

Collaborative Assessment for Transition Planning: Families

Supplement to the Collaborative Assessment Guide
for Transition Planning

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Section 1: Transition Assessment Process

At A Glance

Families know their student better than anyone; consequently, the importance of involving families in the assessment process is critical in order to have a holistic understanding of the student and their post-school goals. This section is designed for families and we suggest printing off this section and providing it directly to them so they have a basic understanding of the purpose of transition assessments as well as how their involvement in the transition assessment process can assist their child in making informed choices about their future.

We want to thank Pacer Center, Inc. as the majority of this section has been developed from information contained in the Minnesota Secondary Transition Toolkit for Families: *A Guide to Preparing Your Child with a Disability for Life Beyond High School* which is available on the Pacer Center website.

What is Assessment and Why Is It Important?

The “transition assessment process” is the method schools use to determine how a student currently functions in relation to future working, educational, and independent living environments. The assessment process also helps inform the development of measurable postsecondary goals for a student. If transition is a process of getting from “here” (where the student is currently) to “there” (achieving future goals), then transition assessment deals with the “here.” Additionally, as your student meets with other agencies such as Vocational Rehabilitation, assessments can be used by that agency as part of the process for determining eligibility and priority for services. and identifying vocational rehabilitation service needs.

Transition assessment is intended to include your child’s hopes, dreams, and goals for the future. The transition assessment process is an excellent opportunity to focus on what students can do, what they are interested in, and what they want for themselves. Basically, assessment is a process to help your child map out their future. It’s OK if a student answers “I don’t know” to questions about what kind of job he or she would like to have because that answer may reveal areas in which the student needs help. When the student answers “I don’t know,” it is a change for them to do further career exploration. It is also important that you share information as part of the assessment process since you know your child better than anyone. Below are specific ways families can participate in the assessment process.

How Can Families Participate in the Assessment Process?

Parents may better understand the purpose of transition assessment by thinking of it as a series of questions about a student's future. Think about the following questions and bring your thoughts and questions to the transition evaluation planning meeting.

- **“What are my child's strengths?”**
- **“What is my child interested in doing now and in the future?”**
- **“What is my child good at doing?”**
- **“In what areas does my child struggle?”**
- **“What are my child's academic, employment, and independent living goals?”**
- **“What is the gap between what my child wants to do and how he or she currently functions?”**

Transition assessment is a good tool to identify ways to build on existing strengths and find ways to improve in areas of need. For example, a young person may have good mechanical skills, such as an understanding of how machines work and how to repair them. His parent might say, “My son is good with mechanical things. What assessments will help determine how to capitalize on that talent and find jobs he may excel in?”

Another student might struggle with nonverbal communication. Her parent may say, “My daughter has needs in the areas of social skills and communication. What assessments are available that can help pinpoint her needs so we can find ways to improve that skill?”

The team planning the transition evaluation will choose appropriate assessments to gain needed information for transition planning, including IEP and IPE development. Parents, and their questions and suggestions, are an essential part of this team planning.

Understanding the role of transition assessment and evaluation can help parents be better advocates for the needs of their child. Parents should be aware that the transition assessment, or Three-year Evaluation for Special Education, should be informative and identify areas of need for the student. Parents sometimes request specific services or interventions based on their knowledge of the student, without first seeing if that need area was identified in the assessment data.

A sample resource for families is available at the end of this Family Supplement.

What Assessment Accommodations Can Your Child Receive?

Accommodations are changes to a classroom or work site that enable the student to learn, work, and show off their skills. Sometimes you may need to assist your student in advocating for accommodations that he or she may need to do their best on a particular assessment.

Accommodations can be things like having extra time on a test, using a calculator, having a reader or note taker, or having an accessible work area. There are rules about how to get accommodations. Talk to your child's teacher or vocational rehabilitation about what type of accommodations may be helpful for your student during the assessment process.

Section 2: Types of Assessment

No single assessment can give a complete, accurate picture of a student's strengths, interests, and needs. Schools and vocational rehabilitation staff are encouraged to use a combination of formal and informal assessment tools *to collect information about a student's current functioning, strengths, and needs as they relate to adult living*. Some [Sample Assessment Tools](#) are linked from a document located with online with this Family Supplement and other resources.

