

Lawrence Public Schools

The Attribute Summary is initially completed during the spring semester of the 9th grade year by the primary implementor of the student's IEP. It should be passed on to the high school with the rest of the IEP file.

The Attribute Summary is reviewed and updated annually at the student's IEP. A final update will occur during the spring semester in which the student leaves the school system. The Attribute Summary will become part of the Vocational Summary which is passed on to the adult service agency.

Attribute Summary

Student's name _____

Original Completion
Date _____

Date

Update
Prepared by

Prepared by _____

Initial Completion: Circle the characteristic in the first column that best describes the student. There may be more than one. Attributes that need to be assessed should be indicated by placing a check in the small box in the right corner of the first column.

Updates: Date and record in the box on right side of the form when and how the characteristic has changed.

PHYSICAL/ PSYCHOMOTOR	UPDATE	UPDATE	UPDATE	UPDATE
1. Sensory Capacity a. No impairments b. List impairment(s):	<input style="width: 20px; height: 15px;" type="checkbox"/>			
2. Physical capacity a. No impairments b. List impairment(s):	<input style="width: 20px; height: 15px;" type="checkbox"/>			

<p>3. Mobility <input type="checkbox"/></p> <p>a. No impairments</p> <p>b. List impairment(s):</p>			
<p>4. Motor coordination <input type="checkbox"/></p> <p>a. Adequate manual dexterity</p> <p>b. Adequate finger dexterity</p> <p>c. Adequate eye/hand/foot dexterity</p> <p>d. Inadequate manual dexterity</p> <p>e. Inadequate finger dexterity</p> <p>f. Inadequate eye/hand/foot dexterity</p>			
<p>5. Strength: Lifting and Carrying <input type="checkbox"/></p> <p>a. Strong (>50 lbs.)</p> <p>b. Average (26-50 lbs.)</p> <p>c. Fair (10-25 lbs.)</p> <p>d. Poor (<10 lbs.)</p>			
<p>6. Endurance <input type="checkbox"/></p> <p>a. Works without breaks >4 hrs.</p> <p>b. Works without breaks 3-4 hrs.</p> <p>c. Works without breaks 1-2 hrs.</p> <p>d. Works without breaks <1 hr.</p>			
<p>7. Medication status/ physical <input type="checkbox"/></p> <p>a. No medication</p> <p>b. Medication for physical stability</p> <p>c. Medication for seizure disorder</p> <p>List medications and dosage:</p>			

**PSYCHOLOGICAL AND
EMOTIONAL ISSUES**

Unusual/ Repetitive Behavior(s)

a. None

b. Describe/frequency:

Disruptive Behavior(s)

a. None

b. List:

Aggressive Behavior(s)

a. None

b. List:

Behavior(s) Injurious to Others

a. None

b. List:

Self-Injurious Behavior(s)

a. None

b. List:

<p>13. Medication Status - <input type="checkbox"/></p> <p>Psychological Condition</p> <p>a. No medication</p> <p>b. Medication for mental/emotional stability. List:</p>			
TRAINING ISSUES			
<p>14. Learning Style <input type="checkbox"/></p> <p>a. Written instructions</p> <p>b. Verbal instructions</p> <p>c. Signed instructions</p> <p>d. Pictorial instructions</p> <p>e. Demonstration</p> <p>f. Physical Guidance</p>			
<p>15. Communication System <input type="checkbox"/></p> <p>a. Verbal</p> <p>b. Sign language</p> <p>c. Limited vocabulary</p> <p>d. Augmentative communication system/device (supports verbal communication)</p> <p>e. Alternative communication system/device (primary method of communication)</p>			
<p>16. Discrimination Skills <input type="checkbox"/></p> <p>a. Written labels</p> <p>b. Color</p> <p>c. Size</p> <p>d. Shape</p> <p>e. No discrimination skills</p>			

Sequencing Job Duties a. Independent b. Visual prompting system c. Auditory prompting system d. Only with support e. Not at all	<input type="checkbox"/>		
Orienting a. Building and grounds b. Building wide c. Several rooms d. One room only e. Small area only	<input type="checkbox"/>		

te the following answers as *yes*, *no*, *sometimes*, or *check box for need to assess*

UNCTIONAL ACADEMICS	UPDATE	UPDATE	UPDATE
<input type="checkbox"/> . Reading a. Reading level _____ b. Sight words y n s c. Survival words y n s d. Recognizes name y n s e. Symbols/Signs y n s f. None y n s			

<p>20. Math <input type="checkbox"/></p> <p>a. Able to count up to ____ independently</p> <p>b. Able to count up to ____ with adaptation</p> <p>c. Able to compute/calculate independently</p> <p>d. Able to compute/calculate with adaptation</p> <p>e. Unable to count</p> <p>f. Unable to compute/calculate</p>			
<p>21. Monetary Transactions <input type="checkbox"/></p> <p>a. Uses credit card y n s</p> <p>b. Uses checks y n s</p> <p>c. Uses bills independently y n s (ex. next dollar strategy)</p> <p>d. Uses bills with adaptation y n s (ex. large bill strategy)</p> <p>e. Uses coins independently y n s</p> <p>f. Uses coins with adaptation y n s (ex. coin card)</p> <p>g. Discriminates bills y n s</p> <p>h. Discriminates coins y n s</p>			
<p>22. Monitoring Time <input type="checkbox"/></p> <p>a. Tells time in hours/minutes (Numerical clock) y n s</p> <p>b. Tells time in hours /minutes (Digital clock) y n s</p> <p>c. Tells time to hour (Numerical clock) y n s</p> <p>d. Tells time to hour (Digital clock) y n s</p> <p>e. Tells time with adaptation y n s</p> <p>f. Uses environmental cues y n s</p> <p>g. Unable to tell time y n s</p>			

Transportation methods a. Crosses uncontrolled intersections y n s b. Crosses controlled intersections y n s c. Uses bus independently y n s d. Uses bus with adaptation y n s e. Uses bus with support y n s f. Uses taxi independently y n s g. Uses taxi with adaptation y n s h. Uses taxi with support y n s	<input type="checkbox"/>		
ORK HABITS			
Self Initiative/Self Motivation a. Begins tasks independently y n s b. Requests additional work y n s c. Offers to assist others y n s d. Works without reminders y n s e. Avoids next task y n s	<input type="checkbox"/>		
Choice/ Decision Making Skills a. Able to express preferences y n s b. Decision making skills Simple decisions y n s Complex decisions y n s c. Choice making skills Simple choices y n s Complex choices y n s d. Supports needed for choicemaking:	<input type="checkbox"/>		

<p>26. Attention to Task/ Perseverance <input type="text"/></p> <p>a. Stays on task y n s</p> <p>b. Easily redirected to task y n s</p> <p>c. Frequently off task y n s</p> <p>d. Unable to be redirected y n s</p>			
<p>27. Time Management <input type="text"/></p> <p>a. Arrives/departs on time y n s</p> <p>b. Adheres to break schedule y n s</p> <p>c. Adheres to lunch schedule y n s</p> <p>d. No time management skills y n s</p>			
<p>28. Responding to Instructions <input type="text"/></p> <p>a. Follows instructions y n s</p> <p>b. Ignores instructions y n s</p> <p>c. Responds negatively by:</p>			
<p>29. Requesting Assistance <input type="text"/></p> <p>a. Initiates appropriately y n s</p> <p>b. Requires prompting y n s</p> <p>c. Initiates inappropriately y n s</p> <p>d. Will not request assistance y n s</p>			

<p>1. Social Interactions <input type="checkbox"/></p> <p>a. Initiates interactions Appropriately y n s Inappropriately by:</p> <p>b. Responds to others Appropriately y n s Inappropriately by:</p>			
<p>2. Handling Performance Feedback <input type="checkbox"/></p> <p>a. Ignores feedback y n s b. Responds to positive feedback by:</p> <p>c. Responds to negative feedback by:</p>			
<p>3. Stress Management <input type="checkbox"/></p> <p>a. Handles high stress y n s b. Handles moderate stress y n s c. Handles low stress y n s d. Unable to handle stress y n s</p>			

33. Appearance <input type="checkbox"/> a. Appropriate attire y n s b. Appropriate grooming y n s c. Appropriate hygiene y n s			
WORK TOLERANCE			
34. Ability to Adapt to Change <input type="checkbox"/> a. Easily y n s b. With difficulty y n s c. Unable to Adapt y n s			
35. Work Pace Tolerated <input type="checkbox"/> a. Fast y n s b. Steady y n s c. Slow y n s d. Inconsistent y n s			
36. Working conditions/ Environments Tolerated <input type="checkbox"/> a. Indoors y n s b. Outdoors y n s c. Hot y n s d. Cold y n s e. Wet y n s f. Noisy y n s g. Quiet y n s h. Busy y n s I. Odors y n s j. With a lot of people y n s k. With few coworkers y n s l. Alone y n s			

PERSONAL CARE

37. Toileting Needs: a. Independent b. With prompts c. With assistance d. Unable to self toilet e. Special considerations:			
38. Toileting Accidents y n s Frequency/situation:			
39. Feeding: a. Independent b. With prompt c. With assistance d. Unable to self feed Special Equipment/Diet:			
40. Menstruation care: a. Not applicable b. Independent c. With prompt d. With assistance e. Unable to self care			
41. Other Medical/Care Issues:			

MOBILITY EQUIPMENT

42. Mobility Equipment			
a. Crutches y n s			
b. Walker y n s			
c. Manual Chair y n s			
1. Able to self propel			
2. Needs assistance			
d. Power chair y n s			

WHEELCHAIR ISSUES

43. Transfer			
a. Not applicable			
b. Independent			
c. With physical support			
d. Cannot transfer. Needs:			
1. one person			
2. more than one			
44. Positioning			
a. No concerns			
b. Special Instructions:			