

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Pat Ditri

From: Kim Conti *KC*

Re: Board Agenda

Date: October 21, 2013

Please place the following on the board agenda.

The committee recommends and I so move that approval be given to
The Morris Union Jointure Commission to do Transition
Assessments at the rate of \$450.00, Advanced Transition
Assessment at the rate of \$1990.00, Advanced and Community
Assessment at the rate of \$2990.00 and Job Sampling/Coaching at
the rate of \$150.00 per hour, not to exceed \$12,000.00 for the 2013-
2014 School Year. (11-000-219-320-01-19)

MORRIS-UNION JOINTURE COMMISSION
340 Central Avenue
New Providence, NJ 07974
(908) 464-7625 (Ext. 1119) FAX (908) 464-1244

Transition Assessment Contract-2013-2014

Student Name: _____ Student Date of Birth: _____
 Student Address: _____ Current Grade: _____
 Student Classification: _____ School of Attendance: _____
 Date of anticipated graduation: _____
 Parent/Guardian: _____ Phone: _____
 Student Dominant Language: _____ Parent Dominant Language: _____
 District: _____ District Code: _____
 Director/Supervisor: _____ Phone: _____ Email: _____
 Case Manager: _____ Phone: _____ Email: _____
 Contact person to schedule appointment: _____
 Phone: _____ Email: _____

| <u>Type of Assessment/Service</u> | <u>Member</u> | <u>Non-Member</u> |
|-----------------------------------------|----------------|-------------------|
| _____ Basic Transition Assessment | \$450.00 | \$650.00 |
| _____ Advanced Transition Assessment | \$1990.00 | \$2800.00 |
| _____ Advanced and Community Assessment | \$2990.00 | \$4200.00 |
| _____ Job Sampling/Coaching | \$150 per hour | \$210 per hour |

I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. I further understand that written notice must be given to the Morris-Union Jointure Commission for discontinuance of the above service. I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Morris-Union Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

Director of Special Services Date

School Business Administrator Date
 (If required by requesting district)

Superintendent of Schools Date
 (If required by requesting district)

MUJC Formal Transition Assessment

Transition assessments will be customized for the individual student however will include interest and aptitude assessments. Data will be verified by more than one method and will be synthesized and interpreted to students with disabilities, their families, and transition team members. Data and results will be documented in a report that may be used to facilitate transition planning.

1. **Basic Transition Assessment** (One session with student) \$450.00

The base assessment includes the following:

1. review of existing information (e.g., intelligence and achievement data from the student's most current CST file, school and/or job performance)
2. student interview
3. parent interview
4. assessment of student interest (e.g., O NET Career Interest Inventory)
5. assessment of student aptitude (e.g., O NET Ability Profiler)
6. completion of a transition planning inventory (e.g., Enderle-Severson Transition Rating Scales)

2. **Advanced Assessment** (Three to five sessions with student) \$1990.00

The Advanced assessment includes all areas of the Basic Assessment plus:

1. curriculum based assessment (e.g., Brigance Transition Skills Inventory)
2. independent living skills assessment (e.g., Independent Living Scales)
3. adaptive behavior assessment (e.g., Brigance Life Skills Inventory)
4. achievement testing (e.g., Adult Basic Learning Examination)
5. career development assessment (e.g., Career Beliefs Inventory)
6. training assessment (e.g., work personality profile)
7. self-determination assessment (e.g., AIR Self Determination Scale)
8. career planning assessment (e.g., Kuder)

3. **Community Based Assessment** (five to seven sessions with student) \$2990.00

The community based assessment includes all areas of the Advanced Assessment plus:

1. Completion of a work personality profile
2. Data collection on-site during community activities

4. **Job Sampling/Coaching** \$150.00 per hour

Community based assessments and job coaching/sampling require transportation which is billed separately.