Formal Assessments

Formal assessments are standardized instruments performed by trained personnel, such as school psychologists and special education teachers. These can include interest tests, aptitude tests, and hands-on work samples.

Examples might include:

- **Curriculum-based assessments**
- **Transition skill inventories**
- **Learning style assessments**
- **Work samples**
- **Interest inventories**

Informal Assessments

Informal assessments lack standard reliability and validity measures and tend to be more subjective, meaning that the results may be heavily influenced by the person conducting the assessment. However, informal assessments are helpful because they allow for a student to be observed in a natural environment. Informal assessment consists of gathering existing information about a student and reviewing that data to help make decisions about future goals. This information may include academic data, previous testing, observations, and interviews.

Informal assessment methods might include:

- **Observation checklists**

- **Career exploration activities**
- **Student self-evaluations**
- **Interest surveys**
- **Academic data, including previous testing**

What Should Formal and Informal Assessments Accomplish?

Every child with a disability is unique; each has natural abilities and areas of aptitude to build on, as well as skill areas that need to improve. When planning for an adult life, the individual student's desires and interests need to be considered.

The transition assessment should:

- **Provide relevant information about the student in key areas for transition planning**
- **Provide information about the student's current levels of functioning**
- **Identify appropriate accommodations to support student success**
- **Provide a basis for a student's measurable postsecondary goals**
- **Provide a basis for measurable annual goals in the IEP**

It should also include pieces of information based on the four key transition areas –

Educational

- **Individual classroom-based assignments**
- **Grade-level or school-wide assessments**
- **Formal academic assessments (reading, written language, mathematics)**
- **Observations made by teachers, employers, parents, or school personnel**

Employment

- **Ratings of employability**
- **Vocational interest inventories**
- **Functional skills assessments**
- **Structured assessments in the work setting**
- **Interviews**
- **Work skills assessments**
 - (e.g., punctuality, work completion, social skills, soft skills, ability to take criticism, maintaining personal appearance)
- **Employer references**

Training

- **Armed Services Vocational Aptitude Battery (ASVAB)**
- **Computerized skills assessments**
- **Self-determination scales**
- **Vocational readiness ratings**

Independent living skills

- **Daily living skills assessments**
- **Assistive technology evaluations**
- **Independent living skills assessments**

Transition Planning Questions – Sample Tool for Family Members

Benefits your child currently receives:

(Please check all that apply)

- Medical Assistance
- SSI (Supplemental Security Income) (type _____/amount _____)
- Medicaid/Medical ACCESS
- Para-Transportation Services
- Other (please list) _____

Agencies currently working with your son/daughter:

Agency examples: VR, UCP, ARC, Care Break, Center for Independent Living, etc.

(For this section please list the name of the agency, your contact person at that agency, and their phone number)

Example: VR - (Springfield Office) - Jack Smith - 412-555-0988

- 1.) _____
- 2.) _____
- 3.) _____

Check the school year you expect your son/daughter to graduate. (Check only one choice)

- 2023-24 2026-27 2029-30
- 2024-25 2027-28 2030-31
- 2025-26 2028-29

1.) Is your son/daughter currently receiving counseling services?

YES NO

If YES please explain:

2.) Are there any medical concerns that would cause your son/daughter to have difficulty with employment, leisure activities, or community-living-related areas?

YES NO

If YES please explain:

Part II

Directions: Circle, check, and/or fill in the blank for each question. Base your answers on how your son/daughter has functioned at home and in “real life” situations in the past year.

Section A: Mobility

1.) What means of transportation does your son/daughter use for employment, volunteering, recreation/leisure, and other types of activities?

