

Macomb Intermediate School District
STEP Program
Referring Teacher Input

Student's Name: _____

Date: _____

School: _____

District: _____

Describe your primary concern for this student:

Describe the student's academic strengths and weaknesses:

Describe the student's behavioral and social strengths and weaknesses:

Describe the student's level of independence in the following areas (please provide examples):
Career/Employment-

Post-Secondary Education/Training-

Adult Living-

Community Participation-

Describe current accommodations being used and their success:

Describe all community based job training or competitive work experiences in which the student has been involved:

Does the student have a guardian or an established Power of Attorney? If yes, who?

List any outside agencies the student works with: