## STUDENT VOCATIONAL/TRANSITION INFORMATION (BRIDGES REFERRAL INFO)

NAME:	DATE:
ADDRESS:	REFERRING TEACHER:
HOME PHONE:	DOB/AGE:
PARENTS:	PROJECTED BRIDGES START DATE:
	PROJECTED # YEARS OF BRIDGES:
<b>DOES STUDENT HAVE</b> (Required for work):	Please provide copies of ID if available:
• KS IDENTIFICATION CARD OR	
DRIVER'S LICENSE	
<ul> <li>SOCIAL SECURITY CARD</li> </ul>	
• BIRTH CERTIFICATE	

Long Range Transition Goals:	
Course Internets	
Career Interests:	
Vocational Strengths:	
WODE EXDEDIENCE	
WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:

WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:
WORK EXPERIENCE	
NAME OF BUSINESS:	ADDRESS & PHONE:
JOB DESCRIPTION:	
START DATE:	END DATE:
STARTING PAY:	ENDING PAY:

Any Additional Work Experiences (Volunteer, School, Paid) (i.e. Laundry, Custodial, Landscaping, Clerical, Recycling, Restaurant/Food Preparation, Other) **Employment Support Needs:** Does student use assistive technology? Semi-Independent Worker Explain: Υ 0 Job Coach on occasion 0 • One on one Paraeducator/Job Coach 0 Does student need daily health care/nursing Does student have a functional communication system? Y Y Explain: Explain: services? Does student need a behavior intervention plan? Transportation Y Explain: • School o Drives Self **Family Provides** 0 **Interests and Preferences** What are some activities the student enjoys? (hobbies, sports, etc.) What are some of the conditions where the student works best? (inside/outside, noisy/quiet, fast/slow paced, time of day, same task/different tasks, supervised/unsupervised, etc.) Dislikes, etc. What particular activities is student known to dislike or we should avoid? What particular situations you recommend we avoid when searching for jobs? What supports might need to be maintained? Other (accommodation and support needs)

	Easily	Most of	Has some	Has great
The Student:		the time	difficulty	difficulty
Adapts to an unfamiliar environment	1	2	3	4
Safely rides in school vehicles	1	2	3	4
Comfortably tolerates movement between community sites	1	2	3	4
Maintains appropriate sexual boundaries	1	2	3	4
Uses a planner	1	2	3	4
Understands and uses money	1	2	3	4
Demonstrates basic calculator skills	1	2	3	4
Can compose a simple letter or note	1	2	3	4
Can independently perform own personal hygiene	1	2	3	4
Does assigned chores/tasks at school	1	2	3	4
Uses appropriate judgment regarding safety practices		2	3	4
(pedestrian travel, hot/cold, etc.)				
Can independently fix own lunch/snacks for school	1	2	3	4
Independently manages own behavior in a group setting	1	2	3	4
Independently manages own behavior in a community	1	2	3	4
setting				
Independently manages own behavior in a work setting	1	2	3	4

Rate the student's desire to participate in Bridges:				
Strongly interested	Interested	Somewhat	Not interested	Unsure of level of
		interested		interest
Rate the parent's desire for their young adult to participate in Bridges:				
Strongly interested	Interested	Somewhat	Not interested	Unsure of level of
		interested		interest

ADULT SERVICE AGENCIES				
Adult Service Agencies providing services at the time of exit				
Name of Agency	Family is aware of	Family has contacted		
The Arc of Douglas County				
Bert Nash				
CDDO/Cottonwood				
CDDO Case Manager				
Community Living Opportunities				
Cottonwood, Inc.				
Foster Care Case Manager or				
Independent Living Coordinator				
Independence, Inc.				
KS Job Service Center				
Kansas Rehabilitation Services				

NE KS Assistive Tech	
Post Secondary School	
Social Security Administration	
SRS	
Other:	
Other:	

## **TESTING/ASSESSMENTS**

AREA	ASSESSMENT NAME	DATE COMPLETED
Psychological/Cognitive Test		
Neuropsychological		
Medical/Physical		
Communication		
Adaptive Behavior		
Social/Interpersonal		
Communication/Speech/Language		
Multi-Tiered System of Supports		
(MTSS/RTI)		
Career/Vocational/Transition		
Community-Based Assessments		
Self-Determination Assessments		
Assistive Technology		
Classroom Observations		
Other		
* * List from KSDE June 2009* *		

Modified from Baska C-Tran '09