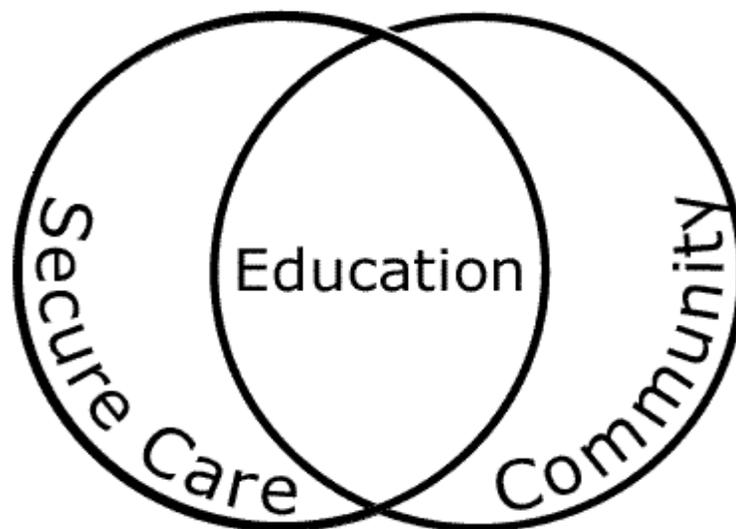


MERGING TWO WORLDS

Transition/Career Planning Curriculum

Assessment



Strategies for Education In Secure Care Settings

*Developed Through a Secure Care Curriculum Grant from the
Arizona Department of Education Exceptional Student Services
Division*

Structured Interview

1. What is your personal vision for the future? (short and long term)

Short Term (30 days):

Long Term (6 months):

2. What skills do you need to realize your personal vision? (list specific skills needed)

- Academic
- Social
- Behavioral
- Vocational

3. What are your occupational goals or interests? (what type of job or career are you seeking?)

4. What are your educational goals while in a secure care setting?

- 8th grade diploma
- Earn high school credits
- GED (if over the age of 16 and have parental permission)
- Other (vocational or community college) _____

5. Are your goals aligned with your present educational level? If not, what needs to be done to align them?

6. What are your preliminary transition goals to successfully return to the community? (where will you be going and what will you be doing when you are released from the correctional institution?)

INDIVIDUAL LEARNING PLAN

Name: _____ Date: _____

Age: _____ Gender: _____

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**ASSESSMENT:**

**1. Special Education Services:**

Referral to Special Education: Y N  
Current IEP? Y N Expiration Date: \_\_\_\_\_ Disability: \_\_\_\_\_  
Psycho-educational Evaluation? Y N Date: \_\_\_\_\_

**2. Section 504 Considerations:**

Psychological Evaluation Date: \_\_\_\_\_ Diagnosis (Axis I): \_\_\_\_\_

**3. Limited English Proficient (LEP)/ English as a Second Language (ESL):**

Referral for Services? Y N BSN Completed? Y N Qualify for  
Services? Y N

**4. Academic**

Last TABE Test: \_\_\_\_\_ Level: A D M E Form: 7 8  
Functioning levels  
Reading Comprehension \_\_\_\_\_ Math Computation \_\_\_\_\_  
Math Applications \_\_\_\_\_ Language \_\_\_\_\_  
Spelling \_\_\_\_\_

