This pamphlet, directed to vocational education and special education teachers and counselors at the secondary school level, provides a guide for developing Individual Vocational Education Programs (IVEPs) for disadvantaged learners, along with sample completed forms; and a resource of available IVEP forms being used in several of the secondary vocational programs in New Hampshire. In addition, it contains sample referral forms, guidance department forms, student data forms, parent forms, and checklists and team material that can be copied or adapted for use by other educators involved in the IVEP process. (KC)
A DO-IT-YOURSELF GUIDE FOR THE DEVELOPMENT OF INDIVIDUAL VETERINARY EDUCATION PROGRAMS (IVEP's) FOR DISADVANTAGED STUDENTS

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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ACKNOWLEDGMENTS

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Bill Mattson, Cheshire Vocational Center, Keene, NH
Martha Atwell, Concord High School, Concord, NH
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Kay Whitten, Littleton, New Hampshire
Donna Lawrence, Alvirne High School, Hudson, NH
Carol Delle, Manchester Skills Center
Connie Biedrzycki, Londonderry High School, Londonderry
Len Hebert, Milford Area Senior High School, Milford, NH
Karen Boucher, Berlin High School, Berlin, NH
Julie Moore, Plymouth High School, Plymouth, NH
Ken Webber, Vocational Director, Portsmouth, NH
Joanne Letendre, Portsmouth High School, Portsmouth, NH
Dennis Rosslyn, Lin-Wood High School, Lincoln, NH
Jaime Rotwitt, Laconia High School, Laconia, NH
Alan Horne, Kingswood Regional High School, Wolfeboro, NH
Bob Lister, Director of Special Education, Portsmouth High School, Portsmouth, New Hampshire
Bruce Hubbard, Exeter Vocational Center, Exeter, New Hampshire
The concept of the Individualized Plan is not a new concept and certainly was vice versa used as a teaching technique even before the inception of the Handicapped legislation, which not only made the technique commonplace but in fact, required it by law. New Hampshire extended the concept to include those vocational students classified as disadvantaged with its initial five-year plan and has consistently pursued the use of this tool for better support services and programming for the special needs student.

As schools have complied with the law, we have seen the development of a variety of models, some very short and some all-encompassing. As a state agency, we have never mandated a specific format for the ITP, and the intent is not to require one now. The following recommendations are not new nor are they any different than those which have been made since the initial requirement of the ITP. The form and recommendations included in this brochure have been developed for use by vocational special needs programs. Many professionals have been involved in the development from the beginning.

We hope that the work that is in this booklet will be helpful in providing better direction for you in providing better success for disadvantaged vocational students.

Alan Hodsdon, Consultant
Special Services for the Disadvantaged
Dear Friends:

This pamphlet was compiled by the Joint Vocational/Special Education projects at Keene State College and the University of New Hampshire. The contents of this resource are a result of numerous meetings and workshops held throughout the State funded by the New Hampshire Division of Vocational and Technical Education in Concord.

This pamphlet will assist you by providing: (1) a guide for developing Individual Vocational Education Programs (IVEP's) for disadvantaged learners along with sample completed forms, and (2) a resource of available forms being used at several of the secondary vocational programs in New Hampshire.

Upon your request, consultation and technical assistance will be provided by teacher educators located at Keene State College and the University of New Hampshire.

It is with great pleasure that I thank all the teachers and support staff for their input in creating this resource. We are hopeful that this will result in better and more efficient ways of meeting the unique needs of disadvantaged learners in New Hampshire.

Sincerely,

Stephen Lichtenstein
Instructor and Project Director
Occupational Education Department
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The classification system for the disadvantaged is designed to include all persons who have academic or economic handicaps and who require special services and assistance to enable them to succeed in vocational education programs. This excludes youth and adults with mental, physical, or emotional handicaps.
In order to guarantee appropriate vocational programs to disadvantaged students, the Individual Vocational Education Program (IVEP) organizes, coordinates and directs resources to provide for successful participation in Vocational Education.

This process shall include the following:

1) Student is referred because of a problem which results in unsuccessful participation in a vocational program. The referral does not necessarily classify a student as disadvantaged or handicapped. It only initiates a process to diagnose and supply needed services.

2) Classification into the appropriate special needs category based on evaluation and "teaming" process.

3) An Individualized Vocational Education Program (IVEP) is developed using available information and vocational assessment/evaluation data. The IVEP should address the student's needs in overcoming identified problems.

4) IVEP is implemented using activities and specific modifications in vocational program, special services and resources indicated.

5) IVEP is monitored to insure that the student is working according to plan and receiving those services as designated in the plan.
6) Student progress is evaluated based on the components of the plan. This is to insure that the plan designed is appropriate to meet the student's needs.

1. **Referral Statement**

   1.1 Any referral shall be written, dated and be forwarded to a specific individual designated for the purpose of receiving referral.

   1.2 The referral shall identify the specific behavior which is preventing the student from succeeding in the vocational program.

