

SUMMARY OF ASSESSMENT RESULTS

The Summary of Assessment Results below provides an overview of assessed skills in each content area in one location. It is recommended you download and fill one out for each individual student as you begin to assess. A blank copy of the Summary of Assessment Results can be found in the Center Documents section in your UnitusTI account. This form can be used as a means of keeping track of which skills have been assessed and which ones are yet to be done. In the end, the Summary of Assessment Results will provide an overview of each student's baseline data as well as a generic overview of student goals. The boxes marked *Yes* are the student's present levels of performance. The first box marked *No* is the goal.

FUNCTIONAL READING

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Recognizes Letters/Sounds	Part 2 Identifies Name	Part 3 Reads Sight Words (Phase I)	Part 4 Reads Sight Words (Phase II)	Part 5 Answers <i>WH</i> Questions
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLORS

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Matches Colors	Part 2 Identifies Colors	Part 3 Understands Words for Colors
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SHAPES

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Matches Shapes	Part 2 Identifies Shapes	Part 3 Understands Words for Shapes
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOCATION CONCEPTS

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Understands Tier 1 Concepts	Part 2 Understands Tier 2 Concepts	Part 3 Understands Tier 3 Concepts	Part 4 Understands Tier 4 Concepts	Part 5 Understands Words for Locations
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TECHNOLOGY

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Uses a Tablet	Part 2 Uses a Phone	Part 3 Matches Uppercase Letters	Part 4 Matches Lowercase Letters	Part 5 Types with a Model	Part 6 Operates a Computer	Part 7 Uses the Internet
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WRITING

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Writes Name with a Model	Part 2 Writes the Alphabet with a Model	Part 3 Writes Numbers with a Model	Part 4 Writes Personal Information with a Model
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 5 Writes Name	Part 6 Writes the Alphabet	Part 7 Writes Numbers	Part 8 Writes Personal Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TIME TELLING

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Matches Analog Time	Part 2 Tells Digital Time	Part 3 Tells Time by Hours	Part 4 Tells Time by Half Hours	Part 5 Tells Time by Quarter Hours	Part 6 Tells Time by Five-Minute Increments	Part 7 Tells Time by the Minute
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CALENDAR

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Matches Days of the Week	Part 2 Matches Months of the Year	Part 3 Identifies Days of the Week	Part 4 Identifies Months of the Year	Part 5 Understands Calendar Concepts
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONEY MATH—PART 1: CALCULATOR

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Enters Single Numbers	Part 2 Adds and Subtracts Single Numbers	Part 3 Enters Prices	Part 4 Adds and Subtracts Prices
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONEY MATH—PART 2: BILLS

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Identifies and Counts Numbers	Part 2 Matches Numbers to Corresponding Objects	Part 3 Counts by Ones	Part 4 Counts by Fives
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 5 Counts by Tens	Part 6 Counts by Twenties	Part 7 Counts Bill Combinations	Part 8 Counts Over-the-Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MONEY MATH—PART 3: COINS

Assessment Complete:

Assessment Date:

<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 1 Matches Coins with a Model	Part 2 Counts Pennies	Part 3 Counts Nickels	Part 4 Counts Dimes
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal	<input type="checkbox"/> Goal
Part 5 Counts Quarters	Part 6 Counts Coin Combinations	Part 7 Counts Exact Change	Part 8 Counts Over-the-Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMUNITY-BASED TRAINING

Rather than using sequential lesson plans and a flow chart, these lessons will be taught in conjunction with other programs. Once you begin practicing generalization, you will be able to determine present levels for Community-Based Training.

PORTFOLIO/INDEPENDENT SKILLS

Rather than using sequential lesson plans and a flow chart, you will refer to the Inventory Summaries to focus on the behaviors or skills identified and prioritized.