(Check all that apply)

- Independent travel
- Uses public bus transportation independently
- Travels with assistance
- Uses public bus transportation with assistance
- Uses ride-sharing services such as Lyft or Uber
- Uses publicly accessible transportation services
- Depends on family and friends

2. My son/daughter can cross neighborhood streets unassisted

never occasionally often always

Comments: _____

3. My son/daughter is able to understand and use traffic signals, crosswalks, and traffic signs safely and correctly

never occasionally often always

Comments: _____

4. My son/daughter is able to travel carefully and appropriately in the community

never occasionally often always

Comments: _____

5. Check the following establishments that are within one mile of your house

- | | | |
|---|---|---|
| <input type="checkbox"/> church/temple | <input type="checkbox"/> bus stop | <input type="checkbox"/> drug store |
| <input type="checkbox"/> department store | <input type="checkbox"/> bank | <input type="checkbox"/> movie theater |
| <input type="checkbox"/> grocery store | <input type="checkbox"/> fast food restaurant | <input type="checkbox"/> hairdresser/barber |

other: _____

6. What means of transportation would you like to see them use in the future?

Section B: Recreation and Leisure

1. What kind of activities does your son/daughter engage in after school?

2. Check all of the following leisure activities that your son/daughter is currently involved in.

a. Athletic/sports activities

_____ swimming

_____ lifting weights

_____ skiing

_____ softball

_____ basketball

_____ camping

_____ canoeing

_____ fishing

_____ horseback riding

_____ bowling

Other: _____

b. Large group events

_____ movies

_____ sporting events

_____ concerts

_____ plays/musicals

_____ church socials

_____ car races

_____ car shows

_____ festivals/fairs

Other: _____

c. Social activities

_____ goes to the mall

_____ eats out

_____ goes on picnics

_____ volunteers

_____ belongs to a social club or group

Other: _____

d. Individual activities

_____ crafts/hobbies

_____ cooking

_____ reading

_____ caring for pets

_____ talking on phone

_____ listening to music

_____ gardening

_____ playing a musical instrument

_____ watching TV

_____ watching videos

_____ shopping

_____ playing home video games

_____ playing cards

_____ playing board games

_____ listening to books on tape

_____ using the computer

Other: _____

3. What organizations/agencies in your community offer recreational/leisure opportunities that could be explored to further develop these interests?

(Please list the agency name and a contact name and number)

4. What types of recreational/leisure activities would you like your son/daughter to become involved with in the future?

(Please list)

5. Does your son/daughter eat in restaurants?

YES

NO

6. To what degree does your son/daughter use a restaurant menu

very good acceptable improvement needed must have menu read to them

Comments: _____

7. To what degree does your son/daughter understand the check in a restaurant

very good acceptable improvement needed not at all

Comments: _____

8. What type of restaurants does your son/daughter often go to?

(Please list - i.e. fast food, family dining, formal dining - if not sure list the names of the restaurants)

Section C: Time and Money Related Skills

1. Does your son/daughter go shopping with friends or family members

never occasionally often always

Comments: _____

2. Does your son/daughter go shopping alone

never

occasionally

often

always

Comments: _____

3. Is your son/daughter able to shop wisely

independently

needs guidance

unable to do

Comments: _____

4. Can your son/daughter be trusted with money and items of value

never

occasionally

often

always

Comments: _____

5. Does your son/daughter understand that money is needed in order to buy an item

YES

NO

Comments: _____

6. Can your son/daughter accurately count money and give change

independently

needs guidance

unable to do

Comments: _____

7. Does your son/daughter have a weekly allowance

YES

NO

If YES, indicate the amount _____

Comments: _____

8. Does your son/daughter have their own bank account

YES

NO

If YES, indicate the type of account(s)

Comments: _____

9. Can your son/daughter understand the passage of time and projected time intervals (i.e. in a few minutes, shortly, next week etc.)

very good

acceptable

improvement needed

Comments: _____

10. Can your son/daughter tell time accurately

very good

acceptable

improvement needed

Comments: _____

11. Is your son/daughter able to wake up on time without assistance

never

occasionally

often

always

Comments: _____

Section D: Communication and Social Areas

1. Can your son/daughter accept responsibility for his/her own actions

never

occasionally

often

always

Comments: _____

2. Is your son/daughter able to accept criticism without pouting or getting angry

never

occasionally

often

always

Comments: _____

3. Can your son/daughter act appropriately in social situations

(i.e. family dinners, parties, etc.)

