SOUTH EASTERN SPECIAL EDUCATION 2025-2026 STUDENT VOCATIONAL INFORMATION

General Information	
Student Name	Birthdate
School	Year of Graduation/Exit
Student School E-mail Address:	
Student's Primary Disability	
Student's Secondary Disability, if appl	icable
When was the student's disability (or	disabilities) formally diagnosed?
Date of most recent IEP	
Date of most recent case study evaluate	ation
Please describe the student's attenda	nce during his/her involvement in high school
2024-2025 School Year:	_ Days Present Days Absent
Please describe the student's disciplin	nary history during his/her involvement in high school
Are there any other issues or concern may affect this individual's ability to w	is (ie: physical, mental, emotional, environmental, etc.) that ork? \Box Yes \Box No
If yes, please explain	

Self-Determination/Self-Advocacy Skills

Does this student have the ability to identify and articulate postsecondary goals?
□ Yes □ No

- Can this student identify his/her learning strengths and needs? Yes □ No

Additional Important Considerations: Work Tolerance

- Are there any physical limitations as the result of a disability (ie: sit, stand, bend, lift, walk, climb)? □ Yes □No If yes, please describe.
- 2. Are there any emotional limitations (ie: ability/inability to cope with stress, criticism, work in a group setting, etc.)? □Yes □No
- 3. If this student were required to obtain a job on his/her own, would he/she experience significant problems in accomplishing or performing any of the following?
 - a. Does this student know how or where to look for a job?

Independently	\Box Yes	🗆 No	Comments:

With assistance \Box Y	′es 🗌 No
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b. Can this student complete a job application completely and accurately?

Independently [□ Yes	🗆 No	Comments:
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With assistance	□Yes	🗆 No
WILLI assistance		

c. Could this student secure employment interviews and realistically inform potential employers of his/her qualifications, interests, and abilities to meet job demands and employer expectations?

Independently? \Box Yes \Box No Comments:

With	assistance	□Yes	🗆 No
SESE STEP Form 3	of STEP Applic	ation Pack	xet

It is essential that school and cooperative personnel have all the information necessary to appropriately program for specific students. To that end, all personnel with a current educational interest in the student, including the STEP program coordinator, must have information which bears on a student's ability to participate in and benefit from specific programs. Therefore, I understand that I can and shall share information (including but not limited to legal issues, probation status, or other information regarding the student's conduct or activities) which may affect the student's job placement or job program with relevant personnel, including the STEP coordinator.

Referring Teacher Signature

Date Completed_____ E-Mail _____

Building Principal Signature _____

Date _____