |
| <b>Supervisor/Mentor Signature:</b>  | <b>Date:</b>   |

**REFERRAL PROCESS TO THE  
BUREAU OF REHABILITATION SERVICES (BRS)  
Wilbur Cross High School**

- September**            **Pre-screening with BRS counselor and Transition Specialist** without using the student's last name, identify those students who will most likely qualify for services. Set date for first orientation meeting. Transition specialist sends out passes to students to allow them to attend the BRS orientation during class time.
- October:**            **First BRS orientation meeting with students.** Students will hear an introduction to BRS services from the BRS counselor. Release forms will be distributed to be signed by students 18 and older. Minors will be required to return the release form with a parent/guardian's signature. The Transition Specialist will assist the BRS counselor in securing psychological, medical and work experience documentation.
- Nov – Dec.:**        BRS counselor will contact students and Transition Specialist regarding student eligibility status. The BRS counselor and Transition specialist will communicate by telephone to set up individual appointments for eligible students to meet with the BRS counselor at the high school. The Transition Specialist will send out passes for students to attend the BRS meeting and secure a meeting location.
- January – June:**    Transition Specialist will continue to collaborate with the BRS counselor and refer new students as they enter the program. Transition Specialist will update the special education staff and school nurse as to all BRS meetings and activities, seeking additional input from staff when necessary.

Ron Thomas  
Bureau of Rehabilitation Services  
414 Chapel St., Suite 301  
New Haven, CT 06511  
(203) 974-3022  
FAX – (203) 789-7850

Mary Lane  
Wilbur Cross High School  
181 Mitchell Dr.  
New Haven, CT 06511  
(203) 946-5516  
FAX – (203) 946-6932

# Section 3

## Parent Information Forms



**Consolidated School District of New Britain  
Start on Success (SOS) Internship Program**

September, 2005

Dear \_\_\_\_\_,

Arrangements have been made to provide an internship opportunity for \_\_\_\_\_ at Central Connecticut State University. Your support in this endeavor is very much appreciated. Regular attendance is extremely important. Please contact me at **225-6351 before 8:00 a.m. if your child will be absent.**

If you have any questions about this information, please let me know as soon as possible so modifications can be made. I am looking forward to working with your son/daughter and trust that \_\_\_\_\_ will benefit tremendously from this training opportunity. Please fill out the attached permission slip and return it to me at New Britain High School on or before Tuesday, September 7, 2005.

Sincerely,

Janice Albert  
Special Education School to Career Facilitator  
New Britain Public Schools

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**Training Site:**

Name of Business: Central Connecticut State University  
Work Site Mentor: \_\_\_\_\_  
Primary Tasks:

Days of Training: Monday, Tuesday, Wednesday, Thursday  
Times of Training: 10:15 – 12:45  
Duration of Training: September 7, 2005 – June 16, 2006

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**Supervision**

Provided by: Janice Albert  
Position: Special Education School to Career Facilitator

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**Transportation**

\_\_\_\_\_ School

Person responsible for coordinating and supervising transportation: Janice Albert

**Permission Slip (to be signed by parent/guardian)**

I give permission for \_\_\_\_\_ to participate in the Start on Success Internship Program as is has been described above.

In case of emergency, I authorize the school to seek medical treatment. A reasonable attempt will be made to contact me. I also authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform emergency surgery for (student) \_\_\_\_\_.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Other person to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical information on student:**

1. Allergies (especially to food or medication):
2. Other medical problems:
3. Medication to be taken during trips:
4. Date of last tetanus shot: \_\_\_\_\_
5. Insurance Plan: \_\_\_\_\_ Policy Number: \_\_\_\_\_
6. Student's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_
7. Student's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Photo Release Form**

The undersigned gives permission to the Consolidated School District of New Britain for the use of his/her name, photograph and/or image in connection with any recounting or promotion of the Start on Success New Britain program.

The signature of a parent or guardian is required for individuals under 18 years of age.

Print full name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# *CrossingPoints*

Dear Parent/Guardian:

Congratulations! Your son/daughter, \_\_\_\_\_, has been selected to participate in the CrossingPoints program located on the University of Alabama campus. CrossingPoints is a collaboration between the Tuscaloosa City and County school systems and the University of Alabama. The program assists young people with disabilities in bridging the gap between school and their local community. It is designed to provide hands on experience in the following transition areas: employment, independent living, self determination and functional academics.

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CrossingPoints also provides opportunities for students to learn independent living skills such as shopping, going out to lunch, having lunch at a friend's house, cleaning a house, participating in local community activities, and volunteering in their community. These are all important skills needed for young people to truly be a contributing member of their community. Functional academics such as telling time and using money are taught in the classroom and utilized in the community through a variety of activities.

We welcome your input and support in the CrossingPoints program. If you have any questions please call us at 348-3180.

Sincerely,

Susan Kizziah  
Tuscaloosa County School System

Becci Hauser  
Tuscaloosa City School System



***NEW HAVEN PUBLIC SCHOOLS***

**MEDIA RELEASE FORM**

I, \_\_\_\_\_ hereby grant permission to the New Haven Public Schools, its affiliates and their successors, and any person receiving permission from any of them, to use my child, \_\_\_\_\_ picture, likeness, name, photograph or voice, at its discretion in publications or on video or audio tape concerning education programs or activities of the New Haven Public Schools. I have been assured, and it is my understanding, that this shall be used in instructional or publicity contexts only, and shall not be used for any commercial purposes whatsoever.

I do hereby agree to hold harmless the New Haven Public Schools in connection with any and all claims regarding my child's photographic image, including legal fees and other costs incurred.

I do hereby waive any claim for compensation for my child's photographic image.

I do hereby agree that this RELEASE is valid until expressly revoked by me in writing.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

# Crossing Points

## Student Information/Medical Alert Form

Student's Name (first, middle, and last) \_\_\_\_\_

Grade \_\_\_\_\_

School in Which Student is Currently Enrolled \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Student's Height \_\_\_\_\_ Student's Weight \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Lives With  Both Parents  Mother  Father  Legal Guardian  
 Other \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

Mother/Guardian Place of Employment \_\_\_\_\_

Mother/Guardian Work Telephone \_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_

Father/Guardian Work Telephone \_\_\_\_\_

List persons to be contacted in case of an accident, illness, or other emergency if parent/guardian cannot be contacted:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

List persons other than parent/guardian with permission to check student out of school or pick student up from school:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Describe your son/daughter's health problems or medical conditions (Be sure to include asthma, diabetes, depression, anxiety, seizures, heart problems, or food/sting allergies):

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List any medications that will be administered during school hours  
(A Medication Authorization Form must be completed.):

Name of medication(s) \_\_\_\_\_

Dosage(s) \_\_\_\_\_

Name of Physician Prescribing Medication \_\_\_\_\_

Does your son/daughter have an inhaler at school?  Yes  No

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Where is inhaler kept? \_\_\_\_\_

Does your son/daughter require any medical procedures while at school (For example, checking blood sugar)?  Yes  No

Describe the medical procedure \_\_\_\_\_



I, the undersigned, do hereby authorize CrossingPoints staff to contact directly the persons named above in the event of an emergency involving this student, and do authorize the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named above, or parents cannot be contacted, CrossingPoints staff is hereby authorized to seek emergency assistance necessary for the health of the aforesaid student. I will not hold CrossingPoints staff financially responsible for the emergency care and/or transportation for said student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

To help school/medical providers in the coordination of my child's health and academic success, I give permission for CrossingPoints staff and my child's doctor to exchange health information as needed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**It is the responsibility of the parent/guardian to notify CrossingPoints immediately in writing of any change in the student information listed above.**



I, the undersigned physician, do certify that the above-listed medical conditions, health problems, and medication information is accurate.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

# CrossingPoints

## Medication Prescriber/Parent Authorization Form

*Directions for the Use of this Form – Parent/Guardian must have the attending physician complete this form for prescribed medications to be taken at school. The parent must complete the form for any over the counter medications to be taken or used at school. The parent/guardian must return this form to CrossingPoints.*

### Student Information

Student's Name \_\_\_\_\_

School Year \_\_\_\_\_

List any drug allergies/reactions: \_\_\_\_\_

Height (inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_

### PRESCRIBER INFORMATION

Name of medication \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency to be given \_\_\_\_\_

Start Administration of Medication Beginning \_\_\_\_\_ Discontinue \_\_\_\_\_  
(Date) (Date)

#### Special Instructions:

Does the medication require refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the medication a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Is self-medication permitted and recommended for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

If emergency medication, do you recommend this medication be kept "on person" by the student?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Potential side effects/contraindications/adverse reactions: \_\_\_\_\_

Treatment order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary) \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

### PARENT AUTHORIZATION

I authorize a registered nurse (RN) to delegate to an unlicensed CrossingPoints staff member the task of assisting my child in taking the above medication as prescribed. I understand licensed nursing personnel will administer medication by injection, rectal, gastric tube, or other route not approved for unlicensed school personnel to assist. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication. Medication must be registered with the CrossingPoint's staff member delegated as an unlicensed medication provider. It must be in the original container and be properly labeled with the student's name, prescriber name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

If any questions or problems arise, call me at:

# Crossing Points

## Authorization for Disclosure of Information

I hereby authorize \_\_\_\_\_ to disclose the following  
(Name of school/individual/institution)  
information from the records of:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Covering the period of time FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Date) (Date)

Extent or nature of information to be disclosed:

\_\_\_\_\_ Complete school records – including individual education plan

\_\_\_\_\_ Medical Information – history and physical examination

\_\_\_\_\_ Medical Information – discharge summary

\_\_\_\_\_ Report of Psychological and or Neuropsychological evaluations

\_\_\_\_\_ Report of Psychiatric Interview

\_\_\_\_\_ Social History

\_\_\_\_\_ Report of Vocational Evaluations or Assessments

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

This information is to be disclosed to

---

(Name of specific individual at school or institution that is to receive the information)

for the purpose of (a) the facilitation of individualized transition planning and programming and the coordination of education and community services or for (b) (please specify) \_\_\_\_\_.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise

revoked, this authorization will expire on the following date, event, or condition:

\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Crossing Points

## Permission To Participate In School-Based/Community-Based Work Program

Check one:  School-Based Work Assessment  Community-Based Work Training

Your student will participate in the school-based/community-based work program during the \_\_\_\_ - \_\_\_\_ school year. The program is designed to provide your student with real work experiences that will assist him or her in learning the skills needed for competitive employment. However, this program should not be considered employment.

In order for your student to participate in this program, we must have your permission concerning the following:

\_\_\_ Yes \_\_\_ No I give permission for \_\_\_\_\_ to participate in school-based work assessment/community-based training.

\_\_\_ Yes \_\_\_ No In an emergency, I give permission for employees of the training site or school personnel to obtain medical care for my student.

\_\_\_ Yes \_\_\_ No I understand that my student must have insurance before participating in the school-based work assessment/community-based work training program.

|  |
|--|
| Insurance Carrier _____                              |
| Primary Insured _____ ID# _____                      |
| Medicaid Student ID# _____                           |
| School Accident Insurance _____ Student ID# _____    |
| <b>Please provide a copy of your insurance card.</b> |

Attached is a school insurance form. If a student does not have insurance, please contact \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_ Yes \_\_\_ No I understand that my student's performance in the off-campus/on-campus work training will count as part of the grade in Career Preparation.

\_\_\_ Yes \_\_\_ No I understand that I will be notified when my student changes training sites.

\_\_\_ Yes \_\_\_ No I understand that my student will not be entitled to wages or worker's compensation during work training.

\_\_\_ Yes \_\_\_ No I give permission for my student to be transported to the training sites selected by the school.

\_\_\_ Yes \_\_\_ No I give permission to disclose relevant information to business, adult service providers, etc., concerning my student's abilities, needs, accommodations, etc. (**optional**)

**SIGNATURES**

Your signature indicates that you understand and agree to these terms and conditions.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

# Crossing Points

## Parent/Guardian Transition Survey

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

1) Upon completion of public school, you would like to see your son/daughter participate in:

- Day Care/Activity Program
- Sheltered Workshop
- Competitive Part-Time Employment
- Competitive Full-Time Employment
- Other (Specify) \_\_\_\_\_

2) Upon completion of public school, you anticipate your son/daughter's living situation to be:

- At home
- With relatives
- Foster Home
- Group Home
- Supervised Apartment
- Independent Living Situation
- Other (Specify) \_\_\_\_\_

3) After graduation, do you feel that your son/daughter will most likely be supported by:

- Social Security/SSI/Medical Assistance
- His or Her Own Wages
- Department of Public Welfare
- A Combination of the Above

4) After graduation, do you feel that your son/daughter will most likely be transported by:

- Family Members
- Public Transportation
- His/Her Own Car
- Taxi
- Other (Specify) \_\_\_\_\_

5) Which of the following adult special needs service providers have you been aware of and/or contacted for information?

- United Cerebral Palsy
- Association for Retarded Citizens (the ARC of Tuscaloosa)
- Sheltered Workshops (i.e. Palk Activity Center)
- Local Mental Retardation Offices (i.e. TCMRA)

- \_\_\_ Respite Care
- \_\_\_ Group Home Providers (i.e. Volunteers of America)
- \_\_\_ Department of Vocational Rehabilitation (Voc. Rehab)

6) Which of the following services have been made available to your son/daughter as he/she has progressed through school?

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Individual/Family Counseling
- Vocational Counseling
- Other (Specify) \_\_\_\_\_

7) How comfortable would you be with your son/daughter living in his/her own supported environment?

- Very Comfortable
- Moderately Comfortable
- Uncomfortable
- Very Uncomfortable

8) After graduation, do you feel that your son/daughter will probably:

- Get Married
- Have a Boy/Girlfriend But No Marriage
- Have Children
- Have Very Little Romantic or Social Contact With the Opposite Sex

9) After graduation, do you feel that your involvement with your son/daughter will:

- Pretty Much Stay the Same
- Increase Moderately
- Decrease Moderately
- Decrease Drastically

10) In what areas do you feel you have been especially helpful in preparing your son/daughter for life after graduation?

- Learning Self Help Skills
- Learning Safe Travel
- Preparation of Food
- Cleaning House
- Sex Education
- Drug Education
- Management of Money
- How To Avoid Potentially Dangerous Situations
- How To Plan Leisure Time Activities
- How To Get Along With People
- Vocational Planning
- Realistic Goal Setting
- How To Contact Help If Needed
- How To Shop
- How To Be As Independent As Possible
- Other (Specify) \_\_\_\_\_

11) In what areas do you feel your son/daughter needs additional training before graduation?

- Learning Self Help Skills
- Learning Safe Travel
- Preparation of Food
- Cleaning House
- Sex Education
- Drug Education
- Management of Money
- How To Avoid Potentially Dangerous Situations
- How To Plan Leisure Time Activities
- How To Get Along With People
- Vocational Planning
- Realistic Goal Setting
- How To Contact Help If Needed
- How To Shop
- How To Be As Independent As Possible
- Other (Specify) \_\_\_\_\_

12) After graduation, which of the following leisure/recreation activities would your son/daughter benefit from and enjoy?

- Fishing/Hunting
- Water Sports
- Special Olympics
- Church Related Activities
- Activities That Are Limited To People With Disabilities
- Horseback Riding
- Camping
- Running, Walking, or Aerobics
- Art (drawing, painting, ceramics, etc.)
- Bowling
- Photography
- Social Functions (parties, visiting friends)
- Music and Television
- Basketball, Football, Softball, etc.
- Attending Sporting Events
- Other (Specify) \_\_\_\_\_

13) After graduation, how often do you feel your son/daughter will participate in any of the above activities?

- Frequently
- Moderately
- Infrequently

14) If your son/daughter lived outside of your home in the community, do you feel the risk for sexual, physical, or financial exploitation is:

- High
- Moderate
- Low

15) In surveying your own knowledge and feelings concerning the issues which pertain to your son/daughter, how well do you feel you are prepared to deal with the future?

- Well Prepared and Knowledgeable
- Somewhat Anxious and Undecided
- Unprepared and Anxious
- Praying For a Miracle

16) In working with professionals, which agencies have you found particularly helpful in working with your son/daughter?

- Association for Retarded Citizens
- Department of Mental Health/Mental Retardation
- Department of Public Welfare
- Department of Vocational Rehabilitation
- Social Security Administration
- Public School System
- United Cerebral Palsy
- Other (Specify) \_\_\_\_\_

17) To date, which has been your greatest source of information concerning services available to your son/daughter?

