

(# 7. Summary Report)

7. What does the student do during his/her spare time? (Hobbies, sports, community programs, TV, etc.)

(# 8. Summary Report)

8. Describe any health problems and/or disabilities that may require special accommodations and/or support services in training or employment situations (include any assistive technology supports currently used by the student)

(# 9. Summary Report)

9. Is the student having difficulty understanding or keeping up with the work in any classes? _____
If so, in which classes **and** what are the difficulties?

(# 10. Summary Report)

10. Learning style (circle items which describe how the student learns best)

Sensory	visual	tactile	auditory	other _____
Reasoning Style	abstract	concrete	other _____	
Least Restrictive Environment	lg. group 10 +	group to 5-10	small group 2-5	individual 1:1

(# 13. Summary Report)

11. Career activities this school year (circle to indicate) (? = I don't know)

Learn about occupations & jobs	yes	no	?	Learn how to find jobs	yes	no	?
Learn about wages & benefits	yes	no	?	Learn how to succeed/ advance in jobs	yes	no	?
Learn about High School sequences	yes	no	?	Take CTE courses	yes	no	?
Learn about other job-training	yes	no	?	Supervised Work Experience	yes	no	?

Other _____

(# 14. Summary Report)

12. Development of positive work behaviors at school (circle to indicate)

Cooperate with teachers	good	fair	poor	Complete work assignments	good	fair	poor
Follow directions	good	fair	poor	Get along with classmates	good	fair	poor
Stay on task during class	good	fair	poor	Class attendance	good	fair	poor

Other _____

13. Environmental tolerance

- | | | | |
|-----------------|-----------------------------|------------------------------|---------------------------------------|
| Inside work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Assessed |
| Outside work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Assessed |
| Cold | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Assessed |
| Heat | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Assessed |
| Noise/vibration | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Assessed |

14. Perceptual/motor ability

- | | Seriously Deficient | Deficient | Acceptable | Very Good | Not Addressed |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Spatial relations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Form identification | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gross motor skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine motor skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Dexterity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Physical capacity

- | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strength (relative to age) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climb & balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stoop, kneel, crouch, crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reach, handle, finger, feel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stamina/endurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |