

Campus Vocational Discussion Process

Student Name: _____

Date Process Started: _____

Student Age: _____

Case Manager: _____

Current Graduation Option: _____

Current Grade: _____

Current Credits: _____

List CTE Course Title and Semester of Enrollment why unsuccessful must be addressed in IEP		Informal Assessments at least 4 <small>(circle assessments below and include results in packet)</small>	Formal Assessments Optional i.e. FIE, State Assessments	Current Concerns i.e. poor attendance, learns best with hands-on learning, etc.	Barriers to Future Employment <small>(Vocational Competency Assessment greatest concerns)</small>
Title	Semester				
		Required: Vocational Competency Assessment <small>(completed by student, parent, and case manager)</small>			
		Required: Graduation Readiness Profile <small>(completed by parent, student, and case manager)</small>			
		Required: Self-Advocacy Checklist <small>(completed by student and case manager)</small>			
		Optional: Employability Skills Checklist <small>(completed by student and case manager)</small>			
		Optional: Decision Making Matrix and Student Independence in the Classroom <small>(DMM completed by parent and student)</small>			
		Optional: Social Skills Rating Checklist <small>(completed by student and case manager)</small>			