- Newspapers, Media
- Friends
- Family Members/Relatives
- School Officials/Teachers
- Found Out By Accident
- Found Out By Doing My Own Research
- None of the Above- I Don't Have Necessary Information
- Other (Specify) \_\_\_\_\_

18) Which fears or anxieties do you have which would prevent your son/daughter from living in a supported living environment in the community?

- Fears of Exploitation
- Too Vulnerable
- Won't Be Able To Take Good Care of Him/Herself
- Will Become Sexually Active
- Will Get Involved With Alcohol/Drugs
- Can't Shop On His/Her Own
- Can't Manage Money
- Has No Furniture
- Not Really Ready Yet

- Has Been Too Dependent
- Caretaker Would Not Take Good Care Of My Son/Daughter
- Other (Specify) \_\_\_\_\_

19) Does your son/daughter have any behaviors that bother you or others? Explain:

\_\_\_\_\_

What do you do when it occurs?

\_\_\_\_\_

20) Describe how your son/daughter behaves in each of the following areas:

Meal Time- \_\_\_\_\_

Communication- \_\_\_\_\_

Personal Hygiene- \_\_\_\_\_

Socially- \_\_\_\_\_

In the Community- \_\_\_\_\_

21) What things are important to you or your family members regarding programs that we have not discussed elsewhere in this survey?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22) List any other comments or concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *Crossing Points*

## **Student/Parent Interview Questions**

1. Upon graduation from public school, would you like to see yourself - your son/daughter participate in competitive full-time employment or competitive part-time employment?  
Student Response –  
Parent Response -
2. If not, do you envision yourself - your son/daughter participating in a sheltered workshop or day activity program?  
Student Response -  
Parent Response
3. Upon graduation from public school, do you anticipate yourself - your son/daughter living in a supervised apartment situation or staying at home with relatives?
4. Are there any work demands/responsibilities placed on you – your son/daughter at home?  
Student Response –  
Parent Response –
5. How do you – your son/daughter react to these responsibilities?  
Student Response –  
Parent Response –
6. Have you – your son/daughter participated in any employment training experiences before?  
If so, where?  
Student Response –  
Parent Response –
7. Are there any jobs in which you – your son/daughter are particularly interested?  
Student Response –  
Parent Response –
8. Are there any jobs you – your son/daughter does not seem to like?  
Student Response –  
Parent Response –
9. Are there any occupations in which you – your son/daughter would object to participating in?  
Student Response –  
Parent Response –

10. What concerns do you(student) (parent) have concerning employment training?

Student Response –

Parent Response –

11. What concerns do you (student) (parent) have concerning independent living skills training?

Student Response –

Parent Response –

12. Are there any recurring safety problems such as putting objects in mouth or being fascinated with electrical outlets?

Student Response –

Parent Response –

13. Are you willing to participate in our Parent Support Group?

Parent Response –

14. Do you understand that participating in CrossingPoints does not entitle your son/daughter to employment at the University of Alabama and that your son/daughter will not be guaranteed payment for hours spent in employment training?

Parent Response –

15. What do you hope to learn by participating in CrossingPoints?

Student Response –

16. Why do you want your son/daughter to participate in CrossingPoints?

Parent Response –

17. Will you provide instruction at home for skills identified in your son/daughter's IEP that need to be reinforced at home (i.e. learning to get up with an alarm clock, making bed, etc.)?

18. Frequently we ask parents to send a small amount of money to purchase the groceries needed for cooking classes (\$2.00 - \$5.00). Will this be a problem for your family?

Parent Response –

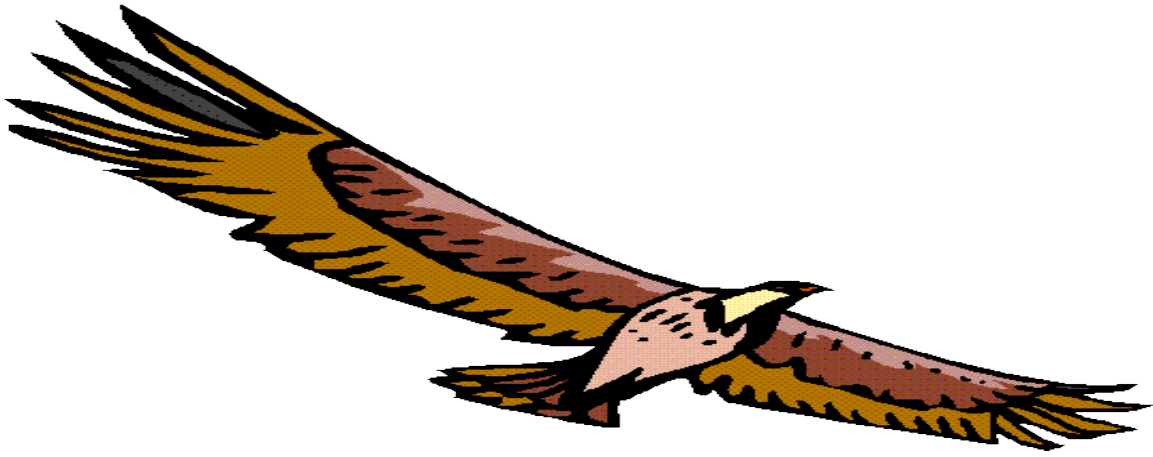
19. What concerns/questions do you have?

Student Response –

Parent Response -

# Section 4

## Student Evaluation and Assessment





# New London High School Career Planning Interview

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

**What are your career goals?**

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**What are your educational goals?**

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**What are your personal goals?**

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## Job-Related Interest and Preference Inventory

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

Date: \_\_\_\_\_

1. What job(s) would you like to have when you finish high school?

\_\_\_\_\_

Why? Have you done this job before? \_\_\_\_\_

2. What are your favorite days of the week to work?

\_\_\_\_\_

Why: \_\_\_\_\_

3. What hours or time of the day do you want to work?

\_\_\_\_\_

4. Are you willing to work nights or weekends, if the boss asks you: \_\_\_\_\_

5. Do you want to work indoors or outdoors? \_\_\_\_\_

6. Would you rather be sitting or standing at work? \_\_\_\_\_

7. Do you want to work alone or with other people? \_\_\_\_\_

8. Do you want to work at a fast-paced and busy place or at a slow pace? \_\_\_\_\_

\_\_\_\_\_

9. Do you like it to be noisy or quiet when you work? \_\_\_\_\_

10. Do you prefer music or no music playing where you work? \_\_\_\_\_

11. Do you prefer jobs that require that you wear a uniform? \_\_\_\_\_

12. Do you want a job that requires you to dress up in nice clothes for work? \_\_\_\_\_

13. Do you prefer to work for a business with a lot of employees or with just a few employees?

\_\_\_\_\_

14. What kind of setting(s) do you want to work in?

- Hospital    Outdoors    Stock Room    Animals    Home    Business  
 Manufacturing    Farm    Hotel    Office    Store Front  
 Cubicle    Shopping Mall    Other: \_\_\_\_\_

15. How far/long are you willing to travel to get to work? \_\_\_\_\_

16. How much money would you like to make at a job? \_\_\_\_\_

17. What else are you looking for in a job? What does the job have to have? \_\_\_\_\_

\_\_\_\_\_

18. What are your favorite places to go in the community?

\_\_\_\_\_

19. What are your favorite subjects at schools?

\_\_\_\_\_

\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

# *Crossing Points*

## **Transition Planning Assessment**

**Directions:** Please circle the number that best describes how you feel about the need for your son or daughter to receive instruction in each area. Use the extra spaces for additional comments.

**NAME OF STUDENT:** \_\_\_\_\_

**NAME OF PERSON COMPLETING ASSESSMENT:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

| Skill  | Great Need | Moderate Need | Little Need | No Need |
|--|------------|---------------|-------------|---------|
| <b>HYGIENE AND GROOMING</b>  |            |               |             |         |
| Toileting  | 3          | 2             | 1           | 0       |
| Bathing  | 3          | 2             | 1           | 0       |
| Oral Care (Teeth and gums)   | 3          | 2             | 1           | 0       |
| Shaving  | 3          | 2             | 1           | 0       |
| Hair Care (washing, drying, styling)   | 3          | 2             | 1           | 0       |
|  |            |               |             |         |
| <b>CARE OF CLOTHING</b>  |            |               |             |         |
| Sorting, washing, and drying   | 3          | 2             | 1           | 0       |
| Ironing  | 3          | 2             | 1           | 0       |
| Storage (folding, hanging up, putting in drawers)                              | 3          | 2             | 1           | 0       |
| Selection of clothing to wear according to time of year and weather conditions | 3          | 2             | 1           | 0       |
|  |            |               |             |         |
| <b>FOOD RELATED</b>  |            |               |             |         |
| Cooking  | 3          | 2             | 1           | 0       |
| Dishes (washing, drying, putting away)   | 3          | 2             | 1           | 0       |
| Menu Planning  | 3          | 2             | 1           | 0       |
| Eating (table manners, eating w/out assistance)                                | 3          | 2             | 1           | 0       |
| Preparing meals for himself/herself  | 3          | 2             | 1           | 0       |

| Skill   | Great Need | Moderate Need | Little Need | No Need |
|---|------------|---------------|-------------|---------|
| <b>HOME MAINTENANCE</b>   |            |               |             |         |
| Mopping   | 3          | 2             | 1           | 0       |
| Sweeping  | 3          | 2             | 1           | 0       |
| Dusting   | 3          | 2             | 1           | 0       |
| Vacuuming   | 3          | 2             | 1           | 0       |
| Washing Windows   | 3          | 2             | 1           | 0       |
| Cleaning Mirrors  | 3          | 2             | 1           | 0       |
| Cleaning Bathroom (toilet, tub, sink, counter tops, )   | 3          | 2             | 1           | 0       |
| Cleaning Kitchen (sink, stove, refrigerator, counter tops)  | 3          | 2             | 1           | 0       |
| Bed Making (making bed, changing sheets)  | 3          | 2             | 1           | 0       |
| Changing Light Bulbs  | 3          | 2             | 1           | 0       |
| <b>PERSONAL MANAGEMENT</b>  |            |               |             |         |
| Getting himself/herself up in the morning with an alarm clock   | 3          | 2             | 1           | 0       |
| Using good judgment about going to bed on time  | 3          | 2             | 1           | 0       |
| Managing money effectively  | 3          | 2             | 1           | 0       |
| Managing time effectively   | 3          | 2             | 1           | 0       |
| Preparing meals for himself/herself   | 3          | 2             | 1           | 0       |
| <b>SHOPPING</b>   |            |               |             |         |
| Shopping for Groceries  | 3          | 2             | 1           | 0       |
| Shopping for Clothing   | 3          | 2             | 1           | 0       |
| Shopping at a Convenience Store   | 3          | 2             | 1           | 0       |
| <b>COMMUNITY SERVICES</b>   |            |               |             |         |
| Post Office (buying stamps, mailing letters, mailing packages)  | 3          | 2             | 1           | 0       |
| Bank (know how to open and maintain checking/savings account, how to cash checks, how to deposit money) | 3          | 2             | 1           | 0       |
| Restaurants (ordering and paying for meal)  | 3          | 2             | 1           | 0       |
| Fast Food Restaurants (ordering and paying for meal)  | 3          | 2             | 1           | 0       |
| <b>TRANSPORTATION</b>   |            |               |             |         |
| Demonstrate the use of taxi cabs  | 3          | 2             | 1           | 0       |
| Demonstrate the use of public bus transportation  | 3          | 2             | 1           | 0       |
| Driver's permit/license   | 3          | 2             | 1           | 0       |
| Give verbal directions to home  | 3          | 2             | 1           | 0       |
| <b>USE OF TELEPHONE</b>   |            |               |             |         |
| Answers telephone appropriately and gets person requested   | 3          | 2             | 1           | 0       |
| Answers telephone, takes simple message, and verbally delivers it                                       | 3          | 2             | 1           | 0       |
| Makes local telephone calls and gives simple messages   | 3          | 2             | 1           | 0       |
| Looks up numbers in telephone book  | 3          | 2             | 1           | 0       |
| Knows how to call 911 or other emergency numbers  | 3          | 2             | 1           | 0       |
| Uses pay telephone  | 3          | 2             | 1           | 0       |
| Makes appointments (doctor, dentist, hair, etc.)  | 3          | 2             | 1           | 0       |

| Skill   | Great Need        | Moderate Need        | Little Need        | No Need        |
|---|-------------------|----------------------|--------------------|----------------|
| <b>COMMUNICATION</b>  |                   |                      |                    |                |
| Asking for help/assistance  | 3                 | 2                    | 1                  | 0              |
| Answering questions   | 3                 | 2                    | 1                  | 0              |
| Engaging in social conversations  | 3                 | 2                    | 1                  | 0              |
| <b>LEISURE/RECREATION</b>   |                   |                      |                    |                |
| Development of skills for individual activities   | 3                 | 2                    | 1                  | 0              |
| Development of skills for group activities  | 3                 | 2                    | 1                  | 0              |
| Participating in community leisure activities   | 3                 | 2                    | 1                  | 0              |
| <b>MEDICAL</b>  |                   |                      |                    |                |
| Demonstrate what to do in emergency situation   | 3                 | 2                    | 1                  | 0              |
| Demonstrate knowledge of basic first aid procedures   | 3                 | 2                    | 1                  | 0              |
| Independently take medication   | 3                 | 2                    | 1                  | 0              |
| Explain his/her disability to medical personnel   | 3                 | 2                    | 1                  | 0              |
| Describe family medical history and any allergic reactions to medicine                            | 3                 | 2                    | 1                  | 0              |
| Demonstrate knowledge of medical insurance coverage   | 3                 | 2                    | 1                  | 0              |
| <b>Skill</b>  | <b>Great Need</b> | <b>Moderate Need</b> | <b>Little Need</b> | <b>No Need</b> |
| <b>SELF DETERMINATION</b>   |                   |                      |                    |                |
| Participate in his/her IEP planning   | 3                 | 2                    | 1                  | 0              |
| Participate in the development of long-range goals  | 3                 | 2                    | 1                  | 0              |
| Express opinions and needs effectively  | 3                 | 2                    | 1                  | 0              |
| Understand and effectively express limitations/needs, as well as strengths                        | 3                 | 2                    | 1                  | 0              |
| Demonstrate ability to ask for help when needed   | 3                 | 2                    | 1                  | 0              |
| Set goals and take steps to achieve goals   | 3                 | 2                    | 1                  | 0              |
| Demonstrate an understanding of his/her rights and responsibilities as a person with a disability | 3                 | 2                    | 1                  | 0              |
| Demonstrate assertiveness with friends and adults   | 3                 | 2                    | 1                  | 0              |
| Show respect for self and others  | 3                 | 2                    | 1                  | 0              |
| Handle praise and/or criticism  | 3                 | 2                    | 1                  | 0              |
| Display self-confidence   | 3                 | 2                    | 1                  | 0              |
| Demonstrate knowledge of the various adult programs/agencies available to him/her                 | 3                 | 2                    | 1                  | 0              |

## **The C.I.T.E. Learning Styles Instrument**

The C.I.T.E. Learning Styles Instrument can assist classroom instructors and support personnel in determining a student's preferred learning style.

The instrument is divided into three main areas:

- Information gathering
- Work conditions
- Expressive preference

Information gathering includes auditory language, visual language, auditory numerical, visual numerical, and auditory-visual-kinesthetic. Work conditions focus on whether a student works better alone or in a group. Expressive preference considers whether a student is more effective with oral or written communication.

Knowing information about learning styles can be useful when determining which assessment instruments are appropriate to use. It is also useful when developing an Individual Education Plan in determining what classroom and future job modifications will be necessary.

Conducting the C.I.T.E Learning Style Inventory:

- Discuss the importance of knowing one's learning style with the class.
- Ask students to complete the C.I.T.E. Learning Styles Instrument.
- Score the instrument and share the results individually with each student.
- Discuss the various learning styles and implications for possible learning accommodations.