   1.3 It is suggested that parents notification and consent should be secured.

   1.4 Team will evaluate available material and determine classification or further testing if necessary.

   1.5 Decision: Point of classification, either disadvantaged or handicapped.

2. **Classification**

   2.1 Classification will be based on an identified student problem.

   2.2 The decision on classification will be made by a team.

   2.3 The team should be composed of an administrator, a qualified special educator, and the teacher submitting the referral.

   2.4 Parent should be notified of the team's decision.
3. Development of the Individual Plan

In the case of a student who is classified as handicapped, the vocational plan is a component of the IEP, this has been commonly referred to as an IVEP, but is not a separate document from the student's IEP. If the student is classified as disadvantaged, he/she will have an Individual Vocational-Education Program (IVEP), which is based on information and vocational assessment/evaluation and will contain the following:

3.1 Broad statement of student expectations within the vocational program. (Example: The student will successfully complete Automotive II with modifications as described in the objectives.)

3.2 Specific measurable objectives:

A. Objectives will describe only those areas of the program where modifications are necessary for successful completion.

B. Objectives will relate to both content and services to be provided.

C. The objective will state what specifically the student will be able to do (performance).

D. The objective will state the minimum level of acceptable performance (criterion).

E. The objectives will state what will be provided to the student prior to being expected to complete the objective (condition).

3.3 Evaluation Method

A. How you will determine whether the student has successfully met the criteria established in the objectives?
3.4 Activities/Modifications

A. Activities are a sequential listing of tasks necessary to assist the student in accomplishing the objectives.

B. Activities are specific learning experiences which are designed to help the student successfully complete the objective.

C. The modifications are variations of the normal procedures, they are prescribed to meet the special learning needs of the student.

D. Modifications can be but are not limited to assistance, extended time lines, special materials and equipment, environmental modifications, alternative grading provisions and special techniques and strategies.

3.5 Person Responsible

A. Service providers are those responsible for carrying out the prescribed activities and modifications.

3.6 Schedule (Time Frame)

A. Each objective should have an estimated time frame.

3.7 Monitoring

A. Each objective should be checked to see that the modifications are being taken care of. (Does the student have the necessary modifications to successfully complete the objective?)
B. The frequency of the monitoring should be stated and the designated person, who will see that the components are being carried out.

4. Implementation of the IVEP

4.1 Specific objectives, activities, and modifications, as indicated, will be carried out by the designated individuals.

5. Monitoring of IVEP

5.1 Someone must be responsible to see that the components of the plan are being carried out.

5.2 The frequency of the monitoring will be stated on the IVEP.

6. Evaluation of the IVEP

6.1 The evaluation criteria are inherent in the objectives. If the student is unable to complete the objective, as indicated, then the plan should be revised.
Sample IVEP's
**Individual Vocational Education Program (IVEP)**

**Student's Name:** Diane Hudson  
**Vocational Program:** Building Trades I

**Annual Goal(s):** The student will successfully complete a modified building trades program, as described by the objectives.

### Objectives

**CONTENT:**

Given a demonstration, a model, the necessary tools and materials, the student will be able to mark, cut, position, and nail a gable roof frame to an accuracy of 1/16".

**SERVICES:**

Given three hours of vocational related math tutoring per week, the student will be able to perform building trades calculations.

### Evaluation Method

<table>
<thead>
<tr>
<th>Content</th>
<th>Evaluation Method</th>
</tr>
</thead>
</table>
| Product Assessment | - Use a preconstructed rafter pattern marker  
| | - Use a bevel cutting jig  
| | - Repetitive practice framing stock  
| | - Birdsmouth precut  
| | - Plate and ridge prelad out  
| | - Completion time extended  
| | - Peer tutoring  
| | - Daily reinforcement |

### Activities/Modifications

<table>
<thead>
<tr>
<th>Activities/Modifications</th>
<th>Date to Be Completed</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Content will be selected by building trades teacher</td>
<td>September to June</td>
<td>Resource Room Aide</td>
</tr>
</tbody>
</table>

### Monitoring

<table>
<thead>
<tr>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Resource Coordinator</td>
</tr>
</tbody>
</table>

**ADDITIONAL:**

- Use a preconatructed rafter pattern marker
- Use a bevel cutting jig
- Repetitive practice framing stock
- Birdsmouth precut
- Plate and ridge prelad out
- Completion time extended
- Peer tutoring
- Daily reinforcement

**ACVMESJMODIFICATIONS:**

- Peer tutoring
- Daily reinforcement
- Content will be selected by building trades teacher

**DATE TO BE COMPLETED:**

<table>
<thead>
<tr>
<th>BUILDING TRADES I</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 3-May 12</td>
</tr>
</tbody>
</table>

**PERSON RESPONSIBLE:**

<table>
<thead>
<tr>
<th>BUILDING TRADES I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Trades Teacher</td>
</tr>
</tbody>
</table>

**MONITORING:**

<table>
<thead>
<tr>
<th>BUILDING TRADES I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Resource Coordinator</td>
</tr>
</tbody>
</table>

**SAMPLE**
Student's Strengths

- Enthusiastic
- Good reading ability
- Works well in group or team assignments
- Very cooperative

Limitations

- Difficulty measuring with a ruler
- Needed repetition
- May need extended time to complete assignments

Teacher:

Administration

Program Coordinator

Date:
### Individual Vocational Education Program (IVEP)

**Student's Name:** Stephen Stuyven

**Vocational Program:** Agriculture—Ornamental Horticulture

**Annual Goal(s):**
- Stephen will successfully participate in the regular Horticulture I program with the following conditions and modifications.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>EVALUATION METHOD</th>
<th>ACTIVITIES/MODIFICATIONS</th>
<th>DATE TO BE COMPLETED</th>
<th>PERSON RESPONSIBLE</th>
<th>MONITORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given a variety of plant materials, Stephen will be able to identify, by name, the materials with 85% accuracy.</td>
<td>Teacher Observations (process &amp; product assessment)</td>
<td>- Extended time for completion</td>
<td>9/5/81</td>
<td>Horticulture Instructor</td>
<td>Instructor will monitor on a weekly basis</td>
</tr>
<tr>
<td></td>
<td>Written or Oral Test</td>
<td>- Stephen will be able to take materials home to study</td>
<td>11/20/81</td>
<td>Reading Specialist and Speech Teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Materials will be given to support specialists to enhance study skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Oral or written exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Stephen will have access to the audio-visual unit entitled: Plant Identification and Uses, by John Doe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given the course text and list of key terminology, Stephen will be able to read chapters 1-4 and complete the unit test with 80% accuracy.</td>
<td>Written or Oral Test at the end of each week</td>
<td>- Extended time for completion</td>
<td>9/5/81</td>
<td>Reading Specialist</td>
<td>Reading Specialist and Horticulture Instructor (weekly basis)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Reading specialist will visit the class twice weekly to work on reading and study skills</td>
<td>12/10/81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using visual aids, Stephen will be able to convert fractions to decimals and decimals to fractions with 85% accuracy.</td>
<td>Weekly Proficiency Exams</td>
<td>- 5 minutes of every period will be spent on fraction/decimal conversion</td>
<td>9/5/81</td>
<td>Resource Room Aide</td>
<td>Instructor will meet with resource room aide and math teacher to review progress biweekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All test results will be recorded on a progress chart and shared with Stephen and the resource room aide on a weekly basis.</td>
<td>2/7/82</td>
<td>Horticulture Instructor, Reading Specialist, and Math Teacher</td>
<td></td>
</tr>
</tbody>
</table>

(IVEP will be updated on November 20 or whenever the first objective is completed.)
**NOTES:**

<table>
<thead>
<tr>
<th>Student's Strengths</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly motivated</td>
<td>Low reading ability (6th grade)</td>
</tr>
<tr>
<td>Popular with other classmates</td>
<td>Tend to avoid written work</td>
</tr>
<tr>
<td>Works in local greenhouse on weekends</td>
<td>Low math ability (7th grade)</td>
</tr>
<tr>
<td></td>
<td>No parental support</td>
</tr>
</tbody>
</table>

Stephen has expressed an interest in operating a greenhouse and retail floral shop. His vocational assessment indicated a strong preference for manual outdoor labor.

Stephen's parents view his working in horticulture as a passing interest. They would rather see him work towards accounting or business courses. Stephen's inability to grasp math principles and his interest in outdoor work run contrary to his parents' wishes. Mr. and Mrs. Stevens think the school should encourage Stephen to apply himself in other courses and work on his study skills.

---

**Teacher**

**Administration**

**Program Coordinator**

**Date** 17
REFERRAL FORMS
INITIAL IDENTIFICATION SHEET FOR DISADVANTAGED STUDENTS

STUDENT NAME ___________________________ I.D. # ___________________ AGE ______
SEX __________ GRADE _______ DATE _______ VOCATIONAL STUDIES AREA __________
TEACHER ____________________________

Disadvantaged Students

Definition: Any student who requires special assistance or services in order to meet success in his/her vocational program.

Identify the student according to one or more of the following effects of disadvantages which interfere with the accomplishment of vocational objectives:

A. Academically Disadvantaged
   1. ______ Language (speaking/comprehension) deficiency.
   2. ______ Reading and/or writing deficiency.
   3. ______ Computation deficiency.
   4. ______ General educational deficiency (poor attendance, dropout, potential dropout, lack of parental support and guidance, low achievement scores).

B. Socially Disadvantaged
   5. ______ Hostile or defiant attitude.
   6. ______ Passive or apathetic attitude.

C. Economically Disadvantaged
   7. ______ Needs economic assistance to succeed.

D. Other Remediable Effects
   8. ______ Lacks proficiency in manual dexterity required for success in the vocational studies area.

E. Additional Comments

10
**PRE-EVALUATION FORM**

**Student:**

**Teacher:**

**Subject:**

**Grades to Date:**

1st Quarter 2nd Quarter 3rd Quarter

**Class Functioning:**

**STRENGTHS**

<table>
<thead>
<tr>
<th>LAB SKILLS OR ACADEMIC</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOCIAL EXAMPLES:**

**Possible Strengths**

- Lab - Comes to class with appropriate clothing and/or materials
- Academic Skills - Learns by participating: attempts homework assignments
- Social - Is well liked by peers: does not disrupt or distract classes

**Possible Weaknesses**

- Lab or Academic Skills
  1. Does not finish assignments on time
  2. Does not follow directions
  3. Language (Speaking/comprehension deficiency)
  4. Reading and/or writing deficiency
  5. Computation deficiency
  6. Needs economic assistance to succeed

- Social:
  1. Is introverted
  2. Overly active
  3. Poor attendance
  4. Apathetic

**ERIC**

**20**
Name of Child: __________________ Date of Birth: _______

Referred By: _______ Date of Referral: ____________

Grade: _____  Parent's Name: _______________________

Address: ______________________  Tel.: __________

1. What are the specific learning and/or behavioral problems that led to this referral?

2. What methods have you tried to deal with this problem?

3. What questions need answering with regard to this child and his behavior?

THIS SECTION TO BE COMPLETED BY GUIDANCE DEPARTMENT.

1. Please list previous testing and dates:

2. Grades: 9 10 11 12

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Reading Test: __________________________

Other information: __________________________

Medical Records: Results of Hearing Test: __________

Results of Vision Test: __________

Other Health Problems: __________________________
SHORT - TERM REFERRAL FORM

Student Name: ___________________________ ID #: __________

Date: ___________ YOG: _______ Class: ___________

Referring Teacher: ___________________________

REASON FOR REFERRAL:

Areas of student weakness:

Teacher Intervention Used:

DESIRED GOAL AND OBJECTIVES:
REFERRAL AND REQUEST FOR SERVICES FROM CONCORD VOCATIONAL ASSESSMENT AND RESOURCE CENTER

Name of Student: ___________________________________________

Sending School: _______________ Date: _____________

Person Making Referral: _________________________________________

Student is:

___ enrolled in a prevocational program

___ planning on enrollment at Area 11 Vocational Education Center for the school year __________

___ is currently enrolled in Area 11 Vocational Education Center.

Present reason or situation for requesting services: (such as reading, computational or language difficulties; poor attendance; need for vocational assessment for program planning, please be specific).

Background Information:

Please send referral form to:
Concord Vocational Resource Center
Concord High School
Warren Street
Concord, New Hampshire 03301

MA: je 11/80

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INDIVIDUAL VOCATIONAL EDUCATION PROGRAM
REFERRAL FORM

The following student is experiencing difficulty in his/her vocational program:

Name of Student: ________________________________

Vocational program: ________________________________

Reason for referral:

- academic problem
  comments: __________________________________________

- performance problem
  comments: __________________________________________

- behavior problem
  comments: __________________________________________

- attendance problem
  comments: __________________________________________

- other problems
  comments: __________________________________________

Submitted to Vocational Office by: __________________________

Date: ____________________

Forms from Portsmouth High School developed by American Training and Research Associates, Inc. (Gardner and Beatty, 1980)
# Student Referral Form

**SCHOOL ADMINISTRATIVE UNIT THIRTY**  
Gilford, Gilmanton, Laconia

**STUDENT REFERRAL FORM**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Referring</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Specifically and in detail state the problem:

2. Other information which you regard as important:

3. What has already been done (describe):

4. Any suggestions you have for the student:

5. How much parent involvement has occurred to date? And by whom?

Check people who should be involved in the staffing process:

- Principal or Assistant
- Parent
- Nurse
- Guidance
- Teacher(s)

Form goes to Chairperson of 1.  
2.  

25
Somersworth High School

REFERRAL REPORT TO VOCATIONAL RESOURCE CENTER

Student's Name: ____________________________ Subject: __________________________

Grades So Far: 1st quarter-- 2nd-- 3rd-- 4th--

Please check the following characteristics of the student as you have observed them.

