

Student Name: _____ Home School _____

Home School Counselor: _____

COUNSELOR ASSESSMENT

Pattern of academic performance: _____

Strengths: _____

Weaknesses: _____

Career & Technical Interests: _____

What kind of support and/or education setting motivates the student? _____

Are there any classroom/behavior concerns? _____

Please proceed to page 2

The list below has been developed to help identify students for appropriate **Introduction to Career and Technical Education (ICTE)** placement. As you review a student's IEP, please consider the following criteria for ICTE placement and check the boxes that pertain to the individual student.

If any of the following are checked, automatic placement in ICTE

- | | |
|--------------------------|---|
| <input type="checkbox"/> | SKILLS (Skills and Achievement Commencement Credential – Alternatively Assessed) |
| <input type="checkbox"/> | CDOS Only (Career Development and Occupational Studies – Commencement Credential) |
| <input type="checkbox"/> | OPWDD (Office for Persons with Developmental Disabilities) |

If Local/ Regents Track, Complete Checklist Below (5 or more consider ICTE)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | IQ Below 75 |
| <input type="checkbox"/> | 8:1:1, 8:1:2, etc. |
| <input type="checkbox"/> | Adaptive Skills Concerns: <input type="checkbox"/> Physical <input type="checkbox"/> Visual / Hearing <input type="checkbox"/> Fine / Gross Motor |
| <input type="checkbox"/> | Math Level below 5th grade: _____ Please specify level: _____ |
| <input type="checkbox"/> | Reading / Writing below 5 th grade: _____ Please specify level: _____ |
| <input type="checkbox"/> | Classroom Behavior Issues: _____ |
| <input type="checkbox"/> | 5 or more IEP accommodations |
| <input type="checkbox"/> | Counseling: Individual |
| <input type="checkbox"/> | Attached Behavior Plan |
| <input type="checkbox"/> | Medical Needs |

Support Services: If any of the following are checked consider ICTE

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Requires 1:1 Aide (Provided by District) |
| <input type="checkbox"/> | Requires special transportation |
| <input type="checkbox"/> | Requires door to door assistance/aid |