**From the Center for Innovative Teaching Experiences**  
C.I.T.E. Learning Styles Instrument

**Babich, A.M., Burdine, P. Allbright, L., Randal, PI.**

|   | <b>Most<br/>Like Me</b> |   | <b>Least<br/>Like Me</b> |   |
|---|-------------------------|---|--------------------------|---|
| 1. When I make things for my studies, I remember what I have learned better.          | 4                       | 3 | 2                        | 1 |
| 2. Written assignments are easy for me to do.   | 4                       | 3 | 2                        | 1 |
| 3. I learn better if someone reads a book to me than if I read silently to myself.    | 4                       | 3 | 2                        | 1 |
| 4. I learn best when I study alone.   | 4                       | 3 | 2                        | 1 |
| 5. Having assignment directions written on the board makes them easier to understand. | 4                       | 3 | 2                        | 1 |
| 6. It's harder for me to do a written assignment than an oral one.                    | 4                       | 3 | 2                        | 1 |
| 7. When I do math problems in my head, I say the numbers to myself.                   | 4                       | 3 | 2                        | 1 |
| 8. If I need help in the subject, I will ask a classmate for help.                    | 4                       | 3 | 2                        | 1 |
| 9. I understand a math problem that is written down better than one I hear.           | 4                       | 3 | 2                        | 1 |
| 10. I don't mind doing written assignments.   | 4                       | 3 | 2                        | 1 |
| 11. I remember things I hear better than I read.                                      | 4                       | 3 | 2                        | 1 |
| 12. I remember more of what I learn if I learn it when I am alone.                    | 4                       | 3 | 2                        | 1 |

|  | <b>Most<br/>Like Me</b> |   | <b>Least<br/>Like Me</b> |   |
|--|-------------------------|---|--------------------------|---|
| 13. I would rather read a story than listen to it read.  | 4                       | 3 | 2                        | 1 |
| 14. I feel like I talk smarter than I write.   | 4                       | 3 | 2                        | 1 |
| 15. If someone tells me three numbers to add I can usually get the right answer without writing them down. | 4                       | 3 | 2                        | 1 |
| 16. I like to work in a group because I learn from the others in my group.                                 | 4                       | 3 | 2                        | 1 |
| 17. Written math problems are easier for me to do than oral ones.  | 4                       | 3 | 2                        | 1 |
| 18. Writing a spelling word several times helps me remember it better.                                     | 4                       | 3 | 2                        | 1 |
| 19. I find it easier to remember what I heard than what I have read.                                       | 4                       | 3 | 2                        | 1 |
| 20. It is more fun to learn with classmates at first, but it is hard to study with them.                   | 4                       | 3 | 2                        | 1 |
| 21. I like written directions better than spoken ones.   | 4                       | 3 | 2                        | 1 |
| 22. If homework were oral, I would do it all.  | 4                       | 3 | 2                        | 1 |
| 23. When I hear a phone number, I can remember it without writing it down.                                 | 4                       | 3 | 2                        | 1 |
| 24. I get more work done when I work with someone.   | 4                       | 3 | 2                        | 1 |
| 25. Seeing a number makes more sense to me than hearing a number.  | 4                       | 3 | 2                        | 1 |
| 26. I like to do things like simple repairs or crafts with my hands.                                       | 4                       | 3 | 2                        | 1 |
| 27. The things I write on paper sound better than when I say them.   | 4                       | 3 | 2                        | 1 |
| 28. I study best when no one is around to talk or listen to.   | 4                       | 3 | 2                        | 1 |

|  | <b>Most<br/>Like Me</b> |   | <b>Least<br/>Like Me</b> |   |
|--|-------------------------|---|--------------------------|---|
| 29. I would rather read things in a book than have the teacher tell me about them.                                   | 4                       | 3 | 2                        | 1 |
| 30. Speaking is a better way than writing if you want someone to understand what you really mean.                    | 4                       | 3 | 2                        | 1 |
| 31. When I have a written math problem to do, I say it to myself to understand it better.                            | 4                       | 3 | 2                        | 1 |
| 32. I can learn more about a subject if I am with a small group of students.   | 4                       | 3 | 2                        | 1 |
| 33. Seeing the price of something written down is easier for me to understand than having someone tell me the price. | 4                       | 3 | 2                        | 1 |
| 34. I like to make things with my hands.   | 4                       | 3 | 2                        | 1 |
| 35. I like tests that call for sentence completion or written answers.   | 4                       | 3 | 2                        | 1 |
| 36. I understand more from a class discussion than from reading about a subject.                                     | 4                       | 3 | 2                        | 1 |
| 37. I remember the spelling of a word better if I see it written down than if someone spells it out loud.            | 4                       | 3 | 2                        | 1 |
| 38. Spelling and grammar rules make it hard for me to say what I want to in writing.                                 | 4                       | 3 | 2                        | 1 |
| 39. It makes it easier when I say the numbers of a problem to myself as I work it out.                               | 4                       | 3 | 2                        | 1 |
| 40. I like to study with other people.   | 4                       | 3 | 2                        | 1 |
| 41. Seeing the price of something written down is easier for me to understand than having someone tell me the price. | 4                       | 3 | 2                        | 1 |
| 42. I understand what I have learned better when I am involved in making something for the subject.                  | 4                       | 3 | 2                        | 1 |

|   | <b>Most<br/>Like Me</b> |   | <b>Least<br/>Like Me</b> |   |
|---|-------------------------|---|--------------------------|---|
| 43. The things I write on paper sound better than when I say them.            | 4                       | 3 | 2                        | 1 |
| 44. I do well on tests if they are about things I hear in class.              | 4                       | 3 | 2                        | 1 |
| 45. I can't think as well when I work with someone else as when I work alone. | 4                       | 3 | 2                        | 1 |

**C.I.T.E. Learning Styles Instrument  
Score Sheet**

**Directions – In the first example, look at question number 5 and write down your score. Continue this for each of the remainder of the questions. Total each column and multiply by 2.**

**Visual Language**

5-  
13-  
21-  
29-  
37-

Total \_\_\_x2= \_\_\_ (Score)

**Social-Individual**

4-  
12-  
20-  
28-  
45-

Total \_\_\_x2= \_\_\_ (Score)

**Auditory Numerical**

7-  
15-  
23-  
31-  
39-

Total \_\_\_x2= \_\_\_ (Score)

**Visual Numerical**

9-  
17-  
25-  
33-  
41-

Total \_\_\_x2= \_\_\_ (Score)

**Social-Group**

8-  
16-  
24-  
32-  
40-

Total \_\_\_x2= \_\_\_ (Score)

**Kinesthetic-Tactile**

1-  
18-  
26-  
34-  
42-

Total \_\_\_x2= \_\_\_ (Score)

**Auditory Language**

3-  
11-  
19-  
36-  
44-

Total \_\_\_x2= \_\_\_ (Score)

**Expressiveness Oral**

6-  
14-  
22-  
30-  
38-

Total \_\_\_x2= \_\_\_ (Score)

**Expressiveness-Written**

2-  
10-  
27-  
35-  
43-

Total \_\_\_x2= \_\_\_ (Score)

**Score:**      **33-40**      = Major Learning Style  
                   **20-32**      = Minor Learning Style  
                   **05-20**      = Negligible Use

## **DESCRIPTION OF THE C.I.T.E. INSTRUMENT NINE STYLE AREAS**

### **Auditory Language**

This is the student who learns from hearing words spoken. He or she may vocalize or move his or her lips or throat while reading, particularly when striving to understand new material. He or she will be more capable of understanding and remembering words or facts that could only have been learned by hearing.

### **Visual Language**

This is the student who learns well from seeing words in books, on the chalkboard, charts or workbooks. He or she may even write down words that are given orally, in order to learn by seeing them on paper. This student remembers and uses information better if he or she has read it.

### **Auditory Numerical**

This student learns from hearing numbers and oral explanations. Remembering telephone and locker numbers is easy, and he or she may be successful with oral number games and puzzles. This learner may do just as well without his or her math book, for written materials are not important. He or she can probably work problems in his or her head, and may say numbers out loud when reading.

### **Visual Numerical**

This student must see numbers – on the board, in a book, or on a paper – in order to work with them. He or she is more likely to remember and understand math facts when they are presented visually, but doesn't seem to need as much oral explanation.

### **Auditory-Visual-Kinesthetic Combination**

The A-V-K student learns best by experience – doing, self-involvement. He or she profits from a combination of stimuli. The manipulation of material along with accompanying sight and sound (words and numbers seen and heard) will aid his or her learning. This student may not seem to understand or be able to concentrate on work unless totally involved. He or she seeks to handle, touch and work with what he or she is learning.

## **Individual Learner**

This student gets more work done alone. He or she thinks best and remembers more when the learning has been done alone. This student cares more for his or her own opinions than for the ideas of others. Teachers do not have much difficulty keeping this student from over-socializing during class.

## **Group Learner**

This student prefers to study with at least one other student, and will not get much done alone. He or she values others' opinions and preferences. Group interaction increases his or her learning and later recognition of facts. Class observation will quickly reveal how important socializing is to this student.

## **Oral Expressive**

This student prefers to tell what he or she knows. He or she talks fluently, comfortably, and clearly. Teachers may find that this learner knows more than written tests show. He or she is probably less shy than others about giving reports or talking to the teacher or classmates. The muscular coordination involved in writing may be difficult for this learner. Organizing and putting thoughts on paper may be too slow and tedious a task for this student.

## **Written Expressive**

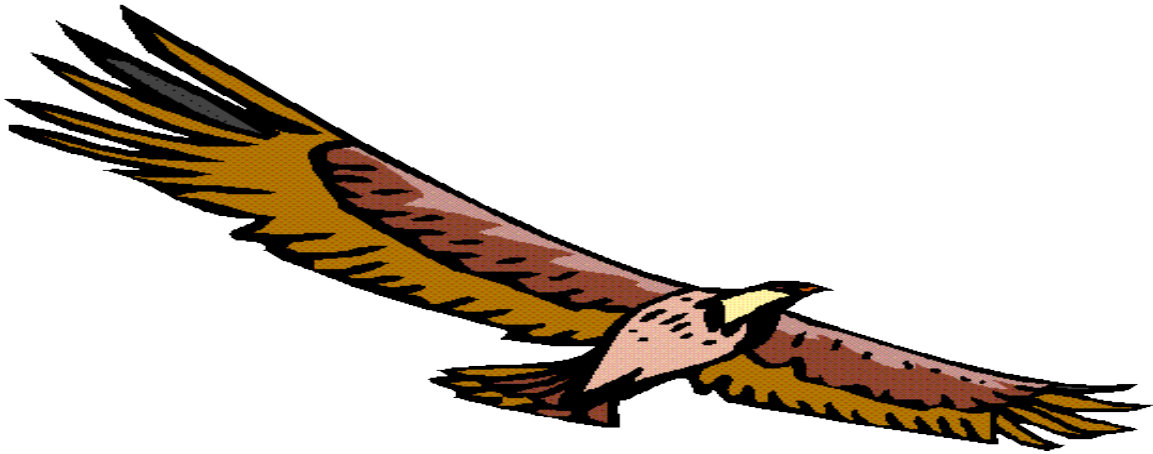
This learner can write fluent essays and good answers on tests to show what he or she knows. He or she feels less comfortable, perhaps even stupid, when oral answers or reports are required. His or her thoughts are better organized on paper than when they are given orally.

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Madison, WI 53706-1796

# **Section 5**

## **Employment Site – Information Forms**



Consolidated School District of New Britain  
Start on Success  
Internship Program

September , 2005

Dear \_\_\_\_\_ :

This letter is to confirm the arrangements that have been discussed regarding your participation in our **Start on Success Internship Program**.

Name of Student (s):

Name of School Supervisor: Janice Albert, Special Education STC Facilitator

Phone: 225-6300

Cell Phone: 860-729-5843

E-mail: [AlbertJ@new-britain.k12.ct.us](mailto:AlbertJ@new-britain.k12.ct.us)

Days and Times of Training: Monday, Tuesday, Wednesday, Thursday  
9:40 – 11:40

If you are unable to meet with your student intern, please contact me at the above number(s) as soon as possible but no later than 9:00 a.m. on the day of the missed appointment.

If you have any questions about this information, please contact me. I am looking forward to working with you and trust that \_\_\_\_\_ will benefit tremendously from the training opportunity you are providing.

Sincerely,

Janice Albert  
Special Education School to Facilitator  
New Britain High School  
110 Mill Street  
New Britain, CT

## New London Public Schools

Dear Sir or Madam:

I would like to give you a little information about the Transition Program at N.L.H.S.. As Transition Coordinator I work with high school students to help them make post-secondary school decisions. In order for them to make the best decisions they can at this very crucial juncture in their life, students need to be well informed on many fronts. Many areas/topics can be covered in the classroom setting. But when it comes to *the world of work* a student can get a much better understanding of what a job entails by talking, visiting or working with people who are performing the duties of a job of interest.

Preparing students for the next steps after graduation requires that they have information and experiences that relate to their personal interest. With this in mind, I look for opportunities to work with businesses and other community establishments with whom I can connect students to learn about 'the real world of work'. This can take a variety of models. It may be that I am able to connect a particular student with a person working in a career field they are interested in learning more about and a short term job-shadow experience is arranged for that student. It could be that I work with an employer to match a student to a particular job opening. What ever the case, the outcome I would be looking to achieve would be to connect a student with someone who is willing to become a partner in my efforts to provide experiences for students that will help them make informed career and vocational choices.

My goal is to have businesses and other community establishments join me in developing a list of resources where students can learn about a particular field of work. Students often ask me about specific types of jobs. I would like to be prepared to connect them with people in the community who would be willing to talk with them about the required skills, training/education and other related information about performing the duties of the job.

If you are willing to participate by allowing your name to be on my list of contacts or if you would like more information, please give me a call or leave me a message at **437-6416**.

Sincerely,  
Tom Levanti  
Transition Coordinator  
New London High school  
New London, Ct

# Section 6

## School-Based Curricula



**New Britain High School  
Start on Success Internship Program  
Course Description**

The Start on Success New Britain Internship Program is a collaboration between New Britain High School and area businesses. It is designed to assist students in identifying and achieving their goals. During the first days of school and under the guidance of the Special Education School to Career Facilitator, students will analyze their interests, aptitudes and strengths and identify a possible career goal. At the work site, students will be trained by a mentor who will also serve as their supervisor. These work experiences take place during the school day for two hours, four days a week. On the fifth day, students will meet as a group to discuss issues that may be encountered at the workplace, to hear speakers on topics of interest, and to take field trips to places that may be relevant to them in the future. Students will receive three credits for successful completion of the program.

Topics to be covered in group sessions include:

- Getting to Know You – The students will complete a variety of assessments designed to reveal their values, interests, personality, strengths and aptitudes.
- Introduction to the either career clusters as identified by the School to Career Initiative in Connecticut
- Developing an individual career plan
- Job seeking skills
- Beginning a new job – your first days at work
- Job keeping skills – Introduction to employability skills
- Workplace health and safety
- Time management
- Managing your money
- Taxes and Benefits
- Workplace etiquette
- Gender equity

**Attendance:**

Good attendance is expected and required. **If a student is absent, it is expected that they will contact the Special Education School to Career Facilitator before 8:00 a.m. on the day of the absence.** Mentors need to be contacted if the student is not going to be at the work site.

**Grading:**

Students will be given a weekly grade using the following criteria:

|   |                                      |        |                   |
|---|--------------------------------------|--------|-------------------|
| Mentor evaluation   |                                      |        | 25 points         |
| Attendance  | 10 points per day                    |        | 50 points         |
|   | Absent, call, and note from parent   | 9 pts. |                   |
|   | Absent, no call, note from parent    | 7 pts. |                   |
|   | Absent, no call, no note from parent | 0 pts. |                   |
| Appropriate behavior on bus, at work site or in classroom | 5 points per day                     |        | 25 points         |
| <b>TOTAL</b>  |                                      |        | <b>100 points</b> |

All assignments and projects will be assigned a point value. At the end of the quarter, the total number of earned points will be divided by the total number of possible points to arrive at a letter grade. Mid term and final exams will be given and averaged as per school policy.

**The Special Education School to Career Facilitator will be available for consultation on Tuesdays and Thursdays at 2:10 p.m.**

## **The Consolidated School District of New Britain**

### **New Britain High School Course Curriculum**

Course Title: Start on Success

Course Number: 095 01

Grades: 11-12 Level: 1 Full Year X

Semester:

Credits: 3.0

Prerequisites: None

Purpose of Course: To prepare students for entry level positions.

Course Description:

The Start on Success New Britain Internship Program is a collaboration between New Britain High School and area businesses. It is designed to assist students in identifying and achieving their goals. During the first weeks of school and under the guidance of the Special Education School to Career Facilitator, students will analyze their interests, aptitudes and strengths and identify a possible career goal. At the work site, they will be trained by a mentor who will also serve as their supervisor. These work experiences take place during the school day for two hours, four days a week. On the fifth day, students will meet as a group to discuss issues that may be encountered at the workplace, to hear speakers on topics of interest, and to take field trips to places that may be relevant to them in the future. Students will receive three credits for successful completion of the program.