1. Is often absent
2. Is often tardy
3. Exhibits aggressive behavior
4. Seems to understand during class, but fails tests
5. Demonstrates social immaturity
6. Has problems with oral instruction or notetaking
7. Is constantly seeking attention
8. Is withdrawn and seeks isolation
9. Exhibits poor written and spoken language skills
10. Has Reading difficulty
11. Has difficulty with Math
12. Does not work up to potential
13. Possesses a negative self-image
14. Shows a dislike for school
15. Has poor peer relationships
16. Demonstrates poor agility and coordination
17. Has a disciplinary problem
18. Has difficulty following instructions

COMMENTS __________________________

________________________________________

YES | NO
TEACHER REFERRAL INFORMATION FORM
(Vocational Disadvantaged Program)

Name of Student: Class:
Teacher: Date:

1. Reason for Referral:

2. Strengths

| Weaknesses |

3. What have you tried with this student that has worked?

4. What have you tried with this student that hasn't worked?

Other Comments:
DISADVANTAGED REFERRAL FORM
To the Assessment Team
Lin-Wood High School
Lincoln, New Hampshire

Name: ___________________ Date of Birth: ________
Address: ___________________ Phone No.: __________
Parents Name: ______________________________________

Reason for referral:

Observable behavior:

What has been done to remediate thus far:

What would you like to see accomplished:

Any other background information:

Signed: ____________________________
Date: ____________________________
Name: ___________________________  Course: ___________________________

Date: ___________________________  Teacher: ___________________________

Are you absent a lot? If Yes, why? ___________________________

Do you feel that your behavior in the classroom causes problems? ______________

Do you do your homework? ___________________________

Do you do your classwork? ___________________________

Do you like Reading? ___________________________

Any problems with Math? ___________________________

Do you like this class? ___________________________

Why did you take this class? ___________________________

Do you like school? ___________________________

What do you think of your grades? ___________________________

Any comments? ___________________________
CLASSROOM TEACHER'S EVALUATION REPORT

Student Name: (Last) (First) (Middle)

Subject:

Please check the following characteristics of the student as observed from your perspective.

<table>
<thead>
<tr>
<th>Occa-Not</th>
<th>Fre-Occ-</th>
<th>sion-Ob-</th>
<th>serted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is frequently absent or tardy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Exhibits emotional problems.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates social immaturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is constantly seeking attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is withdrawn and seeks isolation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Exhibits poor written and spoken language skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has definite reading difficulties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does not &quot;work up to potential&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has frequent school-related difficulties.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Exhibits a need to earn money.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Has poor peer relationships.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Shows a dislike for school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Demonstrates poor agility and coordination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Has definite disciplinary problems.</td>
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</tbody>
</table>

Describe any special talents:

Recommend areas in which the student needs special instruction or assistance.

Describe any specific problems you might have observed in the student. (e.g. hearing, visual, etc.)

Comments:

Teacher's Name:
**Manchester Skill Center**  
**Vocational Special Needs**  
**Student Progress Report/Referral**

<table>
<thead>
<tr>
<th>Student</th>
<th>Course</th>
<th>Grade</th>
<th>Teacher</th>
<th>Date</th>
</tr>
</thead>
</table>

Please check the appropriate area that most clearly reflects the student's overall job involvement. In each category circle specific areas requiring improvement. For example, if a student is excessively absent and has difficulty reading you would circle attendance under Reliability and reading under Academics. Make additional comments on the back of this form.

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory = Very limited ability/poor attitude: will limit employability, failing course.</td>
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<tr>
<td>Below Average = Much difficulty: performance adequate for low level/entry level jobs only; barely passing</td>
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<tr>
<td>Average = Adequate ability for employment: can do most assignments, passing course.</td>
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<tr>
<td>Above Average = Little or no difficulty learning, few problems; good student overall</td>
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<tr>
<td>Excellent = Outstanding: quality student, sets an example for others.</td>
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</tbody>
</table>

**Reliability**  
Punctuality, attendance, dependability, trustworthiness, consistency.

**Operation**  
Relationship with co-workers/instructors, does assigned tasks, helps others, shares, self-control, friendliness.

**Appearance**  
Grooming, neatness, cleanliness, hygiene, health, physical fitness.

**Attitude**  
Overall behavior, job interest, motivation, responsibility, maturity, flexibility.

**Initiative**  
Does things without being told, persistent, determined leadership ability.

**Academics**  
Written and/or spoken language skills, spelling, reading, arithmetic, ability to communicate, comprehension, follows directions.

**Comments:**
GUIDANCE RELATED FORMS
TO: Guidance  Date:
FROM: Vocational Office
SUBJECT: REFERRAL

The following student has been referred to the Vocational Office as not succeeding in his/her vocational program. We are presently in the process of organizing a team meeting to investigate the need for support services for this student. Would you please check your file for information on this student that might assist us.

Student name_________________________ Y.O.G.
Address_____________________________________

TO BE FILLED OUT BY GUIDANCE OFFICE:

This student is handicapped: ___yes; ___no

This student is getting support services through Special Education: ___yes; ___no

This student has an IEP: ___yes; ___no

If yes, there is a vocational addendum: ___yes; ___no.

If yes, please submit a copy to the Vocational Office.

