**Your Letterhead**

**Ventura County SELPA**

### TRANSITION INPUT FOR MULTIDISCIPLINARY REPORT

Student Name: Click here to enter text. D.O.B.:Click here to enter text.

Age

School

Case Manager

Date(s) of Assessment: Click here to enter text.

Name of Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title)

Materials and procedures were provided in the student’s native language/mode of communication in a form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally. If not, explain

Assessment(s) administered in English.

**Reason for Referral:**

To determine the individual’s interests and aptitudes as related to future job and/or career.

Click here to enter text.

## Behavioral Observations:

Behavior during testing, including relationship of behavior to the reliability of the current assessment results: Click here to enter text.

**Assessment Information:**

Sources of data Reviewed: (check or indicate “NA”)

Choose an item. Work samples

Choose an item. Progress toward goals

Choose an item. Parent interview

Choose an item. Student interview

Choose an item. Teacher survey or interview

Choose an item. Other data sources Click here to enter text.

Existing assessment vocational/prevocational tools: (within three years list below)

|  |  |  |
| --- | --- | --- |
| Date | Type | Assessor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Summary of existing data (if applicable):

Name and Brief Description of New Transition Assessments Administered (education, employment/training, independent living) and Results in terms of strengths, emerging skills and areas of need:

Click here to enter text.

NEW ASSESSMENTS ADMINISTERED:

* All assessments were selected and administered so as not to be discriminatory on racial, cultural, or sexual bias.
* Each assessment was used for the purpose for which it was designed and is valid and reliable.
* Each instrument was administered by trained and knowledgeable personnel.
* Each assessment was given in accordance with the test instructions provided by the producer of the assessments.
* All tests were selected and administered to best ensure that they produce results that accurately reflect the student’s abilities, not the student’s impairments, including impaired sensory, manual, or speaking skills.

Explanation for any of the above that is not applicable

* Student interview about college/career interests/goals/exploration
* Parent interview about student interests/strengths/ preferences, if applicable
* Support Agencies Input
* Career/employment abilities
* Self-advocacy/self-determination
* Resume, job application, letter of interest/cover letter
* Mock interview, career fairs
* Environmental structures/supports (physical, sensory, mobility, health, social/emotional, communication, assistive technology)
* Work readiness (independence, grades, punctuality, soft skills, career courses, CTE, college courses, social skills course, classroom jobs, campus jobs, basic reading and math skills, accommodations)
* Work experiences (internships, volunteer, job try-out rotations, paid)
* Independent living skills (cooking, budgeting, accessing community/transportation, hygiene, time management, self-help, health-care management)

**Overall Summary and Recommendations for Transition:**

Summary of assessment, in terms of strengths and emerging skills, areas of need, including factors affecting educational performance: Click here to enter text.

Education

Employment/Training

Independent Living

Recommendations to enable student to be involved and make progress in general education curriculum: Click here to enter text.

Person completing this report:

Click here to enter text. Click here to enter text. Click here to enter text.

Name Signature Title Date

Copy to: [ ]  District Office [ ]  Cumulative File [ ]  Case Manager [ ]  Parent/Adult Student [ ]  Related Service(s)