Topics to be covered in group sessions include:

- Getting to Know You – The students will complete a variety of assessments designed to reveal their values, interests, personality, strengths and aptitudes.
- Introduction to the eight career clusters as identified by the School to Career Initiative in Connecticut.
- Developing an individual career plan
- Job seeking skills
- Beginning a new job – your first days at work
- Job keeping skills – Introduction to employability skills
- Workplace health and safety
- Time management
- Managing your money
- Taxes and Benefits
- Workplace etiquette
- Gender equity

**Content Standards**

- A. Social Skills: Students will conduct themselves in a manner that is consistent with the workplace, demonstrating respect for others, tolerance for differences, a desire to learn and a motivation to succeed.
- B. Communication Skills: Students will communicate in a manner that is appropriate to school, workplace and social environments, expressing thoughts, feelings and information from a multiplicity of contexts and forms.
- C. Team Building: Students will function effectively in various group settings.
- D. Goal Setting: Students will develop skills for establishing realistic goals applicable to school, workplace and their academic lives.
- E. Attitude: Students will demonstrate positive attitudes toward work, including acceptance of the necessity of making a living and an appreciation of the social value and dignity of work. They will demonstrate attitudes and work habits that are valued in the workplace, including pride in good workmanship, dependability and regular attendance.

## **Performance Standards (Student Outcomes)**

### **Knowledge: What will students know?**

- Students will apply the principles of communication that are prerequisites of success.
- Students will demonstrate attitudes toward work, including acceptance of the necessity of making a living and appreciation of the social value and dignity of work.
- Students will relate work ethic, workplace relationships, workplace diversity and workplace communication skills to career development.
- Students will be able to complete a job application, resume and interview to industry standards.
- Students will relate the importance of matching one's interests and abilities to career choice.
- Students will demonstrate an awareness of appropriate dress and grooming for a work setting.
- Students will select and apply technology to complete tasks efficiently and effectively.
- Students will have an awareness of the local, state and federal laws that impact the workplace.
- Students will be able to identify safety hazards appear in a workplace.

### **Skills: Students will be able to**

- Demonstrate positive attitudes and habits that are valued in the workplace, including pride in good workmanship, dependability, good attendance and grooming.
- Communicate effectively in the workplace.
- Identify their interests, values, aptitudes and skills as they relate to career choice.
- Respect diversity in the workplace.
- Adhere to all rules of the workplace and the classroom.
- Demonstrate knowledge of safety standards.
- Demonstrate an awareness of the ADA and its impact on the workplace.
- Demonstrate an awareness of labor law.
- Demonstrate a knowledge of banking practices.
- Complete a tax form and other government documents that are required by the work site.
- Use technology to enhance the effectiveness of communications.
- Select the appropriate technology to complete a task.
- Describe the difference between a positive and negative self-concept.
- Identify and assess effective methods of responding to and resolving conflict.

## Learning Activities and Experiences

1. The role of work in men and women's lives is explored. Particular attention is paid to the changing roles in the workplace. A person's understanding of values, lifestyle goals, aptitude, skills and data-people-things preferences has significant impact on making a realistic choice.
  - Identify the important components of one's lifestyle.
  - State the difference between work, job and career.
  - Define and identify one's aptitudes, interests, talents and identity.
  - Differentiate between a need and a want.
  - State five realistic goals associated with a chosen career.
  - Discuss three factors that affect the demand for workers.
  - Develop a career plan.
2. To understand the job search process
  - List six sources of job leads
  - Identify the steps necessary to realizing one's career goal.
  - Accurately complete a job application.
  - Produce an industry acceptable cover letter.
  - Complete a resume.
  - Name five items that are to be done in preparation for an interview.
  - Accurately respond to those questions most often asked in an interview.
  - Successfully complete a practice interview.
  - Complete initial career portfolio that will include interest inventory, resume and job application.
3. How one spends their money and effectively budgets determines whether one achieves many of their financial goals.
  - Define and differentiate budget, money, management, planned spending and financial responsibility.
  - Establish a personal budget.
  - List five financial goals gained by proper planned spending.
4. To understand how to use various banking services, especially checking and savings accounts.
  - State the services that a bank offers
  - Be able to balance a bank statement
  - Demonstrate the use of a bank register and write a check in proper form.
  - Understand the impact of an interest rate on one's financial planning.
  - Be able to explain the use of a credit card and the impact that the interest incurred can have on one's financial planning.
5. Meeting Adult Responsibilities.
  - Accurately complete a W4 form
  - Accurately complete a 1040EZ form

- Name three local sources that assist in preparing income tax reform.
  - Explain how one becomes eligible for social security and how one pays for social security.
  - Identify the four basic types of insurance.
  - Define the following: beneficiary, cash value, deductible liability, collision, non-fault, premium, term insurance, underwriter and face value.
6. Students will understand the impact of the ADA and Title IX.
    - Presentation on the ADA and its ramifications on the workplace.
  7. Students will realize that different situations require different dress codes.
    - Presentations on appropriate dress and hairstyle/makeup/jewelry.
  8. Students will understand the importance of safety at the workplace and the government regulations that are in place to insure safety at the workplace.
  9. Speakers on the following topics: Banking, Insurance, Labor laws and the ADA, Title IX. Dress for Success, Successful interviewing, Developing a personal mission statement, Safety in the Workplace.
  10. Field trips to local employers who hire employees with a variety of skills and education levels, to local agencies – One Stop Career Center, BRS – and to community colleges.

### **Instructional Strategies**

- Group presentation/lecture
- Hands on activities
- Teacher-led discussion
- Group projects

### **Assessment Evidence**

- **Performance Tasks**
  - Presentation
  - Completed projects
  - Skill Demonstration
- **Other Assessments**
  - Curriculum based assessments

## Units to be Covered

### Title of Unit

### Duration (Number of Sessions)

Identification of interests, values, aptitudes  
Job Seeking Skills  
Communication at the work site  
Problem solving at the work site  
Labor Laws  
The ADA and understanding your disability  
Safety at the workplace  
Banking, insurance and renting an apartment  
Dress for Success

7  
8  
5  
6  
1  
2  
2  
4  
2

## Materials & Resources

### Textbooks, Documents, Readings, Videos, Speakers, Software, etc.

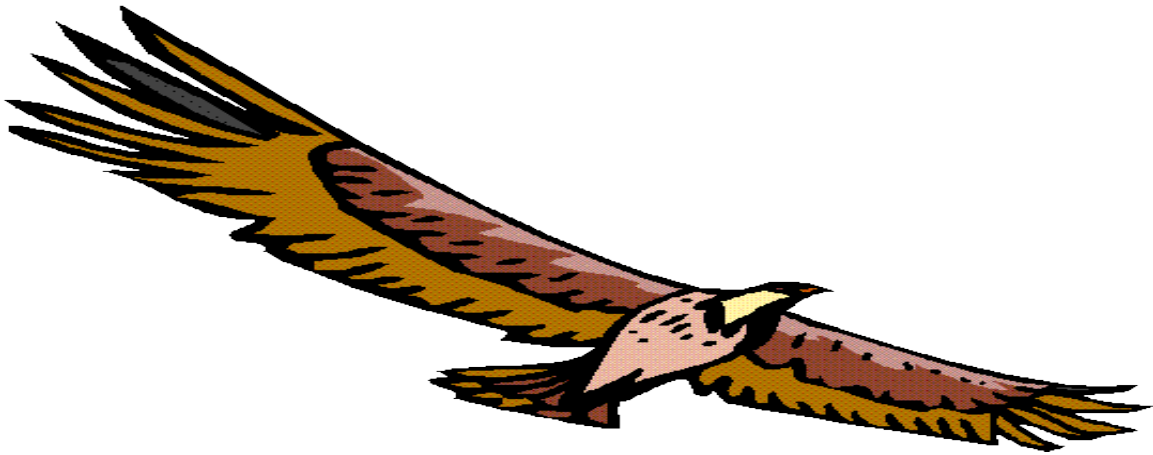
Job Search Education  
Your Career: How to Make It Happen  
A Place to Live  
Safety at the Workplace  
Are You a Working Teen?  
Fearson's Careers  
Building Real Life English Skills  
400 Words that Work  
Advantage Press: Employment Improvement Program  
Transitions to Postsecondary Learning  
Oasis 2  
Studying Work: A Work Guide for Students  
Strategic Assessment of Readiness for Training  
Choices (software)  
[www.mapping-your-future.com](http://www.mapping-your-future.com)  
[www.bls.gov/ocohome.htm](http://www.bls.gov/ocohome.htm)  
[www.monster.com](http://www.monster.com)

### Videos:

**Careers: You're in the Driver's Seat**  
**Safety at the Workplace**

# Section 7

## Employment Evaluation Forms



Student: \_\_\_\_\_

Date: \_\_\_\_\_

RSD #13

**Site: Exley Science Center/ITS  
Job Task Rating Scale**

|  |   |   |  |
|--|---|---|--|
| <p align="center"><b>Work Performance</b></p> <p>(4) A definite strength, an employable asset</p> <p>(3) Adequate performance, not a particular strength</p> <p>(2) Performance inconsistent, potentially an employable problem</p> <p>(1) A problem area, will definitely limit the person's chance for employment</p> <p>(x) No opportunity to observe</p> |   | <p align="center"><b>Level of Job Coaching</b></p> <p>(A) No Job Coach present/ totally independent</p> <p>(B) Job Coach not on site continuously but checks in on a daily basis</p> <p>(C) Intermittent job coaching as needed/ prompts, examples cues, directions, reminders, physical assistance with Job Coach present</p> <p>(D) 100% job coaching</p> |  |
| <b>Level of Work Performance</b>   | <b>Job Task</b>                                     | <b>Level of Job Coaching</b>  |  |
|  | <b>Labeling:</b>                                    |   |  |
| (4) (3) (2) (1) (X)  | Puts labels on envelopes/mail in alphabetical order | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Keeps envelopes/mail in alphabetical order          | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Finishes task on time                               | (A) (B) (C) (D)   |  |
|  | <b>Copying:</b>                                     |   |  |
| (4) (3) (2) (1) (X)  | Single side multiple copies                         | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Double side multiple copies                         | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Stapling/hole punching                              | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Keeps copies in order                               | (A) (B) (C) (D)   |  |
|  | <b>Shredding:</b>                                   |   |  |
| (4) (3) (2) (1) (X)  | Puts correct # of sheets in shredder one at a time  | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Removes rubbish when full                           | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Uses correct buttons on shredder                    | (A) (B) (C) (D)   |  |
|  | <b>Billing</b>                                      |   |  |
| (4) (3) (2) (1) (X)  | Looks up account                                    | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Fills out invoice                                   | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Saves invoice on computer                           | (A) (B) (C) (D)   |  |
| (4) (3) (2) (1) (X)  | Keeps bills in order                                | (A) (B) (C) (D)   |  |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Functional Skills</b>  |  |  |  |  |
| <b>Level Of Assistance</b> (1) independent (2) minimal (3) moderate (4) intense |  |  |  |  |

|   |     |     |     |     |
|---|-----|-----|-----|-----|
| Can walk to and locate job site         | (1) | (2) | (3) | (4) |
| Knows physical accommodations of site   | (1) | (2) | (3) | (4) |
| Knows emergency procedures (fire drill) | (1) | (2) | (3) | (4) |
| Uses proper safety procedures           | (1) | (2) | (3) | (4) |
| Keeps track of time                     | (1) | (2) | (3) | (4) |
| Uses proper hygiene                     | (1) | (2) | (3) | (4) |
| Can self-correct                        | (1) | (2) | (3) | (4) |
| Sets small measurable goals             | (1) | (2) | (3) | (4) |
| <b>Total/Average</b>                    | (1) | (2) | (3) | (4) |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Social Skills</b>  |  |  |  |  |
| <b>Level Of Assistance</b> (1) independent (2) minimal (3) moderate (4) intense |  |  |  |  |

|                                 |     |     |     |     |
|---------------------------------|-----|-----|-----|-----|
| Appropriate greetings/farewells | (1) | (2) | (3) | (4) |
| Asks for assistance when needed | (1) | (2) | (3) | (4) |
| Uses proper listening skills    | (1) | (2) | (3) | (4) |
| Uses appropriate body language  | (1) | (2) | (3) | (4) |
| Uses teamwork and assists other | (1) | (2) | (3) | (4) |
| Controls/monitors emotions      | (1) | (2) | (3) | (4) |
| <b>Total/Average</b>            | (1) | (2) | (3) | (4) |

|           |  |  |  |  |
|-----------|--|--|--|--|
| Comments: |  |  |  |  |
|           |  |  |  |  |
|           |  |  |  |  |
|           |  |  |  |  |
|           |  |  |  |  |

## EMPLOYER EVALUATION

Student: \_\_\_\_\_ Completed by: \_\_\_\_\_

Job Placement: \_\_\_\_\_

Using the rating scale in each category. Please assign the appropriate number (1-4) that best describes the student's performance during the specified evaluation period.

|   | Evaluation Period/Date |   |   |   |
|---|------------------------|---|---|---|
|   | 1                      | 2 | 3 | 4 |
| <b>ATTENDANCE</b><br>1. Absent or late often<br>2. Absent or late occasionally<br>3. Seldom absent or late<br>4. Never absent or late   |                        |   |   |   |
| <b>PERSONAL APPEARANCE</b><br>1. Untidy<br>2. Not job appropriate<br>3. Job appropriate<br>4. Neat and good taste   |                        |   |   |   |
| <b>JOB LEARNING AND APPLICATION</b><br>1. Learns with difficulty<br>2. Adequate<br>3. Learns with ease<br>4. Exceptional ability  |                        |   |   |   |
| <b>JOB SAFETY</b><br>1. Exhibits dangerous behavior<br>2. Needs to be reminded of safety rules<br>3. Displays knowledge of safety rules<br>4. Practices good safety rules   |                        |   |   |   |
| <b>USE OF MATERIALS AND EQUIPMENT</b><br>1. Careless<br>2. Keeps area clean<br>3. Very neat<br>4. Exceptionally clean   |                        |   |   |   |
| <b>CARE OF WORKING AREA</b><br>1. Careless<br>2. Keeps area clean<br>3. Very neat<br>4. Exceptionally clean   |                        |   |   |   |
| <b>ATTITUDE</b><br>1. Shows obvious dislike to criticism or correction<br>2. Appears sensitive to criticism or correction<br>3. Takes necessary criticism or correction well<br>4. Learns from constructive criticism |                        |   |   |   |
| <b>INITIATIVE</b><br>1. Does not display initiative<br>2. Displays average initiative<br>3. Needs little direction<br>4. Self-motivated   |                        |   |   |   |

|  | Evaluation Period/Date |   |   |   |
|--|------------------------|---|---|---|
|  | 1                      | 2 | 3 | 4 |
| <b>RESPONSIBILITY</b><br>1. Irresponsible<br>2. Accepts responsibility<br>3. Seeks responsibility<br>4. Seeks and handles responsibility well  |                        |   |   |   |
| <b>ACCURACY OF WORK</b><br>1. Makes many errors<br>2. Usually accurate<br>3. Is careful<br>4. Consistently   |                        |   |   |   |
| <b>SPEED IN PERFORMING DUTIES</b><br>1. Slow<br>2. Adequate for job<br>3. Fast<br>4. Exceptionally fast  |                        |   |   |   |
| <b>USE OF WORKING TIME</b><br>1. Wastes time<br>2. Fair use of time<br>3. Keeps busy<br>4. Busy and effective  |                        |   |   |   |
| <b>COMMUNICATION</b><br>1. Does not communicate when problems arise<br>2. Is reluctant to ask for assistance<br>3. Seeks instructions when necessary<br>4. Seeks, understand, and follows through when instructions are needed |                        |   |   |   |
| <b>ATTITUDE TOWARD SUPERVISORS</b><br>1. Disrespectful<br>2. Cooperates when asked<br>3. Cooperates willingly<br>4. Very respectful  |                        |   |   |   |
| <b>ATTITUDE TOWARD OTHERS</b><br>1. Does not get along<br>2. Gets along adequately<br>3. Gets along well with others<br>4. Excellent interactions with others  |                        |   |   |   |
| <b>OVERALL STUDENT RATING</b><br>E-Excellent<br>G-Good<br>S-Satisfactory<br>F-Fair<br>U-Unsatisfactory   |                        |   |   |   |

**ADDITIONAL COMMENTS**

| Evaluation Period 1<br>Date: _____ | Evaluation Period 2<br>Date: _____ | Evaluation Period 3<br>Date: _____ | Evaluation Period 4<br>Date: _____ |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
|                                    |                                    |                                    |                                    |

# START ON SUCCESS Work Evaluation – RSD #13

Student \_\_\_\_\_ Evaluator \_\_\_\_\_

Worksite \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Carefully read the descriptions given for each of the qualities listed below. Then place a check mark on the blank next to the statement which, in your opinion, most accurately describes the student.