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Transition Assessment Information

Part 1: Background Information

Student Name: _____ Date of Birth: _____ Year of Graduation/Exit: _____

Address: _____
(Street) (Town, state) (Zip code)

Telephone Number: _____ Primary Language: _____

Current School: _____ Address: _____

Student's primary disability (Diagnosis): _____

Student's secondary disability (Diagnosis), if applicable: _____

When was the student's disability (or disabilities) formally diagnosed? _____

If English is not the student's primary language, what services were provided for this student as an English language learner?

Does this student require an augmentative communication device? _____

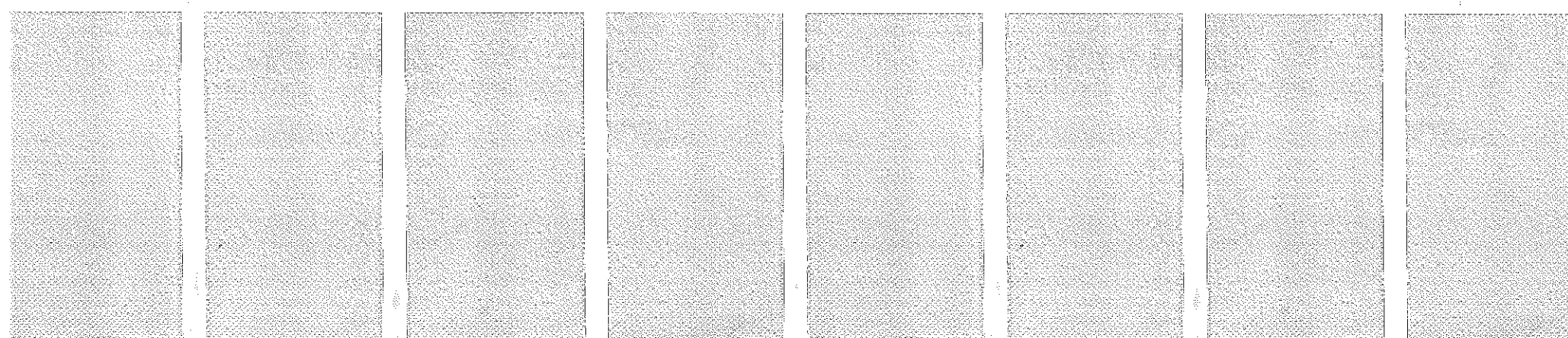
Can this student work independently for thirty minutes or more? _____

Does this student require a personal aide? _____

Does this student present behavioral difficulties? _____

Does this student present significant medical issues? _____

Date of most recent IEP or most recent 504 plan: _____ Date this Summary was completed: _____



This form was completed by: Name: _____ Title: _____

School: _____ E-mail: _____ Telephone Number: _____

Please check and include the most recent copy of assessment reports that you are attaching that diagnose and clearly identify the student's disability or functional limitations and/or that will assist in postsecondary planning:

- Psychological/cognitive
- Neuropsychological
- Medical/physical
- Achievement/academics
- Adaptive behavior
- Social/interpersonal skills
- Community-based assessment
- Self-determination
- Informal assessment: _____
- Informal assessment: _____
- Other: _____
- Response to Intervention (RTI)
- Language proficiency assessments
- Reading assessments
- Communication
- Behavioral analysis
- Classroom observations (or in other settings)
- Career/vocational or transition assessment
- Assistive technology