________________________________________
Signature of Guidance Representative

________________________________________
Date

Thank you for your assistance. Please return this form to the Vocational Office.
RE: ___________________________ FROM: ___________________________

This student has been referred as experiencing problems in one or more areas. Please comment on his/her performance in your class.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Usually</th>
<th>Always</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends class regularly and absences are excused.</td>
<td></td>
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<tr>
<td>Shows consideration for others</td>
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<tr>
<td>Positive response to teacher's suggestions for changes.</td>
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<tr>
<td>Completes work and projects.</td>
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<tr>
<td>Seeks help when needed</td>
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<td>Pays attention to class activities</td>
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<tr>
<td>Makes up work missed.</td>
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<tr>
<td>Participates orally in class</td>
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<tr>
<td>Does well on tests</td>
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<td></td>
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<tr>
<td>Written work is legible (spelling, punctuation, penmanship, use of sentences)</td>
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<tr>
<td>Seems to be able to read and understand content material.</td>
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</table>

Please make specific comments about areas of concern below—also list any of the student's strengths of which you are aware.
This student has been referred as a possible disadvantaged or handicapped student. In order to assist in determining the appropriate course of action please review this student's file and note any significant comments, illnesses, recommendations, special programs, etc. in the appropriate spaces below. Also indicate if this student has taken Industrial Arts in JHS or HS and list grades.

Elementary School | J.H.S.

High School

9th

10th

11th

Additional Comments:
STUDENT DATA FORMS
STUDENT INFORMATION FORM

Name: ___________________________ School: ___________________________
Address: _________________________ DOB: ____________________________
Guidance Counselor: ___________________________ Occupation: ___________________________
Mother's Name: _________________________ Occupation: ___________________________
Father's Name: _________________________ Occupation: ___________________________
I live with: _______ Father & Mother _______ Mother _______ Father _______ Other. I have ___ brothers and ___ sisters.

Do you have a job now? _____ Yes _____ No. If yes, where do you work ______________________________ __________. What do you do? ______________________________ __________

How many hours a week do you work? ______________________________ __________

Some jobs you have been paid to do are: ______________________________ __________

babysitting _______ delivering newspapers
helping at home _______ helping people move
shovelling snow _______ other

If I could have any job I wanted when I leave school, I would like to be a ______________________________ __________

Two jobs I think I could do when I leave school are: 1. ______________________________ __________ 2. ______________________________ __________

Some things I like to do in my spare time are: ______________________________ __________

watch tv _______ listen to radio
be with my friends _______ be with my family
fix or repair things _______ build things
make models _______ ride my bicycle
don't do much of anything _______ swim, skate, or sports
other _______ play records
be by myself _______ read
go to movies _______ sew
______ drive around in a car or on a motorcycle

Which of the following statements describes you best?

____ a. I never have enough time to do all the things I want to do.

____ b. I have enough to keep me busy.

____ c. I don't have enough to keep my busy.

On the other side of this paper, describe yourself.
STUDENT BIOGRAPHICAL DATA SHEET

NAME: (LAST) (FIRST) (MIDDLE) SEX: M F AGE:

HOME ADDRESS: (NUMBER AND STREET) (CITY) TEL:

I HAVE ___ BROTHERS AND ___ SISTERS OLDER THAN I AM.
I HAVE ___ BROTHERS AND ___ SISTERS YOUNGER THAN I AM.

SINCE I WAS BORN I HAVE LIVED IN ___ DIFFERENT TOWNS/CITIES.

FATHER OR GUARDIAN'S NAME: ______________________ Deceased ______________________
FATHER OR GUARDIAN'S OCCUPATION: ______________________
WHERE EMPLOYED: ______________________
FATHER OR GUARDIAN'S NAME: ______________________ Deceased ______________________
FATHER OR GUARDIAN'S OCCUPATION: ______________________
WHERE EMPLOYED: ______________________

I DO NOT LIVE WITH MY PARENTS; I LIVE WITH ___ (NAME) (RELATIONSHIP)

MY FAVORITE SUBJECTS IN SCHOOL ARE: ______________________
MY LEAST LIKED SUBJECTS IN SCHOOL ARE: ______________________

I WOULD LIKE TO ENROLL IN THE FOLLOWING COURSES:

AFTER I GRADUATE FROM HIGH SCHOOL I PLAN: (COMPLETE THE APPROPRIATE SECTION).

1) To get a job. I plan to work for ___ (NAME AND LOCATION OF COMPANY) as a ___ (TYPE OF WORK)

2) To attend ___ (NAME - COLLEGE/VOCATIONAL SCHOOL/UNIVERSITY)

3) To be a homemaker. I also plan to work outside the home

4) To enter military service. What branch?

OTHER PLANS. (PLEASE DESCRIBE)

I PREFER TO WORK: OUTSIDE INSIDE WITH PEOPLE WITH MACHINES

MY CAREER AMBITION IS TO SOMEDAY BECOME A ___ (OCCUPATION OR PROFESSION)

AND LIVE IN ___ (CITY) ___ (STATE) ___ (FOREIGN COUNTRY)

MY FAVORITE ACTIVITIES ARE IN:

SPORTS. I PARTICIPATE IN ___________

MUSIC. I PLAY THE ___________. I AM A MEMBER OF THE SCHOOL BAND ___________

CHURCH. I AM/AM NOT A CHURCH MEMBER.