## 1. COOPERATION (ability to get along with others)

- Works against rather than with others
- Finds it difficult to get along with others
- Usually gets along with others
- Gets along with others
- Gets along with others well. Student is friendly and helpful

## 2. INITIATIVE (tendency to go ahead)

- Need to have repeated instruction
- Needs to be urged to do things
- Does routine work acceptably
- Is fairly resourceful, does well by himself/herself
- Is resourceful, looks for things to learn and do

## 3. COURTESY

- Is often discourteous to others.
- Is sometimes not courteous in action or speech
- Is usually courteous and considerate of others
- Is considerate and courteous of others
- Is always very courteous and considerate

## 4. ATTITUDE TOWARD CONSTRUCTIVE CRITICISM

- Resents any criticism
- Does not pay much attention to criticism
- Accepts constructive criticism and tries to change
- Accepts constructive criticism and improves greatly

## 5. SUPERVISION

- Usually needs constant supervision to complete routine tasks
- Needs frequent supervision to complete routine tasks
- Needs occasional supervision while doing routine tasks
- Needs little supervision while doing routine tasks
- Does not need supervision while doing routine tasks

## 6. ACCURACY OF WORK

- Is very careless about his/her work
- Is frequently inaccurate and careless
- Makes errors; shows average care, thoroughness, and neatness
- Makes few errors; is careful, thorough, and neat
- Seldom makes errors and does work of very high quality

**7. WORK ACCOMPLISHED**

- Is very slow: output is unsatisfactory
- Is slower than average: output is mediocre
- Works with ordinary speed: work is generally satisfactory
- works rapidly: output is above average
- Is fast and efficient: work is well above average

**8. TIME USAGE**

- Wastes time and needs to be prodded along
- Wastes time and needs some supervision
- Wastes time occasionally but is usually reliable
- Seldom wastes time and is reliable
- Is industrious and concentrates very well

**9. ADAPTABILITY**

- Can't adjust to change
- Has difficulty adapting to new situations
- Adjusts to change and instruction
- Adjusts to change rapidly
- Finds it pleasant to adapt and meet changes

**10. PERSONAL APPEARANCE**

- Is careless about his/her appearance
- Sometimes neglects appearance
- Makes an effort to improve appearance
- Cares about appearance: looks neat most of the time
- Is extremely careful about appearance: looks very neat all of the time

**11. ATTENDANCE (work)**

- Is frequently absent
- Is not regular enough in attendance
- Average in attendance
- Almost always in attendance
- Never absent except for an unavoidable emergency

**12. PUNCTUALITY**

- Is regularly tardy
- Is frequently tardy
- Could improve punctuality
- Is seldom tardy
- Is never tardy except for an unavoidable emergency

**COMMENTS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Start on Success Internship Project  
Lawrence and Memorial Hospital  
Partnership with New London High School  
Periodic Student Report**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department student assigned to work:

---

Please indicate performance: circle 5-1: 5=excellent, 1=unacceptable

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Works well with others                 | 5 | 4 | 3 | 2 | 1 |
| Stays focused on assigned tasks        | 5 | 4 | 3 | 2 | 1 |
| Successfully completes tasks           | 5 | 4 | 3 | 2 | 1 |
| Communicates concerns to supervisor    | 5 | 4 | 3 | 2 | 1 |
| Seems to have a sense of pride in work | 5 | 4 | 3 | 2 | 1 |
| Shows initiative                       | 5 | 4 | 3 | 2 | 1 |
| Takes responsibility seriously         | 5 | 4 | 3 | 2 | 1 |
| Follows Verbal Instruction             | 5 | 4 | 3 | 2 | 1 |
| Presents a Neat Appearance             | 5 | 4 | 3 | 2 | 1 |
| Accepts Constructive Criticism         | 5 | 4 | 3 | 2 | 1 |

**(Over)**

Please complete the following:

Do you feel this student is benefiting from his/her work experience?

---

---

Did the student meet your expectations? \_\_\_\_\_

If no, please comment.

---

---

Have you observed conduct that would cause you concern that this student is not following the guidelines of employment? \_\_\_\_\_

---

Have you received the support/communication you've needed from the New London High School staff regarding student participation? \_\_\_\_\_

---

This evaluation completed by: \_\_\_\_\_

Title or Dept.: \_\_\_\_\_

Consolidated School District of New Britain  
Start on Success  
Internship Program

**Employer Evaluation**

Student: \_\_\_\_\_

Job Site: \_\_\_\_\_

Job Title: \_\_\_\_\_

Intern's Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Note: **Good** – exceeds minimum competitive standards

**Fair** – meets minimum standards

|                                      | <u><b>GOOD</b></u> | <u><b>FAIR</b></u> | <u><b>NEEDS<br/>SUPPORT</b></u> |
|--------------------------------------|--------------------|--------------------|---------------------------------|
| <b>DEPENDABILITY</b>                 |                    |                    |                                 |
| 1. Arrives at the appointed time     | _____              | _____              | _____                           |
| 2. Calls in when unable to work      | _____              | _____              | _____                           |
| 3. Reports to job well-rested        | _____              | _____              | _____                           |
| 4. Stays in work area                | _____              | _____              | _____                           |
| 5. Starts work independently         | _____              | _____              | _____                           |
| 6. Ends work at appropriate          | _____              | _____              | _____                           |
| Comments:                            |                    |                    |                                 |
| <b>SAFETY</b>                        |                    |                    |                                 |
| 1. Follows rules of employer         | _____              | _____              | _____                           |
| 2. Uses required safety devices      | _____              | _____              | _____                           |
| 3. Keeps work area neat and clean    | _____              | _____              | _____                           |
| 4. Handles equipment carefully       | _____              | _____              | _____                           |
| Comments:                            |                    |                    |                                 |
| <b>APPEARANCE</b>                    |                    |                    |                                 |
| 1. Reports to work clean             | _____              | _____              | _____                           |
| 2. Keeps hair combed and neat        | _____              | _____              | _____                           |
| 3. Keeps work area neat and clean    | _____              | _____              | _____                           |
| 4. Handles equipment carefully       | _____              | _____              | _____                           |
| Comments:                            |                    |                    |                                 |
| <b>PERFORMANCE</b>                   |                    |                    |                                 |
| 1. Works steadily                    | _____              | _____              | _____                           |
| 2. Limits personal conversations     | _____              | _____              | _____                           |
| 3. Maintains productivity when alone | _____              | _____              | _____                           |
| 4. Finishes assigned tasks           | _____              | _____              | _____                           |
| Comments:                            |                    |                    |                                 |

**GOOD**

**FAIR**

**NEEDS  
SUPPORT**

**WORKMANSHIP**

- 1. Pays attention to job
- 2. Works carefully and accurately
- 3. Does job as requested

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

**RELATIONS WITH SUPERVISOR**

- 1. Is cooperative and friendly to supervisor
- 2. Maintains appropriate eye contact
- 3. Follows orders without questions
- 4. Maintains control of emotions
- 5. Is socially appropriate

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**WORK INTEGRITY**

- 1. Reports damage or mistakes honestly
- 2. Takes only own things home
- 3. Returns borrowed items properly
- 4. Asks permission to use other items
- 5. Tells truth when confronted

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

**WORKER INDEPENDENCE**

- 1. Remembers duties day to day
- 2. Does not ask for help repeatedly
- 3. Does not expect daily praise

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments:

**WORKER INITIATIVE**

- 1. Asks for more work when finished
- 2. Begins work without prompts
- 3. Takes pride in work accomplished
- 4. Shows extra effort when needed

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments

\_\_\_\_\_  
Site Evaluator

\_\_\_\_\_  
Date

**Start on Success New Britain Internship Program  
Performance Evaluation**

Employee: \_\_\_\_\_

Mentor: \_\_\_\_\_

Work Site: \_\_\_\_\_

Evaluation Period: \_\_\_\_\_ to \_\_\_\_\_

*Instructions: Circle the number that best described the employee.*

|  |  |
|--|--|
| <b>I. COOPERATION</b>  | <b>V. FOLLOWING DIRECTIONS</b>   |
| 1. Has "that's not my "job" attitude – won't do more than minimum.                 | 1. Does not follow instructions or procedures consistently – sometimes acts on his/her own without proper authority. |
| 2. Can't always be sure-may not cooperate.   | 2. Follows procedures to best of his/her ability-needs repeated instructions.  |
| 3. Usually willing and able to cooperate.  | 3. Follows procedures and directions satisfactorily.   |
| 4. Willingly does his/her share and more.  | 4. Can be depended upon to follow instructions and work methods carefully.   |
| 5. A variable team member- goes out of his/her way to make workplace run smoothly. | 5. Carries out instructions completely- knows when to go on his/her own.   |
| <b>II. ADAPTABILITY</b>  | <b>VI. CARING OF MATERIALS</b>   |
| 1. Fails to cooperate when changed from usual job duties.                          | 1. Work habits are careless or untidy. Ignores cleaning responsibilities.  |
| <b>III. TAKING PRIDE IN WORK</b>   | 2. Sometimes avoids doing fair share of cleaning.  |
| 1. Kills time-requires constant supervision  | 3. Works neatly and does more than own share of the cleaning when asked.   |
| 2. Stays busy if closely supervised.   | 4. Works neatly and does more than own share of cleaning.  |
| 3. Carries out task with minimum supervision.                                      | 5. Never waits to be told about clean up.  |
| 4. Can always be found working diligently at a task.                               | <b>VII. ATTENTION TO DETAIL</b>  |
| 5. Never wastes time – a real "self-starter."                                      | 1. Makes too many mistakes – works carelessly or ignores details of job.   |
| <b>IV. FLEXIBILITY</b>   | 2. Makes more mistakes than normal-work needs careful checking.  |
| 1. Resists trying new methods-shows no interest in job.                            | 3. Produces satisfactory work on routine tasks.  |
| 2. Sometimes hesitant to accept suggestions- must be led by others.                | 4. Works with care-seldom makes mistakes.  |
| 3. Follows new methods willingly when requested.                                   | 5. Works with consistent accuracy-rarely makes errors-self corrects errors or reports problems.                      |
| 4. Plans own work satisfactorily.  |  |
| 5. Finds better ways to do work-seems eager to try new methods.                    |  |

**Start on Success New Britain Internship Program  
Student Job Report**

No. \_\_\_\_\_

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

Job Site \_\_\_\_\_

Date \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

This report is an evaluation of your work behavior for the week of \_\_\_\_\_

| <b>Circle the rating for:</b>                         | Poor | Fair | Good | Excellent |
|---|------|------|------|-----------|
| 1. Your attitude at work.                             | 1    | 2    | 3    | 4         |
| 2. Your completion of duties.                         | 1    | 2    | 3    | 4         |
| 3. Your interaction with co-workers                   | 1    | 2    | 3    | 4         |
| 4. Your interaction with your supervisor.             | 1    | 2    | 3    | 4         |
| 5. Your work behaviors (on time, Breaks, dress, etc.) | 1    | 2    | 3    | 4         |

**Check the social skills you used at work this past week.**

\_\_\_\_\_ Ordering job responsibilities

\_\_\_\_\_ Understanding instructions

\_\_\_\_\_ Making introductions

\_\_\_\_\_ Asking questions

\_\_\_\_\_ Asking permission

\_\_\_\_\_ Asking for help

\_\_\_\_\_ Accepting help

\_\_\_\_\_ Offering help

\_\_\_\_\_ Requesting information

\_\_\_\_\_ Taking messages

\_\_\_\_\_ Having a conversation

\_\_\_\_\_ Giving directions

\_\_\_\_\_ Receiving compliments

\_\_\_\_\_ Giving compliments

\_\_\_\_\_ Convincing others

\_\_\_\_\_ Apologizing

\_\_\_\_\_ Accepting criticism

\_\_\_\_\_ Responding to a complaint

**Describe one of the times when you successfully used one of the social skills that you learned.**

\_\_\_\_\_

\_\_\_\_\_

**Describe a time (if there was one) when you were unsuccessful using one of the social skills.**

\_\_\_\_\_

\_\_\_\_\_

**Why do you think you were unsuccessful?**

\_\_\_\_\_

\_\_\_\_\_

**Describe any problems that came up at work.**

\_\_\_\_\_

\_\_\_\_\_

**Describe one thing you did at work that you're proud of.**

\_\_\_\_\_

\_\_\_\_\_

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Work Site: \_\_\_\_\_

**Assessment Code: E – Excellent   S – Satisfactory   I – Improvement Needed                      U- Unsatisfactory**

| COMPETENCY INDICATOR<br>WORK RELATED SKILLS                             | BENCHMARK  | METHOD OF<br>ASSESSMENT | ASSESSMENT<br>DATE & CODE |  |  |  | COMMENTS |
|---|--|-------------------------|---------------------------|--|--|--|----------|
| 1. Demonstrate the ability to maintain an acceptable attendance record. | 1. Given quarterly marking periods the student will report to work 90% of the time.  | Attendance records      |                           |  |  |  |          |
| 2. Demonstrate ability to maintain punctuality.                         | 2. Given quarterly marking periods, the student will be on time each day 90% of the time.  |                         |                           |  |  |  |          |
| 3. Demonstrate ability to follow directions.                            | 3. Given assigned tasks with verbal cue, the student will repeat directions and carry out tasks appropriately.   |                         |                           |  |  |  |          |
| 4. Demonstrate ability to begin task promptly.                          | Given oral direction, the student will begin task on cue.  |                         |                           |  |  |  |          |
| 5. Demonstrate ability to attend to task and remain on task.            | 5. Given a specific task and block of time, the student will work consistently without taking a break or regardless of background noise or activities. |                         |                           |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_

Assessment Code: E – Excellent

S – Satisfactory

I – Improvement Needed

U-Unsatisfactory

| COMPETENCY INDICATOR<br>WORK RELATED SKILLS                   | BENCHMARK   | METHOD OF<br>ASSESSMENT | ASSESSMENT<br>DATE & CODE |  |  |  | COMMENTS |
|---|---|-------------------------|---------------------------|--|--|--|----------|
| The participant will:   |   |                         |                           |  |  |  |          |
| 1. Demonstrate ability to carry out assigned tasks on time.   | 1. Given assigned tasks, the student will work  | Supervisor Observation  |                           |  |  |  |          |
| 2. Demonstrate ability to attend to task without supervision. | 2. Given oral directions for a specific task, the student will perform work independently and consistently until completed. | Supervisor Observation  |                           |  |  |  |          |
| 3. Demonstrate ability to follow an established routine.      | 3. Given a list of several duties, the student will perform work according to a daily schedule.                             | Supervisor Observation  |                           |  |  |  |          |
| 4. Demonstrate ability to follow job safety procedures.       | 4. Given a list of safety rules for specific jobs, the student will carry out 100% of the time.                             |                         |                           |  |  |  |          |
| 5. Demonstrate ability to care for work area.                 | 5. Given an assigned task and necessary equipment to perform task, the student will keep area neat and clean.               |                         |                           |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_

Assessment Code: E – Excellent    S – Satisfactory    I – Improvement Needed    U- Unsatisfactory

| COMPETENCY INDICATOR<br>WORK RELATED SKILLS                                 | BENCHMARK   | METHOD OF<br>ASSESSMENT | ASSESSMENT<br>DATE & CODE |  |  |  | COMMENTS |
|---|---|-------------------------|---------------------------|--|--|--|----------|
| The participant will:   |   |                         |                           |  |  |  |          |
| 1. Demonstrate ability to use materials properly                            | 1. Given materials and equipment to perform a task, the student will handle with care and use equipment for job use only.   | Supervisor Observation  |                           |  |  |  |          |
| 2. Demonstrate ability to evaluate their own strengths and weaknesses.      | 2. Given a job description, the student will identify 3 personal strengths and 3 personal weaknesses.   | Supervisor Observation  |                           |  |  |  |          |
| 3. Demonstrate ability to perform repetitive work.                          | 3. Given one specific task involving repetition (i.e. stuffing envelopes), the student will consistently repeat the task in order to complete the job.                        |                         |                           |  |  |  |          |
| 4. Demonstrate ability to independently evaluate their own quality of work. | 4. Given short term evaluations, the student will accurately asses his quality of work by identifying 10 qualities of work performance consistent with supervisor evaluation. | Supervisor Observation  |                           |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Assessment Code:      E – Excellent      S – Satisfactory      I- Improvement Needed      U – Unsatisfactory

| COMPETENCY INDICATOR<br><b>SOCIAL SKILLS</b>   | BENCHMARK   | METHOD OF ASSESSMENT                         | ASSESSMENT DATE & CODE |  |  |  | COMMENTS |
|--|---|--|------------------------|--|--|--|----------|
| <p>The participant will:</p> <p>1. Demonstrate ability to dress appropriately for job and be well groomed.</p> | <p>1. Given a job description the student will verbalize the appropriate dress and be neat and clean 100% of the time.</p>                  | <p>Supervisor Observation</p>                |                        |  |  |  |          |
| <p>2. Demonstrate ability to have a positive attitude.</p>   | <p>2. Given a new task, the student will display willingness to learn and be able to identify 5 positive and 5 negative work attitudes.</p> | <p>Supervisor Observation and discussion</p> |                        |  |  |  |          |
| <p>3. Demonstrate ability to accept directives from authority.</p>   | <p>3. Given a directive to perform a task, the student will attempt in a positive manner to carry out the task.</p>                         | <p>Supervisor Observation</p>                |                        |  |  |  |          |
| <p>4. Demonstrate ability to display proper job conduct.</p>   | <p>4. Given an assigned task, the student will identify 10 positive and 10 negative behaviors that disturb or distract others.</p>          | <p>Supervisor Observation and discussion</p> |                        |  |  |  |          |
| <p>5. Demonstrate ability to work well with others.</p>  | <p>5. Given a site with other co-workers, the student will work in a cooperative manner and be friendly and courteous.</p>                  | <p>Supervisor Observation</p>                |                        |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_

Assessment Code: E – Excellent    S – Satisfactory    I – Improvement Needed    U – Unsatisfactory

| COMPETENCY INDICATOR<br><b>SOCIAL SKILLS</b>   | BENCHMARK  | METHOD OF ASSESSMENT                   | ASSESSMENT DATE AND CODE |  |  |  | COMMENTS |
|--|--|--|--------------------------|--|--|--|----------|
| The participant will:<br><br>1. Demonstrate ability to accept constructive criticism | 1. Given as assigned task, the student will alter behavior as needed and consistently follow the chain of command.                                     | Supervisor Observation                 |                          |  |  |  |          |
| 2. Demonstrate ability to accept help when necessary                                 | 2. Given an assigned task, the student will identify 5 areas that may require help and respond appropriately to the situation.                         | Supervisor Observation and discussion. |                          |  |  |  |          |
| 3. Demonstrate ability to help others when necessary.                                | 3. Given an assigned task, the student will identify 5 areas that could be used to help others and respond appropriately in the work situation.        | Supervisor Observation and discussion  |                          |  |  |  |          |
| 4. Demonstrate ability to maintain self-control                                      | 4. Given a difficult work situation, or when provoked, the student, the student will behave in an appropriate manner (i.e., walk away, see supervisor) |  |                          |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_

Assessment Code: E - Excellent    S – Satisfactory    I – Improvement Needed    U – Unsatisfactory

| COMPETENCY INDICATOR<br><b>PROBLEM SOLVING SKILLS</b>   | BENCHMARK  | METHOD OF ASSESSMENT                  | ASSESSMENT DATE & CODE |  |  |  | COMMENTS |
|---|--|---------------------------------------|------------------------|--|--|--|----------|
| The participant will:<br><br>1. Demonstrate the ability to make appropriate decisions on the job. | 1. Given a list of 10 job related decisions, the student will identify, plan and carry out these decisions depending on the job.           | Supervisor Observation and discussion |                        |  |  |  |          |
| 2. Demonstrate the ability to persevere if frustration occurs.                                    | 2. Given a specific difficult task, the student will make a 2 <sup>nd</sup> attempt when the 1 <sup>st</sup> attempt fails.                | Supervisor Observation                |                        |  |  |  |          |
| 3. Demonstrate the ability to adjust and cope with changes in work routine.                       | 3. Given directions to change tasks, the student will complete one task and proceed to the next with willingness and appropriate behavior. | Supervisor Observation                |                        |  |  |  |          |
| 4. Demonstrate the ability to cope with work problems.  | 4. Given a specific situation, the student will identify the problem, state the solution and carry out the solution.                       | Supervisor Observation and discussion |                        |  |  |  |          |
| 5. Demonstrate the ability to seek assistance when necessary.                                     | Given a specific task, the student will request help from a co-worker or supervisor as needed.   | Supervisor Observation                |                        |  |  |  |          |

**CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN  
WORK SITE COMPETENCY REPORT**

Student Name: \_\_\_\_\_

Assessment Code: E – Excellent S – Satisfactory I – Improvement Needed U – Unsatisfactory

| COMPETENCY INDICATOR<br><b>SOCIAL SKILLS</b>   | BENCHMARK   | METHOD OF ASSESSMENT                  | ASSESSMENT DATE & CODE |  |  |  | COMMENTS |
|--|---|---------------------------------------|------------------------|--|--|--|----------|
| The participant will:<br><br>1. Demonstrate honesty and truthfulness.                    | 1. Given a situation requiring honesty and truthfulness, the student will identify the difference between truth and untruth and respond appropriately when necessary. | Supervisor Observation and discussion |                        |  |  |  |          |
| 2. Demonstrate ability to accept responsibility and consequences for their own behavior. | 2. Given a list of rules, the student will identify job responsibilities and will understand and accept consequences for negative behaviors.                          | Supervisor Observation and discussion |                        |  |  |  |          |

**NEW LONDON PUBLIC SCHOOLS – SOS PROGRAM**

*My On- The- Job* Work Report

Directions: Read each item. Circle ‘Y’ for yes or ‘N’ for no, to respond to each statement.

- |   |   |  |
|---|---|--|
| Y | N | I completed the work I was assigned.   |
| Y | N | I listened carefully to the directions I was given about completing my work tasks.                               |
| Y | N | I was a cooperative worker.  |
| Y | N | I took more time than I should have on my break.   |
| Y | N | I wore appropriate clothes to work.  |
| Y | N | I was polite and courteous to my supervisors.  |
| Y | N | When putting things away, I put them in the wrong place.   |
| Y | N | Interactions with my co-workers were appropriate for the worksite.   |
| Y | N | I followed the rules at my worksite about hygiene, neatness, and cleanliness. I recognize how important this is. |
| Y | N | I looked for other work to do when I finished with a work – task.  |

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

Date: \_\_\_\_\_

My worksite location: \_\_\_\_\_

This report must be completed and handed in to Mr. Levanti on Thursday of each week.

**Middlesex Transition Academy Daily Log**

**Student:** \_\_\_\_\_

**Job Coach:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Week of:** \_\_\_\_\_

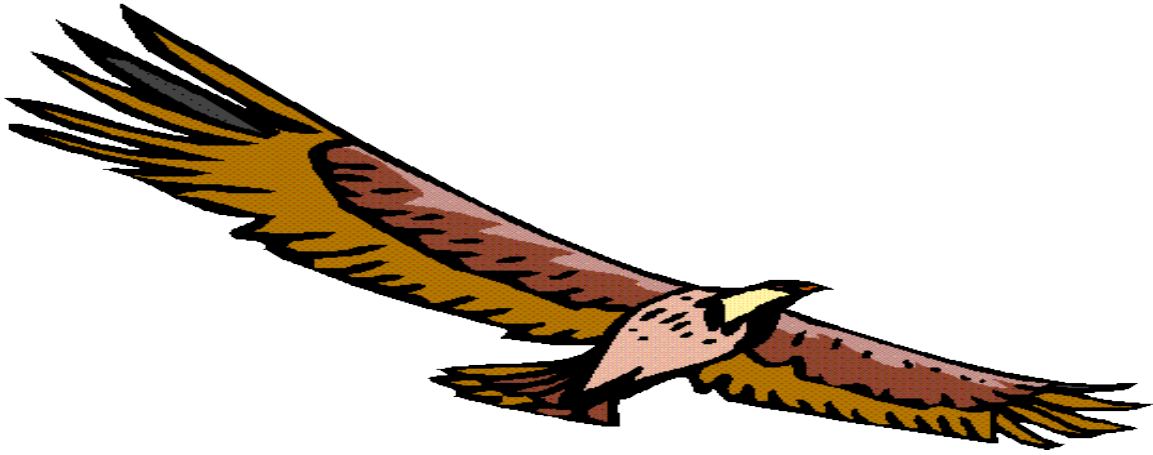
| <b>JOB TASKS PERFORMED</b> | <b>COMMENTS</b> |
|----------------------------|-----------------|
| <b>MONDAY<br/>HOURS</b>    |                 |
| <b>TUESDAY<br/>HOURS</b>   |                 |
| <b>WEDNESDAY<br/>HOURS</b> |                 |
| <b>THURSDAY<br/>HOURS</b>  |                 |
| <b>FRIDAY<br/>HOURS</b>    |                 |

**CURRENT FOCUS AREAS:**

**EMPLOYMENT GOALS:**

# Section 8

## Student Monitoring Forms



**Consolidated School District of New Britain**  
**Start on Success**  
**Internship Program**

**Intern Time Sheet**

|                         |  |
|-------------------------|--|
| Worksite Name           |  |
| Worksite Address        |  |
| Intern's Supervisor     |  |
| Supervisor's Phone No.  |  |
| Intern's Name           |  |
| Mail Intern's Check To: |  |

| Week Ending | MON | TUES | WEDS | THURS | FRI | TOTAL |
|-------------|-----|------|------|-------|-----|-------|
|             |     |      |      |       |     |       |
|             |     |      |      |       |     |       |

Intern Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR:**  
 Circle One (1 – unacceptable, 5 – excellent)

|                      |   |   |   |   |   |
|----------------------|---|---|---|---|---|
| Personal appearance  | 1 | 2 | 3 | 4 | 5 |
| Communication skills | 1 | 2 | 3 | 4 | 5 |
| Productivity         | 1 | 2 | 3 | 4 | 5 |
| Attitude             | 1 | 2 | 3 | 4 | 5 |
| Punctuality          | 1 | 2 | 3 | 4 | 5 |
| Attendance           | 1 | 2 | 3 | 4 | 5 |

Start on Success New Britain  
Weekly Grade Sheet  
2003-2004

Student: \_\_\_\_\_

Date: \_\_\_\_\_

**MENTOR EVALUATION:**

|                      |       |       |
|----------------------|-------|-------|
| Personal Appearance  | _____ |       |
| Communication Skills | _____ |       |
| Productivity         | _____ |       |
| Attitude             | _____ |       |
| Punctuality          | _____ |       |
| Attendance           | _____ |       |
| TOTAL                |       | _____ |

**ATTENDANCE:**

Number of days present \_\_\_\_\_ x 10 points

|                                      |            |     |       |
|--------------------------------------|------------|-----|-------|
| Absent, call and note from parent    | _____ days | X 9 | _____ |
| Absent, no call, note from parent    | _____ days | X 7 | _____ |
| Absent, no call, no note from parent | _____ days | X 0 | _____ |

**BEHAVIOR:**

Appropriate behavior on bus, at work site and in classroom

\_\_\_\_\_ days X 5 \_\_\_\_\_

**TOTAL** \_\_\_\_\_ out of possible 100 pts.





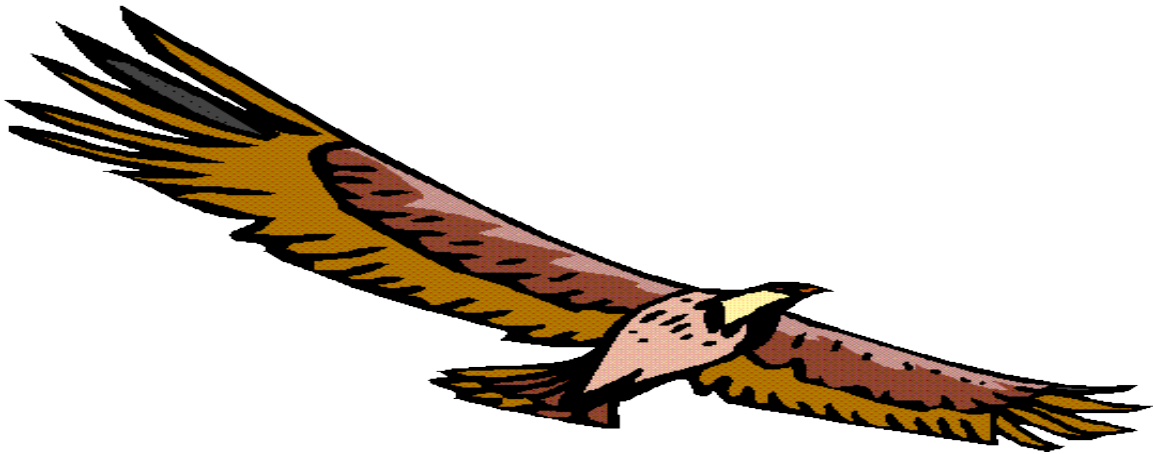
# November

## Start On Success – Student Job Sites - RSD #13

| <i>Sun</i> | <i>Mon</i>   | <i>Tue</i>   | <i>Wed</i>   | <i>Thu</i>   | <i>Fri</i>   | <i>Sat</i> |
|------------|--|--|--|--|--|------------|
|            | <b>31 (3)</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.              | <b>1</b><br>.Aetna 9-12<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.            | <b>2</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.                   | <b>3</b><br>Aetna<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.        | <b>4</b><br>Middlesex Hospital<br>Tiffany H.<br>Cheryl M.<br>Sarah M.  | <b>5</b>   |
| <b>6</b>   | <b>7</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.                   | <b>8</b><br><b>no school</b>   | <b>9</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.                   | <b>10</b> Aetna<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.          | <b>11</b><br><b>no school</b>  | <b>12</b>  |
| <b>13</b>  | <b>14</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.                  | <b>15</b><br>Aetna 9-12<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.            | <b>16</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.                  | <b>17 ½ day</b><br>Aetna<br>Mary L.<br>Jane A.<br>James S.<br>Bob C. | <b>18</b><br>Middlesex Hospital<br>Tiffany H.<br>Cheryl M.<br>Sarah M. | <b>19</b>  |
| <b>20</b>  | <b>21 ½ day</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.<br>Mary P. | <b>22</b><br>Aetna 9-12<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.<br>Mary P. | <b>23 ½ day</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.<br>Mary P. | <b>24 no school</b>  | <b>25 no school</b>  | <b>26</b>  |
| <b>27</b>  | <b>28</b><br>Wesleyan<br>Rob D.<br>Rick B.<br>Carolyn S.<br>James S.<br>Mary P.            | <b>29</b><br>Aetna<br>Mary L.<br>Jane A.<br>James S.<br>Bob C.<br>Mary P.      | <b>30</b><br>Wesleyan 9-12<br>Rob D.<br>Rick B.<br>Carolyn s.<br>James S.<br>Mary P.       |  |  |            |

# Section 9

## Program Evaluation Tools



## **START ON SUCCESS – PARENT SURVEY**

**Directions:** We are interested in your opinion about the Start on Success (SOS) program.. Please answer the following statements by circling the letter that indicates your agreement with each statement. Thank you for your participation.

(A) Strongly Agree    (B) Agree    (C) Don't Know    (D) Disagree    (E) Strongly Disagree

1. My child enjoys attending the *Start on Success* on the campus of Wesleyan University.

(A)                      (B)                      (C)                      (D)                      (E)

2. My child would rather have stayed in his/her high school program full-time.

(A)                      (B)                      (C)                      (D)                      (E)

3. My child has demonstrated an increase in independence since attending this program.

(A)                      (B)                      (C)                      (D)                      (E)

4. My child's self- esteem has improved by attending this program.

(A)                      (B)                      (C)                      (D)                      (E)

5. My child has made new friends while attending the program.

(A)                      (B)                      (C)                      (D)                      (E)

6. My child has demonstrated increased age-appropriate social skills.

(A)                      (B)                      (C)                      (D)                      (E)

7. I am satisfied with the Life Skills Curriculum being offered.

(A)                      (B)                      (C)                      (D)                      (E)

8. I am satisfied with the recreational and social opportunities provided.

(A)                      (B)                      (C)                      (D)                      (E)

9. I am satisfied with the vocational training jobsites offered to my child at the campus location.

(A)                      (B)                      (C)                      (D)                      (E)

10. I am satisfied with the progress my child is making toward achieving IEP goals/objectives.

- (A) (B) (C) (D) (E)

11. I am satisfied with the communication between home and staff.

- (A) (B) (C) (D) (E)

12. I am satisfied with the overall performance of the program.

- (A) (B) (C) (D) (E)

***Additional Comments***

13. What do you like most about the program?

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14. Is there anything you do not like about the program? If so, what?

