

## 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                            |
| <b>Part 1</b><br>Identifies Name                         | <b>Part 2</b><br>Reads Sight Words<br>(Phase I)          | <b>Part 3</b><br>Reads Sight Words<br>(Phase II)         | <b>Part 4</b><br>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 |

### 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                               |
| <b>Part 1</b><br>Uses a<br>Tablet                           | <b>Part 2</b><br>Uses a<br>Phone                            | <b>Part 3</b><br>Matches<br>Uppercase<br>Letters            | <b>Part 4</b><br>Matches<br>Lowercase<br>Letters            | <b>Part 5</b><br>Types with a<br>Model                      | <b>Part 6</b><br>Operates a<br>Computer                     | <b>Part 7</b><br>Uses the<br>Internet                       |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><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                            |
| <b>Part 1</b><br>Writes Personal<br>Information <b>with</b> a Model | <b>Part 2</b><br>Writes Words for<br>Numbers <b>with</b> a Guide | <b>Part 3</b><br>Writes Personal<br>Information          | <b>Part 4</b><br>Writes Words for<br>Numbers             |
| <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                               |
| <b>Part 1</b><br>Matches<br>Analog Time                     | <b>Part 2</b><br>Tells Time by<br>Hours                     | <b>Part 3</b><br>Tells Time by<br>Half Hours                | <b>Part 4</b><br>Tells Time by<br>Quarter Hours             | <b>Part 5</b><br>Tells Time by<br>Five-Minute<br>Increments | <b>Part 6</b><br>Tells Time by<br>the Minute                |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### TIME MANAGEMENT

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                               |
| <b>Part 1</b><br>Writes Digital<br>Time                     | <b>Part 2</b><br>Tells Digital<br>Time                      | <b>Part 3</b><br>Matches Days<br>of the Week                | <b>Part 4</b><br>Matches<br>Months of the<br>Year           | <b>Part 5</b><br>Identifies<br>Days of the<br>Week          | <b>Part 6</b><br>Identifies<br>Months of the<br>Year        |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><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                            |
| <b>Part 1</b><br>Enters Single Numbers                   | <b>Part 2</b><br>Enters Prices                           | <b>Part 3</b><br>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 |

### 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                               | <input type="checkbox"/> Goal                               | <input type="checkbox"/> Goal                               | <input type="checkbox"/> Goal                               |
| <b>Part 1</b><br>Matches<br>Bills                           | <b>Part 2</b><br>Counts by<br>Ones                          | <b>Part 3</b><br>Counts by<br>Fives                         | <b>Part 4</b><br>Counts by<br>Tens                          | <b>Part 5</b><br>Counts by<br>Twenties                      | <b>Part 6</b><br>Counts Bill<br>Combinations                | <b>Part 7</b><br>Counts Over-<br>the-Amount                 |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><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                            |
| <b>Part 1</b><br>Matches Coins with a Model              | <b>Part 2</b><br>Counts Pennies                          | <b>Part 3</b><br>Counts Nickels                          | <b>Part 4</b><br>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                            |
| <b>Part 5</b><br>Counts Quarters                         | <b>Part 6</b><br>Counts Coin<br>Combinations             | <b>Part 7</b><br>Counts Exact Change                     | <b>Part 8</b><br>Counts Over-the-<br>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 |

### BUDGETING AND BANKING

Rather than using sequential lesson plans and a flow chart, you will refer to the student's prerequisite skills and begin instruction as students are ready. These programs need not be taught sequentially and can be taught simultaneously.

### 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.

### PREVOCATIONAL

Rather than using sequential lesson plans and a flow chart, you will refer to the student's Transition Plan, Inventory Summaries, and Vocational Information section of the Student Portfolio to focus on critical and specific prevocational skills.