never

occasionally

often

always

Comments: _____

4. Can your son/daughter join in conversations in a social situation

never

occasionally

often

always

Comments: _____

5. Is your son/daughter able to use a telephone efficiently

never

occasionally

often

always

Comments: _____

6. Is your son/daughter able to take accurate phone messages

never

occasionally

often

always

Comments: _____

7. Does your son/daughter have same age friends

YES

NO

If YES, indicate how many: _____

8. Does your son/daughter have older friends

YES

NO

If YES, indicate how many: _____

9. Does your son/daughter have younger friends

YES

NO

If YES, indicate how many: _____

10. Who does your son/daughter interact with socially?

11. Is your son/daughter able to interact appropriately with peers

never occasionally often always

Comments: _____

Section E: Employment-Related Areas

1. Has your son/daughter had any part-time volunteer or work experiences in the past year

YES

NO

(If YES, please indicate the place of employment, the supervisor's name and phone number)

2. Do you want your son/daughter involved in some type of volunteer/employment placement after they graduate?

YES

NO

(If YES, please indicate what field or employment area)

3. Do you expect your son/daughter will be involved in a fully included educational program prior to graduation?

YES

NO

Comments: _____

4. Do you want to explore (or to continue) a part-time vocational training program for your son/daughter prior to their graduation?

YES

NO

If YES, and you are familiar with vocational schools and programming, indicate program type and location _____

5. Do you expect your son/daughter will go on to some type of post-secondary training after graduation?

YES

NO

Comments: _____

6. Do you know of someone who owns a business or lives in your community that would be willing to hire your son/daughter or other students from our school to volunteer or work?

(Note, in most cases employment support could be given to the student and the employer to ensure a successful work experience)

Please indicate the business name, contact person, and phone number

7. List any work experiences that your son/daughter has done at home or in the community that they have enjoyed:

8. List any work experiences that your son/daughter has done at home or in the community that they have disliked:

Section F: Residential/Personal Care

1. Please indicate the work/personal care demands that are being placed on your son/daughter at home. These work/personal care tasks could include personal hygiene, cooking, cleaning, yard work, or laundry tasks.

For students who are physically unable to do most personal/household tasks independently, indicate if they are able to express their needs, make choices, work with a variety of care givers etc.

(List the job/chore they are required to perform, the level of independence they exhibit in completing this task, and any relevant comments related to this task)

Job/Chore	Level of Independence (Independent/Needs Assistance/Unable to Perform)	Comments

2. Can your son/daughter pick out his/her own clothes

never

occasionally

often

always

Comments: _____

3. Can your son/daughter get dressed without assistance

never

occasionally

often

always

Comments: _____

4. Is your son/daughter able to attend to his/her bathroom needs independently

never

occasionally

often

always

Comments: _____

5. Is your son/daughter able to take medication independently

never

occasionally

often

always

Comments: _____

6. Which of the following independent living areas do you feel are important and realistic for your son/daughter to learn? (Please check all that apply)

_____ clothing care

_____ sex education

_____ meal preparation

_____ nutrition

_____ household management

_____ hygiene/grooming

_____ health/first aid

_____ transportation

_____ consumer skills

_____ parenting/child
development

_____ community awareness

_____ measurement

_____ time management

_____ safety

_____ social interaction

_____ mobility

_____ career education

_____ employment readiness

7. Where do you expect your son/daughter will live upon graduation?

at home

on their own

on their own with support

Please indicate if you have a specific place, agency, or person in mind to assist with residential transition:

8. Where do you expect your son/daughter will live in five years after graduation?

at home

on their own

on their own with support

Please indicate if you have a specific place, agency, or person in mind to assist with residential transition _____

9. Upon graduation which of the following financial supports do you see your son/daughter utilizing?

(Check all that apply)

_____ earned income

_____ social security

_____ insurance

_____ public assistance

_____ food stamps

_____ trust/will

_____ savings

_____ family support

_____ other _____

Section G: Additional Comments/Concerns

1. What is your greatest future concern for your son/daughter?

2. What would you like school staff to do to assist you and your son/daughter in planning their transition to adult living?

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