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15. Do you have any suggestions for the program?

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16. Is there anything else you would like to share about the program?

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**NEW HAVEN PUBLIC SCHOOLS  
WORK EXPERIENCE PROGRAM**

**START ON SUCCESS (SOS)**

**Site:** \_\_\_\_\_

**INTERN'S SURVEY**

Thank you for taking the time to complete this survey. Your answers and comments are very important to us. Your input will help us in continuing to develop our programs and services to meet your needs.

|    |  | YES | NO |
|----|--|-----|----|
| 1. | Do you feel you have benefited from the SOS program?   |     |    |
| 2. | Do you feel the SOS program has prepared you to seek competitive employment after graduation?              |     |    |
| 3. | Do you feel the SOS program has allowed you to develop job skills needed to obtain employment?             |     |    |
| 4. | Do you feel the SOS program has allowed you to develop job skills to maintain employment?                  |     |    |
| 5. | Do you feel you have been exposed to a variety of careers during your participation in SOS?                |     |    |
| 6. | Do you feel you have benefited from various community exploration trips?                                   |     |    |
| 7. | Do you feel you have developed independent living skills (i.e. accessing and using public transportation)? |     |    |

|  |           |           |                |
|--|-----------|-----------|----------------|
| On a scale of 1-4, how well do you think the SOS program has done in terms of meeting your employment needs? |           |           |                |
| 1<br>Not at all  | 2<br>Fair | 3<br>Good | 4<br>Excellent |
| Comments:  |           |           |                |
|  |           |           |                |

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW HAVEN PUBLIC SCHOOLS  
WORK EXPERIENCE PROGRAM**

**START ON SUCCESS (SOS)**

**Site:** \_\_\_\_\_

**PARENT/GUARDIAN SURVEY**

Thank you for taking the time to complete this survey. Your answers and comments are very important to us. Your input will help us in continuing to develop our programs and services to meet your child's needs.

|    |  | YES | NO |
|----|--|-----|----|
| 1. | Do you feel your child has benefited from the SOS program?   |     |    |
| 2. | Do you feel the SOS program has prepared your child to seek competitive employment after graduation?             |     |    |
| 3. | Do you feel the SOS program has allowed your child to develop job skills needed to obtain employment?            |     |    |
| 4. | Do you feel the SOS program has allowed your child to develop job skills to maintain employment?                 |     |    |
| 5. | Do you feel your child has been exposed to a variety of careers during your participation in SOS?                |     |    |
| 6. | Do you feel your child has benefited from various community exploration trips?                                   |     |    |
| 7. | Do you feel your child has developed independent living skills (i.e. accessing and using public transportation)? |     |    |

|  |      |      |           |
|--|------|------|-----------|
| On a scale of 1-4, how well do you think the SOS program has done in terms of meeting your child's employment needs? |      |      |           |
| 1  | 2    | 3    | 4         |
| Not at all   | Fair | Good | Excellent |
| Comments:  |      |      |           |
|  |      |      |           |

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM 23 – Transcen, Inc. – COMPILATION OF STUDENT ACTIVITIES**

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Person Completing Form: \_\_\_\_\_

**Student Activities**

Fill in the blank for each of the following questions:

|                      |   |                      |  |
|----------------------|---|----------------------|--|
| <input type="text"/> | Total number of students served   | <input type="text"/> | Number of students working full time                               |
| <input type="text"/> | Number of students who attended college/adult education courses for credit                              | <input type="text"/> | Average rate of pay (FT)   |
| <input type="text"/> | Number of students who attended college/adult education courses for audit                               | <input type="text"/> | Number of students working part time                               |
| <input type="text"/> | Number of students participating in college courses informally  | <input type="text"/> | Average rate of pay (PT)   |
| <input type="text"/> | Number of students receiving certification  | <input type="text"/> | Number of students in unpaid training sites                        |
| <input type="text"/> | Number of students regularly participating ( $\geq 2x/mo$ ) in clubs and organizations on campus        | <input type="text"/> | Average hours of job support from staff                            |
| <input type="text"/> | Number of students regularly participating ( $\geq 2x/mo$ ) in recreational activities in the community | <input type="text"/> | Number of students receiving services from agencies serving adults |

---

List college courses taken:

Other:

List paid job locations:

List clubs/organizations accessed on campus:

List community recreation facilities accessed:

Recommendations for changes/improvements:

Recommended changes in goals:



## FORM 25– Transcen, Inc. – COMPILATION OF STAFF ACTIVITIES

School Year: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Person Completing Form: \_\_\_\_\_

### Staff Activities

Fill in the percentage of time spent on the following activities:

|               | In-Class Support | College Class Support | Employment Support | Community Access | Transportation<br>(Travel Training) | Networking | Data Collection | Administrative Duties | Other |
|---------------|------------------|-----------------------|--------------------|------------------|-------------------------------------|------------|-----------------|-----------------------|-------|
| Coordinator   |                  |                       |                    |                  |                                     |            |                 |                       |       |
| Support Staff |                  |                       |                    |                  |                                     |            |                 |                       |       |
| Average       |                  |                       |                    |                  |                                     |            |                 |                       |       |

The majority of staff time is spent on:

More staff time is needed for the following activities:

Less staff time should be spent on the following activities:

Recommendation for changes in staffing or staff activities:

## FORM 26 – Transcen, Inc. – STUDENT EXIT INFORMATION

Date Completed:

Completed by:

|                               |                          |   |   |   |                               |
|-------------------------------|--------------------------|---|---|---|-------------------------------|
| Student Name:                 |                          | Address:                                  |   |   |                               |
| Telephone No.:                |                          | E-Mail Address:                           |   |   |                               |
| Parents' Names:               | Mother's Work Phone No.: | Father's Work Phone No.:                  | Date of Exit:   | Age at Exit:                              | Currently Employed As:        |
| Mother's E-Mail Address:      |                          | Father's E-Mail Address:                  |   |   | Other Contact:                |
| Start Date:                   | Rate of Pay:             | Hours Worked per Week:                    | Benefits Received:  | Support Received from:<br>VR DDA SSI SSDI | Current Service Agency:       |
|                               |                          |   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Vacation<br>Other: |   |                               |
| Current Living Situation:     |                          | Current Rent:                             | Plans for Future Living Situation:  |   | Contact Person and Phone No.: |
| Current Continuing Education: |                          | Plans for Future Continuing Education:    |   |   | Comments:                     |
| Current Community Activities: |                          | Plans for Future Community Participation: |   |   | Comments:                     |

*Note.* VR = Vocational Rehabilitation; DDA = Developmental Disabilities Administration; SSI = Supplemental Securities Income; SSDI = Social Security Disability Insurance.

**FORM 27 – Transcen, Inc. – FOLLOW-UP INFORMATION**

Date Completed:

Completed by:

Check If Changed

|   |                          |   |                        |   |   |   |
|---|--------------------------|---|------------------------|---|---|---|
| Student Name:                                   |                          | Address:                                  |                        |   |   |   |
| Telephone No.:                                  |                          | E-Mail Address:                           |                        |   | Other Contact:                            |   |
| Parents' Names:                                 | Mother's Work Phone No.: | Father's Work Phone No.:                  | Date of Contact:       | Method of Contact:  | Person Contacted:                         | Currently Employed As:<br><input type="checkbox"/> Check If Changed                               |
| If New, Reason for Leaving Previous Employment: | Start Date:              | Rate of Pay:                              | Hours Worked per Week: | Benefits Received:<br>__ Medical<br>__ Vacation<br>Other: | Receives Support from:<br>VR DDA SSI SSDI | Current Agency:<br><input type="checkbox"/> Check If Changed<br><br>Contact Person and Phone No.: |
| Current Living Situation:<br><br>Current Rent:  |                          | Plans for Future Living Situation:        |                        |   | Comments:                                 | If New, Student's Reason for Leaving Previous Agency:   |
| Current Continuing Education:                   |                          | Plans for Future Continuing Education:    |                        |   | Comments:                                 |   |
| Current Community Activities:                   |                          | Plans for Future Community Participation: |                        |   | Comments:                                 |   |

*Note.* VR = Vocational Rehabilitation; DDA = Developmental Disabilities Administration; SSI = Supplemental Securities Income; SSDI = Social Security Disability Insurance.



## FORM 29 – Transcen, Inc. – PARENT SURVEY

**Directions:** We are interested in your opinion about the transition program in which your son or daughter participates. Please answer the following statements by marking the column that indicates your level of agreement with each statement:

|  | Strongly Agree           | Agree                    | Don't Know               | Disagree                 | Strongly Disagree        | Not Applicable           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. My son or daughter enjoys receiving services in the transition program.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I wish that my son or daughter had stayed in his or her high school program.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My son or daughter has demonstrated an increase in independence since attending this program.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My son or daughter's self-esteem has improved through attending this program.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My son or daughter has made new friends while attending the program.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My son or daughter has demonstrated an increase in age-appropriate social skills.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am satisfied with the college course selections offered to my son or daughter.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am satisfied with the job sites offered to my son or daughter in the community or at the college. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am satisfied with the progress my son or daughter is making toward achieving IEP objectives.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I am satisfied with the level of communication from the staff.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The things I like most are:

The things I like least are:

## FORM 30 – Transcen, Inc. – STUDENT SURVEY

**Directions:** Please answer the following items:

1. I enjoy going to the transition program.  Yes  No
2. I enjoy going to school more this year than last year.  Yes  No
3. I would rather be in my home high school.  Yes  No
4. I am happy with the college classes I take at the transition program.  Yes  No  N/A
5. My favorite class is:
6. My instructors treat me:  Well  Okay  Poorly
7. I am afraid to ask for assistance from the college teachers.  Yes  No  N/A
8. I find the class work is too hard for me.  Yes  No
9. I feel better about myself because of attending this program.  Yes  No
10. I have made new friends this year.  Yes  No
11. I miss my friends from high school.  Yes  No
12. I have more friends now than I did in high school.  Yes  No
13. I like my job.  Yes  No
14. I would have had a different job.  Yes  No
15. I am learning to be more independent this year.  Yes  No
16. I have learned how to set goals for myself.  Yes  No
17. I have learned to be more active in my IEP meetings.  Yes  No

What I like most:

What I like least:

## FORM 31 – Transcen, Inc. – PEER SURVEY

**Directions:** We are interested in your opinion about the students with disabilities who are receiving transition services at your college. Answer the following statements by checking in the column that best indicates your level of agreement with each statement or by checking "Yes" or "No" for statements 7–10. (Please give only one answer per statement.)

|   | Strongly Agree               | Agree                    | Don't Know               | Disagree                    | Strongly Disagree        |
|---|------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Students with disabilities are welcome at this institution.  | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 2. Students with disabilities are able to benefit from taking classes here.   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 3. The presence of students with disabilities in my class had a negative effect on my ability to learn.                       | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 4. The presence of students with disabilities in my class made me feel uncomfortable.   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 5. The students with disabilities have a positive influence on the class.   | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 6. My understanding of the capabilities of students with disabilities has increased since I took a class with these students. | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 7. I have become friends with a student with a disability.  | <input type="checkbox"/> Yes |                          |                          | <input type="checkbox"/> No |                          |
| 8. I have attended a social event with a student with a disability on or off campus.  | <input type="checkbox"/> Yes |                          |                          | <input type="checkbox"/> No |                          |
| 9. I would be interested in learning more about the services provided to students with disabilities here at the college.      | <input type="checkbox"/> Yes |                          |                          | <input type="checkbox"/> No |                          |
| 10. I would be interested in becoming a peer tutor.   | <input type="checkbox"/> Yes |                          |                          | <input type="checkbox"/> No |                          |

**Comments:**



## FORM 32 – Transcen, Inc. – FACULTY AND STAFF SURVEY

**Directions:** We are interested in your input regarding the presence of students from the transition program. Please fill in your answers to the statements listed below:

Instructor Name:

Courses

Taught:

Number of Students  
with Disabilities  
Enrolled:

Student Supports  
Provided by:

1. As a result of students' participating in my class, I have made changes to my:

Tests

Assignments

Lecture Style

Pacing

If so, how?

If so, how?

If so, how?

If so, how?

2. The staff or peer helpers assigned to my class:

a. Provide too much attention to the student with disabilities

b. Are a distraction to my class

c. Contribute to the class

d. Help me in teaching

e. Help other students in the class

3. I feel that I understand the needs of students with disabilities in my class.

Yes

No

4. I would like further information about how to serve students with disabilities in my class.

Yes

No

5. I would be willing to talk to other professors / instructors about students with disabilities enrolling in their classes.

Yes

No

Suggestions/Comments:

**FORM 33 – Transcen, Inc. – SATISFACTION DATA SUMMARY**

**Student Input**

|                  |
|------------------|
| Strengths:       |
| Suggested Needs: |

**Family Input**

|                  |
|------------------|
| Strengths:       |
| Suggested Needs: |

**Faculty and Staff Input**

|                  |
|------------------|
| Strengths:       |
| Suggested Needs: |

**Peer Input**

|                  |
|------------------|
| Strengths:       |
| Suggested Needs: |

Area(s) of Greatest Satisfaction:

Area(s) of Least Satisfaction:

Recommended Changes:

**FORM 34 – Transcen, Inc. – EVALUATION ACTIVITIES SCHEDULE**

**Directions:** Check off evaluation activities to be conducted and indicate the person who will conduct the activity, how often the activity will be conducted, and how data are to be collected.

| <b>Evaluation Activity</b>          |                          | <b>Person Responsible</b> | <b>Schedule (Annually, Monthly, Biweekly)</b> | <b>Method of Data Collection or Form Used</b> |
|-------------------------------------|--------------------------|---------------------------|---|---|
| <b>Monitoring</b>                   |                          |                           |   |   |
|                                     | Student Activities       |                           |   |   |
|                                     | Student Goals            |                           |   |   |
|                                     | Staff Activities         |                           |   |   |
|                                     | Compilation              |                           |   |   |
| <b>Outcomes</b>                     |                          |                           |   |   |
|                                     | Student Exit Information |                           |   |   |
|                                     | Follow Along             |                           |   |   |
| <b>Satisfaction</b>                 |                          |                           |   |   |
|                                     | Student                  |                           |   |   |
|                                     | Parent                   |                           |   |   |
|                                     | Peers                    |                           |   |   |
|                                     | College Personnel        |                           |   |   |
|                                     | Summary Report           |                           |   |   |
| <b>External Evaluation</b>          |                          |                           |   |   |
|                                     |                          |                           |   |   |
| <b>Compile Evaluation Documents</b> |                          |                           |   |   |
|                                     |                          |                           |   |   |
| <b>Data Review</b>                  |                          |                           |   |   |
|                                     |                          |                           |   |   |
|                                     |                          |                           |   |   |
|                                     |                          |                           |   |   |

**FORM 35 – Transcen, Inc.– CHECKLIST OF EVALUATION DOCUMENTS**

Name of Program:

Coordinator:

School Year:

Meeting Date:

Committee Members:

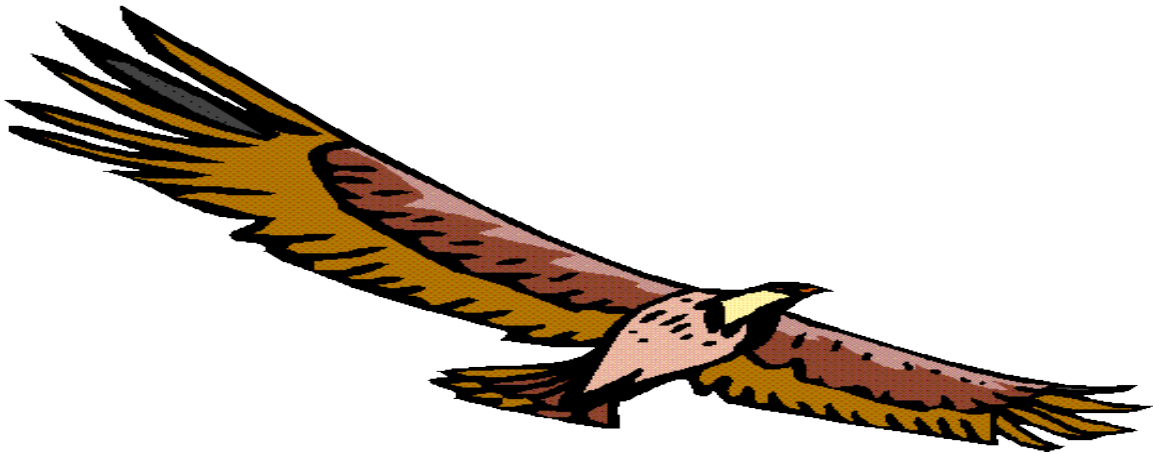
|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Compile a packet of the following documents to be reviewed annually by the advisory committee:

