

GATE Teacher Report DUE 11/16/2007

Student Information

DATE _____

Name _____ Birthdate _____

Eligibility Category _____ Student ID# _____

Address _____

Phone _____ Social Security # _____

Parents or Guardians _____

Parents or Guardians cell _____

School Information

Current School _____ District _____

IEP Teacher _____ Phone _____

School Psychologist _____ Phone _____

DDD Case Manager _____

IEP Date _____ Re-Eval Date _____

FSIQ _____ Date _____

High School Certificate Date ____ Year Exiting Public Education (date age 21) _____

Is an Interpreter needed for this student's family? ____ If yes what language? _____

Include the following documents when submitting this application.

Items Needed		Date Completed
Parent Form		
Teacher Form		
Current IEP		
Transition plan		
Attendance History		
Academic History / Transcript		
Current Academic Assessment Scores		
Discipline Record		
Evaluation/Re-evaluation reports Full psychological and current summary analysis (Need IQ score)		
Immunization Records		
Vocational portfolio / PDP: Resume Work evaluations		
Related Services	Time Needed	
OT/PT		
Speech		
Hearing		
Vision		

Academic Scores Test and date _____

Reading _____ Math _____ Written Language _____

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Directions: Evaluate the student by answering the following questions thoroughly and filling out the tables provided below.

Vocational Information

Prior Work Experience/Training

Date	Place	Hours Per week	Type of Work	Paid/Unpaid	Was Work Experience Successful "Why or Why not"

Does the student need initial job coaching? _____

Does the student need ongoing job coaching? _____

Vocational Counselor _____ **Phone** _____

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Academics

Math

Check the appropriate box to indicate the degree of competency.

The student can	No	Some	Usually	Always
Add				
Subtract				
Multiply				
Divide				
Make change for one dollar				
Make change for ten dollars				
Make change for one hundred dollars				
Tell time				
• Digital				
• Analog				
Measure in inches				
Measure in feet				
Measure in yards				

Reading

Check the appropriate box to indicate the degree of competency.

The student can read	No	Some	Usually	Always
The daily newspaper				
Directions on medicine bottles				
Directions on detergent boxes				
Cookbook instructions				
Monthly statements				
Traffic signs and symbols				
Use a telephone book				
• use the white pages				
• use the yellow pages				
Use a library				

Adapt to change

1. Will the student and his/her family be able to adapt to a varied schedule / partial day program with emphasis on employment and community access and limited classroom activities? Explain why or why not

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Behavior

1. Describe any significant behavior / mental health issues.

2. Does the student demonstrate appropriate behaviors in the community? (If no, list areas of concern)

Community Access

1. Does the student travel in the community and participate in community activities without staff supervision? *How often?*

2. What potential do you feel the student has to expand this skill?

3. With training, is the student able to spend part of the day unsupervised in the community? **Give examples**

4. If accepted to the GATE Program how will the student be travel trained to arrive at GATE on C-Tran?

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Communication

1. Does student demonstrate ability to use independent communication skills / Assistive devices? (If no, list areas of concern)

Check the appropriate box to indicate the degree of competency.

The student can	No	Some	Usually	Always
Dial a long-distance number				
Call collect				
Readily find emergency numbers				
Converse well in private conversations				
Interact in small group settings				

Life Skills

1. What assistance does this student need to transition to adult life?

2. Does student demonstrate basic time management skills? (If no, list areas of concern)

Employment

1. Is the primary transition goal for this student directed toward employment?

Check the appropriate box to indicate the degree of competency.

The student knows how to	No	Some	Usually	Always
Apply for employment				
Fill out an application form				
Mail packages				
Obtain a social security card				
Use a credit card				
Pay monthly bills				
Balance a checkbook				
Open a checking account				
Keep a bank account				
Open a savings account				

2. What areas of an application does the student struggle with?

Health

1. Describe any specific unstabilized health issue.

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Interest

1. In your opinion, what are the parents expectations for their student in the GATE Program?

2. What would the student gain from the GATE Program?

Self-care Management

1. Does the student demonstrate independent self-care management throughout the school day? (If no, list areas of concern)

2. Does this self-care ability continue in the community?

Transportation

1. Describe how the student travels independently in the community.

2. List fixed locations that the student can travel to and from.

1.
2.
3.
4.
5.

3. List training / experience and amount of support needed:

Training	Support
1.	
2.	
3.	
4.	
5.	

Geography

Check the appropriate box to indicate the degree of competency.

The student can	No	Some	Usually	Always
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Navigate to most areas of your city				
Name surrounding towns and cities				
Use a road map				
Tell you in which county they live				
Read road signs				
Ask help with directions				
Use public transit system				

Miscellaneous

1. Describe the high school program the student is leaving. (Life Skills, Learning Support, etc)

2. Any additional information that you think needs to be shared.

Professional Group Members

Name	Title	Date