

STUDENT REFERRAL FOR WORK BASED LEARNING

Student Name: _____

Date of Referral: _____

District: _____

Student ID: _____

Date of Birth: _____

Current Grade Level: _____

OCM BOCES Program Student:

Yes Program: _____

No

Name of Person Submitting Request: _____

Title: _____ Phone #: _____

Check box if Contact Person is the same as the Person Submitting Request

Contact Person for Student Information: _____

Title: _____ Phone #: _____

Work Based Learning Requested:

1 day 2 days 3 days 4 days 5 days

AM PM

Adult Support: 1:1 TA Interpreter Nursing Services

Student Interests: _____

Additional Student Information: _____

Reviewed By:

Home District Special Ed Director/CSE Chairperson Signature

Date

School To Work Program Supervisor Signature

Date

<p align="center">OCM BOCES Only Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

STUDENT TRAINING PLAN FOR WORK BASED LEARNING

Student Name: _____ School Year: _____

Program: _____

Goals for Work Based Learning (SPECIFIC VOCATIONAL SKILLS TO PROGRESS MONITOR THAT ARE NOT RELATED TO JOB SITES AND COINCIDE WITH STUDENT'S IEP):

1. _____
2. _____
3. _____

Employability Skills (CHECK TARGETED SKILLS):

- | | |
|---|--|
| <input type="checkbox"/> Demonstrates responsibility on the job | <input type="checkbox"/> Flexible and adapts well to change |
| <input type="checkbox"/> Works independently when necessary | <input type="checkbox"/> Works well as part of a team/group |
| <input type="checkbox"/> Accepts constructive criticism | <input type="checkbox"/> Uses time effectively |
| <input type="checkbox"/> Dependable in attendance | <input type="checkbox"/> Appropriately dressed for workplace |
| <input type="checkbox"/> Language acceptable for the workplace | <input type="checkbox"/> Positive customer service attitude |
| <input type="checkbox"/> On the job safety | |

Additional Experiences to be Gained: _____

Accommodations/Support Needed: _____

Student Signature

Date

Teacher Signature

Date

Job Coach Signature

Date

School To Work Coordinator Signature

Date

SITUATIONAL ASSESSMENT FORM

Student Name: _____

School Year: _____

Strength (Lifting & Carrying): Poor (<10 lbs.) Fair (10-20 lbs.) Average (30-40 lbs.)

Endurance: Needs Frequent Breaks Can work <1 hour Can work 1-2 hours

Orienting: Small Area Only Several Rooms Building & Grounds

Attention to Task: Requires Constant Prompts/High Level of Supervision
 Frequent Prompts/Moderate Supervision
 Independently Stays Focused on Tasks

Sequencing of Job Duties: 1 Task at a Time 2-3 Tasks in Sequence 4-6 Tasks in Sequence

Initiative/Motivation: Avoids Next Task Waits for Directions Seeks Work

Adapting to Change: Adapts to Change with Great Difficulty
 Adapts to Change with Some Difficulty
 Adapts to Change Readily

Independent Work Rate: Slow Pace Steady/Average Pace Above Average/Sometimes Fast

Communication: Non-Verbal Uses sounds/gestures Speaks Unclearly
 Communicates clearly Sign Language Uses a Communication Device

Handling Feedback: Resistive/Argumentative Responds Appropriately Responds Positively

Taking Direction: Resistant to directives Periodically Resistant to Directives Take Direction Well

Cooperation: Refuses to Follow Rules/Requests Refuses to Attend School/Work Usually Cooperative

Willingness to Ask for Assistance: Persons in Authority Teachers/Job Coaches Peers/Co-Workers

Physical Mobility: Needs to Sit/Stand In One Area Difficulty with Stair or Minor Obstacles Moves At a Moderate to Average Pace

Time Awareness: Unaware of Time & Clock Function Can Tell Time to the Hour Can Tell Time in Hours/Minutes

Functional Reading: Sight Words/Symbols Words/Phrases Fluent Reader

Functional Math: Counting Addition/Subtraction Computation

Acts/Speaks Aggressively:

Frequently

Sometimes

Rarely/Never

Withdrawal/Inattentive Behavior:

Shows Little Interest
In Activities

Expresses Unusual Fears

Keeps Away From People

Work Experiences: _____

Likes/Preferences: _____

Dislikes: _____

Experiences Related to Measurable Post-Secondary Goals: _____