1. List of Goals
2. Form 23: Compilation of Student Activities
3. Form 24: Compilation of Student Goal Achievement
4. Form 25: Compilation of Staff Activities
5. Form 26: Student Exit Information
6. Form 27: Follow-Up Information
7. Form 28: Compilation of Follow-Up Information
8. Form 33: Satisfaction Data Summary
9. Form 34: Evaluation Activities Schedule
10. Other:
11. Other:

# Section 10

## Recognition Ceremony Idea



**2004 EMPLOYER APPRECIATION LUNCHEON  
START ON SUCCESS & TRANSITION PROGRAMS  
WESLEYAN UNIVERSITY PROGRAM**

**LUNCHEON PROGRAM**

**Wesleyan University**

**Dr. Douglas Bennet** – President of Wesleyan University

**Peter G. Patton** – Vice President and Secretary of Wesleyan University

**Frank Kuan** – Director of Community Relations

**Francis J. Marsilli** – Coordinator of Davenport Campus Center

**Laura C. Perillo** – Associate Director of Media Relations

**Trent Von'Lee** – Associate Director of Administrative Staff

**Start on Success**

**Charley Dey** – National Director, Start on Success Program  
National Organization on Disability

**Karen Halliday** – Education Consultant  
Connecticut State Department of Education/Bureau of Special Education

**School Administrators**

**Susan Viccaro** - Superintendent of Schools  
Regional School District #13

**Mariann Rossi-Ondusky** - Director of Pupil Personnel and Special Education  
Middletown

**Dr. Kathleen Spence** - Director of Special Services  
Cromwell

**Amy Emory**- Pupil Personnel Director  
Regional School District # 13

**Pamela Lavery** - Department Head / Special Education  
Middletown High School

**Staff**

**Nora Lydon** – Special Education Teacher, Davenport Campus Center

**Elizabeth Weaver** – Special Education Teacher, Cromwell High School

**Pamela Durfee** – Job Coach, Middletown High School

**Karen Ireland** – Job Coach, Cromwell High School

**Sharon DiSilvestro** – Job Coach, Regional School District #13

**Lisa Czaja** – Administrative Assistant, Middletown High School

**Angela Marchinkoski** – Transportation Coordinator, Cromwell

**Leslie Tollefsen** – Campus Liaison, Wesleyan University

**Ann Mallin** – Transition and Program Coordinator  
Capitol Region Education Council

## EMPLOYERS

1. ***Broad Street Books***  
Wesleyan University  
Betty Ann McDermott  
Merchandise Coordinator  
Al Fazzino  
Shipping and Receiving Coordinator
2. ***Brothers Auto Body***  
Cromwell, Ct.  
Brian Slifer, Kevin Slifer & Michael Slifer  
Owners and Managers
3. ***Covenant Village***  
Cromwell, Ct.  
Philip Levere  
Director of Dining Services  
Suzanne Nester  
Assistant Director of Dining Services
4. ***Cromwell High School***  
Paul Scalora  
Maintenance Supervisor
5. ***Durham Feed and Pet Supply***  
Durham, Ct.  
Laura Lynn  
Manager
7. ***Exley Science Center***  
Wesleyan University  
Jennifer Platt  
Printing/Operations Assistant
8. ***Freeman Athletic Center***  
Wesleyan University  
Drew Black  
Adjunct Assistant Professor of  
Physical Education & Coach  
Robert Chiapetta  
Manager of Intercollegiate Operations
9. ***Golden Mean***  
Cromwell, Ct.  
Tim Malin  
Owner and Manager
10. ***Middlesex Hospital***  
Middletown, Ct.  
Audrey Livingston  
Director of Volunteers  
Wendy DeFelice  
Claims Processor  
Ally Sega  
Medical Records Coordinator
11. ***McConaughy Hall***  
Wesleyan University  
Sharon Shettleworth  
Food Service Director  
Tony Palermi  
Bakery Manager
12. ***Somerset Plastics***  
Middletown, Ct.  
Cliff and Lois White  
Owners and Managers  
Donna Baranowski  
Mentor
13. ***Stonehedge Landscaping***  
Newington, Ct.  
Rob Burghoff  
Supervisor
14. ***Twin Maples***  
Durham, Ct.  
Lucille O'Connor  
Therapeutic Recreation Director
15. ***Wadsworth Glen***  
Middletown, Ct.  
Lynette Milardo  
Therapeutic Recreation Director
16. ***WEShop***  
Wesleyan University  
Gary Kriksciun  
Food Service Director

*In*  
*Appreciation* To

**WESLEYAN  
UNIVERSITY**

*For Its Support and  
Commitment to the*

*Students of  
Cromwell High  
School,  
Middletown High  
School, and*

*Regional School*

*District 13*

*Presented by the  
Transition Program  
and the*

*Start on Success*

*Program*

*On this the Tenth*

*Day of June ,*

*2004*

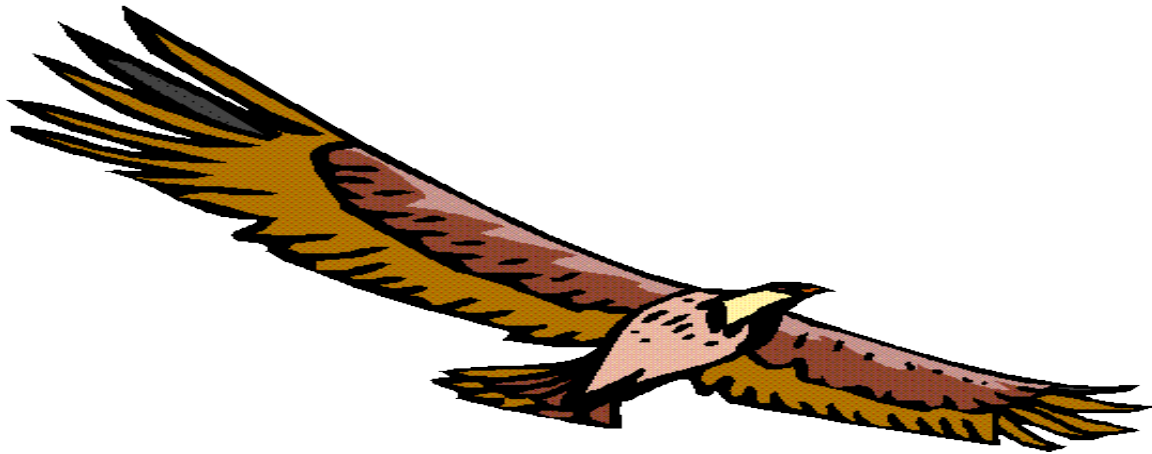


**Ann M. Mallin**  
**Transition Coordinator**

**Charley Dey**  
**National Director, Start on Success**

# **Section 11**

## **Sample Brochures of Programs**

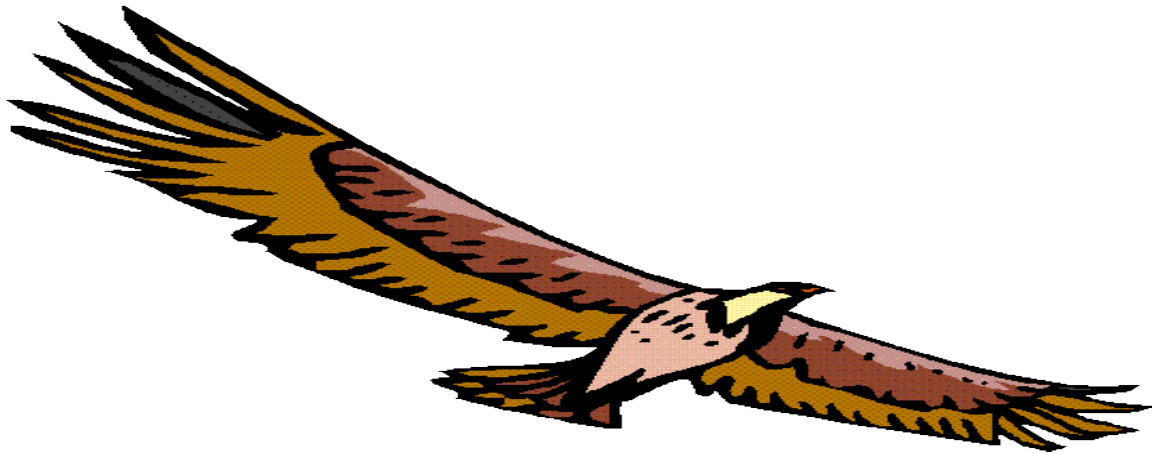


**INSERT BRISTOL BROCHURE**

**INSERT NEW HAVEN BROCHURE**

# **Section 12**

## **Follow-Up Survey**



**(To be complete one year after the student has graduated from high school)**

School District: \_\_\_\_\_ Student: \_\_\_\_\_  
 Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**START ON SUCCESS (SOS) FOLLOW-UP SURVEY  
 GRADUATES/EXITERS OF CONNECTICUT HIGH SCHOOLS**

**Introduction: This survey asks questions about your life since you left high school. Please fill it out and return to us in the enclosed envelope. If you have any difficulty answering the survey questions, please ask someone who knows you well to help you complete it. All information you provide will be kept confidential. Please place a “✓” mark in front of the appropriate response.**

**Who is filling out this survey?**

|                          |  |                          |                               |
|--------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> | The Graduate/Exiter                                  | <input type="checkbox"/> | Other - Please specify: _____ |
| <input type="checkbox"/> | The Parent/Guardian on behalf of the Graduate/Exiter | <input type="checkbox"/> | _____                         |

**Section A. Independent Living/Community Participation/Self-Advocacy**

1. Where do you live the majority of the year? (Check only **one**)

|                          |                             |                          |   |
|--------------------------|-----------------------------|--------------------------|---|
| <input type="checkbox"/> | Parents' or relatives' home | <input type="checkbox"/> | On-campus school housing (during the school year) |
| <input type="checkbox"/> | Rented Apartment/room       | <input type="checkbox"/> | Supervised apartment/home                         |
| <input type="checkbox"/> | My own house/condo          | <input type="checkbox"/> | Community Training home                           |
| <input type="checkbox"/> | Group home                  |                          |   |

2. With whom do you live the majority of the year? (Check only **one**)

|                          |                           |                          |                      |
|--------------------------|---------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Husband/Wife              | <input type="checkbox"/> | Boyfriend/Girlfriend |
| <input type="checkbox"/> | Roommate(s) – not related | <input type="checkbox"/> | Parent/Guardian      |
| <input type="checkbox"/> | Other relative            | <input type="checkbox"/> | Alone                |

3. Which of the following do you have, or have access to? (Check **all** that apply)

|                          |                  |                          |                      |
|--------------------------|------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Drivers license  | <input type="checkbox"/> | Car                  |
| <input type="checkbox"/> | Car Insurance    | <input type="checkbox"/> | Health Insurance     |
| <input type="checkbox"/> | Checking Account | <input type="checkbox"/> | Savings Account      |
| <input type="checkbox"/> | Credit Card      | <input type="checkbox"/> | Computer             |
| <input type="checkbox"/> | Internet Access  | <input type="checkbox"/> | Telephone/Cell Phone |

4. Do you: (Check all that apply)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Vote?   |
| <input type="checkbox"/> | Take part in sports/recreation activities?                        |
| <input type="checkbox"/> | Belong to any clubs, churches, organizations?                     |
| <input type="checkbox"/> | Attend sporting, cultural outings? (ball games, concerts)         |
| <input type="checkbox"/> | Have any hobbies?   |
| <input type="checkbox"/> | Have regular fun activities? (card night, friends over regularly) |
| <input type="checkbox"/> | Have access to transportation? (bus, train)                       |

5. With whom do you spend **most** of your free time? (Check only **one**)

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Alone                               | With family member(s)              |
| With old friends from high school   | With new friends since high school |
| With a girlfriend/boyfriend/fiancée | Groups/Social Organizations        |

6. Have any of the following adult service or community agencies worked with you since leaving high school? (Check **all** that apply)

|  |
|--|
| Bureau of Rehabilitation Services (BRS)  |
| Department of Mental Retardation (DMR)   |
| Department of Mental Health and Addiction Services (DMHAS)                               |
| Board of Education and Services for the Blind (BESB)                                     |
| Department of Social Services (federal financial assistance, benefits such as SSI, SSDI) |
| One-Stop Centers (Employment Centers)  |
| Other – Please specify:  |
| No help from any adult service agency or community agency, it is not necessary           |
| Did not know that any adult service agencies or community agencies were available        |

### Section B. Primary Employment: Current Status

If you are currently working full or part-time throughout the year, complete this section (If not, please go to Section C, question 18). If you only work a summer job, skip this section.

7. How many hours do you work each week?

|  |
|--|
| Full-time (35 hours or more, per week)       |
| Part-time (Between 21 and 34 hours per week) |
| Part-time (Less than 21 hours per week)      |

8. What type of job do you have? (Check the general career area)

|  |
|--|
| Managerial and Administrative (in charge of a business or program)               |
| Professional (e.g. doctor, lawyer, nurse, teacher)                               |
| Paraprofessional (e.g. teacher's aide, para-legal)                               |
| Technical (e.g. computers, auto repair)  |
| Construction (e.g. building houses, related trades such as plumber, electrician) |
| Sales and Related (e.g. working in a store)                                      |
| Office work (e.g. temporary agency)  |
| Service Industry (e.g. cleaning, food prep., nurse's aide, childcare)            |
| Agriculture (farming), Forestry (trees), Fishing, Landscaping                    |
| Factory work (e.g. assembly, packaging)  |
| Military   |
| Sheltered Workshop   |
| Other: Specify:  |

9. How much do you earn?

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Below minimum wage (less than \$7.10/hr.)    |
| <input type="checkbox"/> | Minimum wage (\$7.10/hr.)                    |
| <input type="checkbox"/> | Above minimum wage (greater than \$7.10/hr.) |

10. Please check **all** benefits you get on this job:

|                          |                    |                          |                                  |
|--------------------------|--------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Health Insurance   | <input type="checkbox"/> | Retirement benefits              |
| <input type="checkbox"/> | Paid Vacation time | <input type="checkbox"/> | Tuition reimbursement/Assistance |
| <input type="checkbox"/> | Paid Sick time     | <input type="checkbox"/> | I receive no benefits            |

**Section C. Postsecondary Education and Training: Current Status**

**If you are currently going to school or in a job-training program at any time during the year, complete this section.**

11. What type of school or program are you currently attending? (Check only **one**)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Community, Technical or two-year college                               |
| <input type="checkbox"/> | Four-year college or university  |
| <input type="checkbox"/> | Trade School (i.e. hairdressing, welding, computing, bartending, etc.) |
| <input type="checkbox"/> | Military Training School or Program                                    |
| <input type="checkbox"/> | Adult Education (GED, High School Completion Program, etc.)            |
| <input type="checkbox"/> | Other – Please specify:  |

12. What types of services are you receiving/accessing while in college or training program? (Check **all** that apply)

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Disability Services (Disability Center/Office)                                |
| <input type="checkbox"/> | Tutoring in study skills and learning strategies                              |
| <input type="checkbox"/> | Accommodations (e.g. extra time on tests, note takers, etc.)                  |
| <input type="checkbox"/> | Study Groups  |
| <input type="checkbox"/> | Academic Support Centers (e.g. Learning Center, Writing or Math Center, etc.) |
| <input type="checkbox"/> | Not aware of any support services in my school                                |
| <input type="checkbox"/> | It is difficult to access services/accommodations at my school                |
| <input type="checkbox"/> | No help looked for, or needed to complete my course work                      |
| <input type="checkbox"/> | Other - Please specify:   |

**EVERYONE, PLEASE ANSWER THIS FINAL QUESTION:**

Is there anything else you would like to tell us about your life after you have left high school? (Please continue to the back of this page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_