

**STUDENT VOCATIONAL/TRANSITION INFORMATION**

<b>NAME:</b>	<b>SS#</b>
<b>DATE:</b>	

**EMPLOYMENT**

(Please account for each hour of work experience that the student has worked each year. This will be a cumulative account of student's work history to be kept in student's working file and passed on to teacher at next grade level.)

**WORK EXPERIENCE:**

<b>NAME OF BUSINESS/CONTACT NAME:</b>	<b>ADDRESS &amp; PHONE:</b>
<b>JOB DUTIES:</b>	
<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
<b>PAY (if applicable)</b>	<b>COMMENTS:</b>

**WORK EXPERIENCE:**

<b>NAME OF BUSINESS/CONTACT NAME:</b>	<b>ADDRESS &amp; PHONE:</b>
<b>JOB DUTIES:</b>	
<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
<b>PAY (if applicable)</b>	<b>COMMENTS:</b>

**WORK EXPERIENCE:**

<b>NAME OF BUSINESS/CONTACT NAME:</b>	<b>ADDRESS &amp; PHONE:</b>
<b>JOB DUTIES:</b>	
<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
<b>PAY (if applicable)</b>	<b>COMMENTS:</b>

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<b>JOB DUTIES:</b>	
<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
<b>PAY (if applicable)</b>	<b>COMMENTS:</b>

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<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
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<b><u>WORK EXPERIENCE:</u></b>	
<b>NAME OF BUSINESS/CONTACT NAME:</b>	<b>ADDRESS &amp; PHONE:</b>
<b>JOB DUTIES:</b>	
<b>START DATE (include days of week and # of hours):</b>	<b>END DATE:</b>
<b>PAY (if applicable)</b>	<b>COMMENTS:</b>

**ADULT SERVICE AGENCIES**

Adult Service Agencies Providing Services to Student

Name of Agency	Family is aware of	Family has contacted
The Arc of Douglas County		
Bert Nash		
CDDO/Cottonwood/COF		
Community Living Opportunities		
Cottonwood, Inc.		
COF, Inc.		
Department of Children and Family		
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		
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\*\*