Last Grade Completed in school: \_\_\_\_\_ Where? \_\_\_\_\_  
When? \_\_\_\_\_

**5. Learning Style(s)** \_\_\_\_\_  
~~~~~

EDUCATIONAL GOALS:

8th Grade Diploma High School Diploma GED-Youth must be 16 years old

VOCATIONAL GOALS:

_____ Specific Occupational Interest Area: _____

BEHAVIORAL GOALS:

Follow Directions
 On Task
 Complete Assignments
 Demonstrate Leadership

ACADEMIC SKILLS DEVELOPMENT:

Improve Reading Skills to _____ Grade
 Improve Math Skills to _____ Grade
 Improve Language Skills to _____ Grade
 Improve Study Skills _____ Grade

Student: _____
 Reporting Teacher _____ Date: _____
 Dates Observed _____

Rate the following behaviors based on classroom observations with 5 as very significant occurrences and 1 as seldom occurring.

	+				☐
1. Exhibits impulsive behavior	5	4	3	2	1
2. Lacks attention to classroom tasks	5	4	3	2	1
3. Poor attention span	5	4	3	2	1
4. Lack of conformity to rules/directions	5	4	3	2	1
5. Rate inappropriate social interaction with peers	5	4	3	2	1
6. Aggressive toward others (physical or verbal)	5	4	3	2	1
7. Level of teacher assistance required	5	4	3	2	1
8. Low frustration levels with academic tasks	5	4	3	2	1
9. Exhibits angry outbursts	5	4	3	2	1
10. Rate inappropriate verbal interaction with authority figures	5	4	3	2	1
11. Procrastination of tasks required	5	4	3	2	1
12. Demonstrates poor organizational skills	5	4	3	2	1
13. Disrupts classroom activities	5	4	3	2	1
14. Appears sad or withdrawn (depressed)	5	4	3	2	1
15. Exhibits anxious/nervous behaviors	5	4	3	2	1
16. Other	5	4	3	2	1
17. Other	5	4	3	2	1

~~~~~  
Target Behaviors Identified for Improvement

#1

#2

Notes

## Secure Care Timeline for Child Find/Screen

|         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phase 1 | <b>Within 48 Hours</b> | Communicate with probation to review any records available and conduct initial screening to determine previous school attended and determine if special education services were previously provided pursuant to 300.311. For students 18-21, screen to determine whether they were identified as being a child with a disability under 300.7 or had an IEP.                                                                                                                                                                                                                                                      |
| Phase 2 | <b>Within 5 Days</b>   | Provide education services and conduct preliminary education diagnostics to determine present level of education performance. Request education records from previous school attended pursuant to 15-828.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Phase 3 | <b>Within 15 Days</b>  | Records from previously attended school received and reviewed by education staff to determine if student has a history of special education and/or has a current IEP. If student has a current IEP, the MET team should convene to determine if the IEP could be implemented as written or if it needs to be revised. If the student does not have a current IEP but does have a history of special education, convene the MET team to review existing data and determine eligibility for special education services. If a student is determined to be eligible, an IEP should be developed as soon as possible. |
| Phase 4 | <b>Within 45 Days</b>  | If records were insufficient to determine if the student has a disability, a screening document needs to be completed within the 45-day time frame.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Phase 5 | <b>Within 60 Days</b>  | If the screening document indicated a need for further evaluation, the student is referred for a comprehensive evaluation. The MET team must determine eligibility within the 60-day time frame.                                                                                                                                                                                                                                                                                                                                                                                                                 |