READING. MY FAVORITE AUTHORS ARE ___________

CLUB. I AM A MEMBER OF ___________

HOMEMAKING (COOKING, SEWING, BABYSITTING, ETC.) I ENJOY ___________

DO-IT-YOURSELF PROJECTS. I MAKE OR REPAIR ___________

OTHERS. THESE INCLUDE ___________

MY FAVORITE HOBBIES ARE:

THE THREE OCCUPATIONS OR PROFESSIONS THAT MOST APPEAL TO ME ARE:

1ST CHOICE: ___________ 2ND CHOICE: ___________ 3RD CHOICE: ___________

SOME OF THE JOBS THAT I HAVE HAD ARE:

SOME OF THE ACTIVITIES I DO IN MY SPARE TIME ARE:

COMMENTS: ___________

STUDENT SIGNATURE: ___________
Dear Mrs. Smith:

As we discussed on the telephone, a meeting has been scheduled concerning your son's progress in the vocational program. It is tentatively scheduled for May 12, 1980, Room 1310, at 10 a.m. in the high school. I will be in charge of the meeting.

As I indicated, the purpose of the meeting is to determine whether or not your son will require special services in his program. If this preliminary meeting finds that he does in fact require special assistance, a team of teachers and other personnel will be appointed to work with you and your son, Gerry, in designing an individualized vocational education program for him to ensure his success in the automotive program.

This meeting will be held at the date and time above provided we have your written permission to proceed. Rest assured that we will make no changes in Gerry's vocational program prior to a complete assessment of his progress and without your specific approval.

If you would like to meet with me personally prior to the meeting, please call and set up an appointment. I will also be pleased to answer any further questions you may have over the telephone.

I look forward to working with you.

Sincerely,

Kenneth Webber
Vocational Director
Dear Parent:

A review of your son's/daughter's current vocational grade indicates that he/she is not meeting expectations for achievement in this class.

In order for us to provide help, we need to find the reasons why your son/daughter is not successful. The first step in this process is to find answers as to why he/she is not succeeding. Then, based on those findings, we will develop an educational plan which fits his/her needs.

In order to do the necessary testing, to change the program and provide the necessary support for the student, we need your approval. The plan is to keep you informed and up-to-date on the progress of your son/daughter.

If you have any questions about the process and implementations of this plan, please feel free to contact me.

Sincerely,

Vocational Director
Alvirne High School

I do approve ________________________________ (parent or guardian signature) (date)

I do not approve ________________________________ (parent or guardian signature) (date)
Vocational Assessment & Resource Center
Concord Region 11 Vocational Center
Concord High School, Warren Street
Concord, New Hampshire 03301

FROM: Martha Atwell, Vocational Special Needs Coordinator
TO: Parent/Guardian of _____________________________
DATE: _____________________________

To assist your daughter/son to clarify her/his vocational interests and to identify any special services that may be required for successful completion of a vocational program, we would like to include your daughter/son in a vocational assessment program.

This assessment will cover specific interests, aptitudes and abilities that are directly related to vocational training. Assessment results will be used by staff members of the vocational center and the guidance counselor from the student's home school to develop vocational plans for your daughter/son.

This evaluation does not automatically guarantee that your daughter/son will be enrolled in a vocational program at the area center in Concord.

If you have any questions regarding this vocational assessment, please call me at 228-1741 - ext. 56.

Name(s) of vocational assessment(s) used: _____________________________
Person administering assessment: _____________________________

PARENTAL/GUARDIAN PERMISSION
I have read and understand this form letter.
I agree to the administration and interpretation of the above named vocational assessments and the use of this information by appropriate school personnel for vocational program planning.
I wish to confer with you and I can be reached at phone from __________ to __________.
Signature of parent/guardian: _____________________________ Date: __________

Please return one copy of this letter to the above address.
CONSENT TO TRANSMIT STUDENT RECORDS

TO: (Parent/Guardian)  (Street Address)
   (Town)                   (Zip Code)
FROM: Vocational Special Needs/Assessment Specialist

In order to complete a vocational assessment for your son or daughter I would like to request the following records concerning (student's name) (D.O.B.) from (school/agency).

Records requested: ____________________________________________________________

Apart from sharing with appropriate school personnel, I agree not to release these files or information therein to any other individual or agency unless I have obtained parental permission.

(Signature) (Date)

* * * * * * * * * * * * * * * * * * * * * * * *

TO: (School/Agency)  FROM: (Parent/Legal Guardian/Adult Student) (Date)

I understand that I have the right to review the information listed above before signing this release, and I further understand that I may obtain a copy of this information. I understand that this release expires 90 days from the date of my signature. I understand that a copy of this document will be retained permanently in the school record. I have read and understand the above.