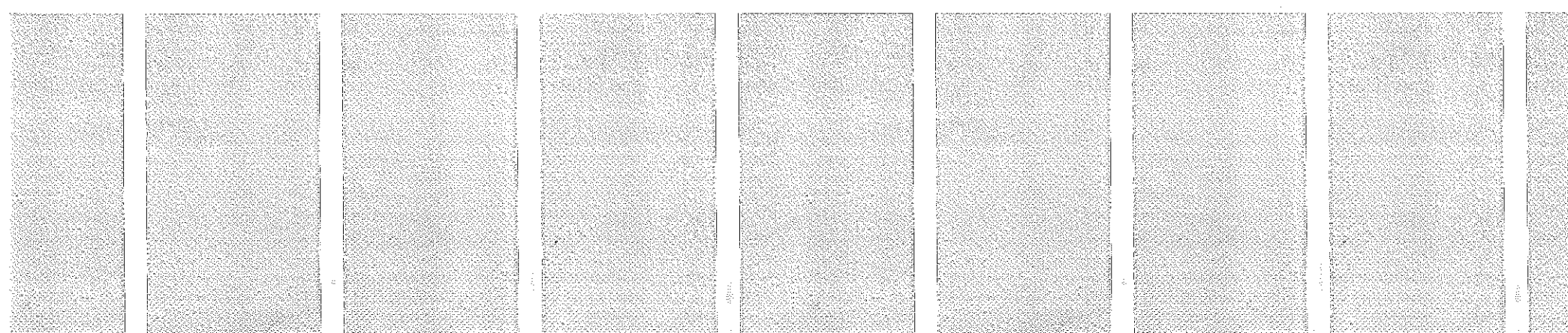
Part 2 – Student's Postsecondary Goal(s) contained in current IEP

1. _____

2. _____

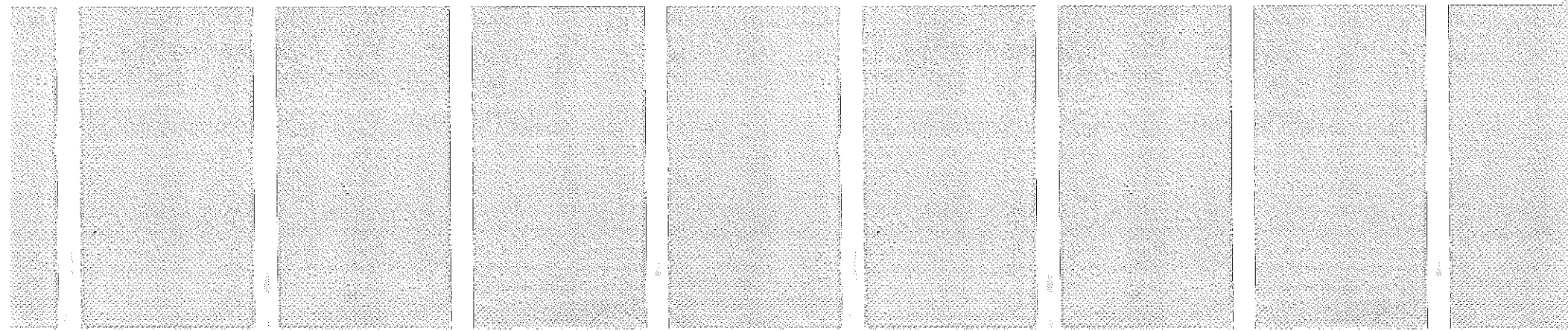
3. _____

If employment is the primary goal, the top three job interests: _____

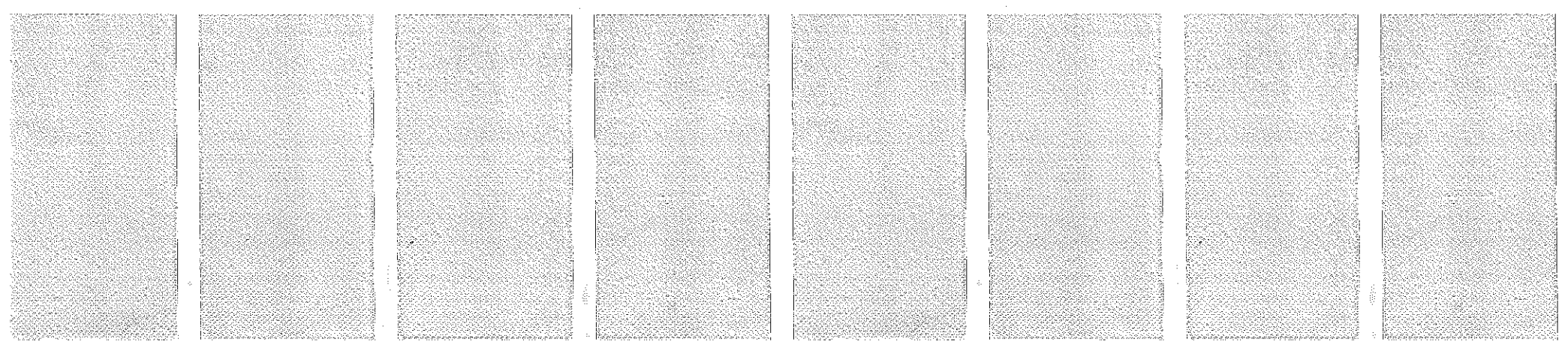


Part 3 – Summary of Performance (Complete all that are relevant to the student).

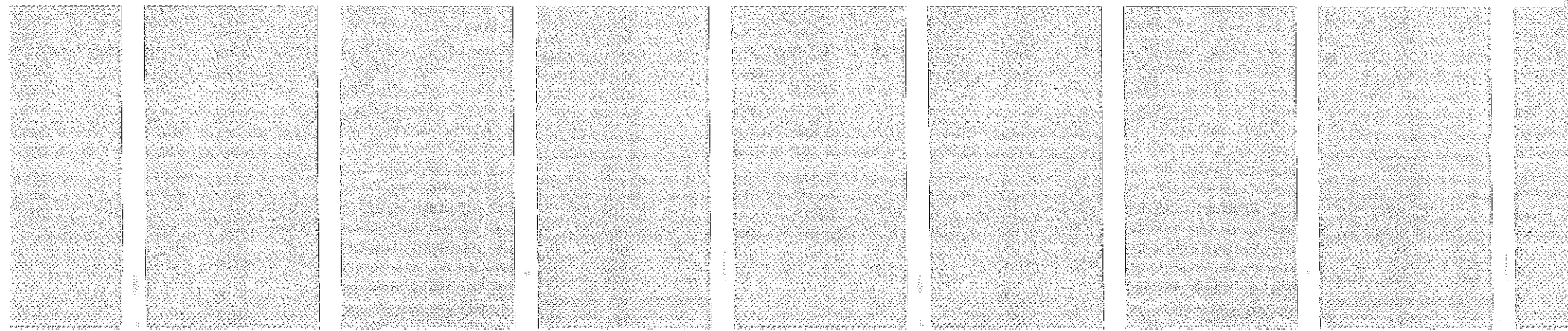
| ACADEMIC CONTENT AREA | Present Level of Performance (grade level, standard scores, strengths, needs) | Essential accommodations, assistive technology, or modifications utilized in high school, and why needed. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Reading (Basic reading/decoding; reading comprehension; reading speed) | | |
| Math (Calculation skills, algebraic problem solving; quantitative reasoning) | | |
| Written Language (written expression, spelling) | | |
| Learning Skills (class participation, note taking, keyboarding, organization, homework management, time management, study skills, test-taking skills) | | |



| COGNITIVE AREAS | Present Level of Performance (Grade level, standard scores, strengths, needs) | Essential accommodations, modifications and/or assistive technology utilized in high school and why needed. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| General Ability and Problem Solving (reasoning/processing) | | |
| Attention and Executive Functioning (energy level, sustained attention, memory functions, processing speed, impulse control, activity level) | | |
| Communication (speech/language, assisted communication) | | |



| FUNCTIONAL AREAS | Present Level of Performance (strengths and needs) | Essential accommodations/modifications and/or assistive technology utilized in high school and why needed. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Social Skills and Behavior (Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention) | | |
| Independent Living Skills (Self-care, leisure skills, personal safety, transportation, banking, budgeting) | | |
| Environmental Access/Mobility (assistive technology, mobility, transportation) | | |



| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Self-Determination /Self-Advocacy Skills (Ability to identify and articulate postsecondary goals, learning strengths and needs; independence and ability to ask for assistance with learning) | | |
| Career-Vocational/Transition/ Employment (Career interests, career exploration, job training, employment experiences and supports) | | |
| Additional important considerations that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep disturbance) | | |