# STUDENT SCREENING REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>Name of Student</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | <b>DOB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Student ID#</b>                               |
| <b>Date of Entry:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date of Screening</b> | <b>Teacher</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Date 10 day notification of concern sent:</b> |
| <b>Release Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| <p style="text-align: center;"><b>1. Vision</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far</p> <p><input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board</p> <p><input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> Has weak note taking skills</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                       |                          | <p style="text-align: center;"><b>6. Communication Skills</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Has poor speech habits</p> <p><input type="checkbox"/> <input type="checkbox"/> Articulates poorly</p> <p><input type="checkbox"/> <input type="checkbox"/> Often stutters</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty expressing ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>                                                                                                                                                                   |                                                  |
| <p style="text-align: center;"><b>2. Social/Behavioral</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing)</p> <p><input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn)</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships</p> <p><input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances</p>                                                              |                          | <p style="text-align: center;"><b>7. Hearing</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class</p> <p><input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?"</p> <p><input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language</p> <p><input type="checkbox"/> <input type="checkbox"/> Has frequent earaches</p> <p><input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p> |                                                  |
| <p style="text-align: center;"><b>3. Psychomotor Skills</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Has short attention span</p> <p><input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward)</p> <p><input type="checkbox"/> <input type="checkbox"/> Problem with fine motor skills (reaching, grasping, manipulation of objects)</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                          |                          | <p style="text-align: center;"><b>8. Other Considerations</b></p> <p>Last grade attended: ____ Year attended: ____</p> <p>Last school attended: _____</p> <p>Significant discrepancy (level compared to last Grade): Y N</p> <p>Date records requested: _____ Received: _____</p> <p>Date records reviewed: _____ Reviewer: _____</p> <p>History of special/adaptive or IEP education? Y N</p>                                                                                                                                                                                                                                                |                                                  |
| <p style="text-align: center;"><b>4. Academic/Cognitive Progress</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers</p> <p><input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli)</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty acquiring, retaining, recalling or manipulating information</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p> |                          | <p style="text-align: center;"><b>Administrative Action</b></p> <p><input type="checkbox"/> <b>NO PROBLEM AT THIS TIME</b></p> <p><input type="checkbox"/> <b>PROBLEM NOTED: Action Taken Below</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Follow up observation/accommodation</p> <p><input type="checkbox"/> <input type="checkbox"/> Referred for student study team: Date _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Referred for 504 Plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Current IEP/Special Education Records Received</p>                                |                                                  |
| <p style="text-align: center;"><b>5. Adaptive Development</b></p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs, and express ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use</p>        |                          | <p style="text-align: center;"><b>Primary Language Assessment</b></p> <p>If any of the following is other than English, a primary language assessment must be done.</p> <p>a. The language most spoken in the home is English/Spanish</p> <p>b. The language most spoken by the student is English/Spanish</p> <p>c. The child's first spoken language was English/Spanish</p> <p>Language proficiency review date: _____ Form: _____</p> <p style="text-align: center;"><b>PRIMARY LANGUAGE OF INSTRUCTION:</b><br/>ENGLISH/SPANISH</p>                                                                                                      |                                                  |

**Revised: 6/7/02**

## Secure Care Request for Educational Records

Requesting School: \_\_\_\_\_

\_\_\_\_\_  
Teacher                      Date

Secure Care Facility \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_  
School                                              City, State                                              Fax Number

Last Grade Completed: \_\_\_\_\_ Year Attended: \_\_\_\_\_

\_\_\_\_\_  
Student Name                                              Date of Birth                                              Social Security

- \_\_\_\_\_  
Parent or Guardian                                              Address                                              City, State
- ALL SPECIAL EDUCATION RECORDS including, but not limited to IEPs, MET Meeting Summaries, Eligibility Determination, psychological/psycho-educational evaluations and reevaluations
  - Transcripts
  - Student progress reports, including district and state assessments (SAT 9, AIMS, DAP)
  - Reports from outside agencies or other service related information that would assist in providing this student with appropriate educational services (court, counseling, etc.)

**Assurances:**

In making this request, the undersigned agrees the information received will be used by the professional agency staff assigned to work with the student in his educational program and will not be released to any other party without written consent of the parent or guardian.

\_\_\_\_\_  
Education Administrator or Designee                                              Date

Pursuant to ARS 15-828, this minor child has been committed or is being held in a secure care setting. Notwithstanding any financial debt owed by the pupil, the governing board of the school district shall release to the secure care education setting any and all educational records related to a pupil within 10 working days after the date of the request is received. Parental consent is not required.

\_\_\_\_\_  
Today's Date

**LETTER**

**Date:** \_\_\_\_\_

**Dear Parent and/or Student** \_\_\_\_\_

\_\_\_\_\_ was recently screened for suspected educational  
(student name)  
**disabilities pursuant to R7-2-401** \_\_\_\_\_, and the following area(s)  
(Date of Screening)  
**were noted as a concern:**

- Vision**
- Social/Behavioral**
- Psychomotor Skills**
- Academic/Cognitive Progress**
- Adaptive Development**
- Communication Skills**
- Hearing**
- Primary Language Assessment**
- Other:** \_\_\_\_\_

**The Public Education Agency intends to follow up on the student's needs by:**

**If you have any questions, or need additional information, please contact:**

\_\_\_\_\_  
**(Person)** **(Phone Number)**

**Sincerely,**

PEA Representative