I give permission for this release of information __________________________________

I do not give permission for this release of information ___________________________

Signature of Parent Date
SAMPLE LETTER TO PARENTS
INFORMING THEM OF IVEP INVOLVEMENT

Dear Mr. and Mrs. Lubner:

We are pleased with the progress that Lisa has made this year and firmly believe that the IVEP we jointly developed last September contributed to her progress. Her teacher has commented several times throughout the year how much the IVEP has helped her provide the type of educational program from which Lisa can best benefit.

As school comes to a close, it is time for us to come back together as a committee to revise Lisa's IVEP for next year. The purpose of our meeting will be to review Lisa's progress during this year and to develop the IVEP for next year, including goals, objectives, and methods of evaluation that are tailored to Lisa's special needs. As you know, the IVEP is a written program of the vocational education content and services that will be provided to Lisa. Just as your ideas were extremely valuable in developing her first IVEP, we consider your participation in the upcoming conference very important. The format of the meeting will be very similar to the previous one. After identifying her level of performance, goals and objectives for next year, and methods of evaluation, we will again decide on the vocational education placement most beneficial for Lisa.

We would like to invite you to come to the meeting to help us revise Lisa's IVEP on Monday, May 22, at 12:15 PM. I will be calling you in a couple of days to make sure that this is a convenient time for you. If it is not, an alternative date is Wednesday, May 24, at 1:45 PM. The persons attending the meeting in addition to yourself will be Mr. Henry (Lisa's teacher next year), Ms. Radner (director of special education), and myself. Please contact me if you have questions about the upcoming meeting.

Sincerely,

Todd Delamuca
Counselor and Special Services Coordinator
CHECKLISTS & TEAM MATERIAL
Portsmouth High School

INDIVIDUAL VOCATIONAL EDUCATION PROGRAM

To: __________________________ (Teacher making referral)

Date: ________________________

From: ________________________

Subject: ______________________ (Name of student referred)

The above student is not receiving any support services at this time. We are organizing a team to review the student's progress and to investigate.

A meeting will be held:

Day and Date:

Time:

Place:

Please come prepared to discuss the student's progress in your course in terms of academic achievement, performance abilities, behavior, attendance, and any other points you consider relevant.
Londonderry Jr/Sr High School
295 Mammoth Road
Londonderry, New Hampshire

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>D. O. B.</th>
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<thead>
<tr>
<th>Address</th>
<th>I.D. No.</th>
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Basis upon which the classification of disadvantaged was made:

a) student requires special services, assistance, or program to succeed in their vocational educational program.

b) student lacks reading and or writing skills.

c) student lacks mathematical skills.

d) student performs below his/her grade level.

Date of meeting: ______________________

Team Members Participating:

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
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Manchester Vocational Education

INFORMATION CHECKLIST
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Name: ___________________________ Vocational Course: ___________________________
DOB: _______________ Address: ______________________________________________
School: _________________________ City: ____________________________

Regular Student _______ Tuition Student _______ No Contract
Tuition Student ______ SCHOOL: ______________________________________________

1. Referral: ________________________ Date: ______________ By Whom: ______________

2. Records: ________________________ Date: ______________ Received
   A. Classroom Teacher's Evaluation ______________________
   B. Student Biographical Data Sheet ________
   C. Counselor's Report ______________
   D. Special Services Report ______
   E. Testing Report ___
   F. Outside Agency Report ______
      Agency: __________________________
   G. Parental (student) Consent Form __________
   H. Copy IEP on File ____________________

3. Student Conference: Date ________________

4. Team Meeting(s): Date ___________________ Case Manager: __________________
   Members: __________________________________________

5. IVEP Completed: Date ________________
   Copies ___________________________________________
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Vocational Program</th>
<th>Sec.</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Tel.</th>
</tr>
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</table>

<table>
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<tr>
<th>Parent/Guardian Name</th>
<th>Work Tel.</th>
<th>Work Tel.</th>
</tr>
</thead>
</table>

1. Referred by [Name]: [Date]

2. Records:
   a. Classroom teacher's referral report: [Date Rec.]
   b. Counselor's report: [Date Rec.]
   c. Testing report: [Date Rec.]
   d. Outside agency report: [Agency] [Date Rec.]

3. Conference with Student: [Date]

4. Action Plan:
   a. Letter to parent: [Date sent]
   b. Telephone call to parent: [Date of Contact]
   c. Parent (student) Consent: [Date received]

5. Team Meeting(s): [Date(s)]

6. Student Designation:
   - Handicapped
     - Disadvantaged
     - Academic
     - Economic
     - Limited English Speaking
   - Intellectual Handicap
   - Physical Handicap
   - Emotional Handicap

7. Testing report completed: [Date]

8. Placement/Service
   - Regular Vocational Program
   - Special Separate Program
   - Regular Vocational Program with Support Services
   - Outside Placement

9. IVEP
   a. Individualized Vocational Education Plan (IVEP): [Date Completed]
   b. Review of IVEP and Annual Statement: [Date Completed]