



NORTH COASTAL CONSORTIUM
FOR SPECIAL EDUCATION

Date Completed: _____

North Coastal Consortium for Special Education - Client From:
 Bonsall USD San Marcos USD
 Oceanside USD Fallbrook USD Vista USD
 San Dieguito UHSD Carlsbad USD

NCCSE Student Information Exchange Form

Student Name: _____ DOB: _____
Last Name First Name Nick Name

Is Student Conserved: Yes No Is student a client of Regional Center: Yes No

Current Address: _____
Street Address City Zip Code

Client Phone Number: _____ Email: _____

Parent Phone Number: _____ Email: _____

Post -Secondary Goals:

- 1. _____
- 2. _____
- 3. _____

Strengths/Interests/Preferences:

Academic Performance Summary:

Communication:

Does the client use an AAC device? Yes No If so, which device? _____

Did the client receive speech services in his/her ATP program? Yes No

What communication strategies work best for this client:

Gross/Fine motor skills – What are the clients physical abilities and/or limitations?

Behaviors that may inhibit job/academic performance (if any):

Independence

Level of independence: (please check one) Self Motivated Needs Some Prompts Reliant on Prompts
If client NSP or is ROP, please describe the level of support required to keep the client productive:

Soft Skills (please check all that apply):

- Positive Attitude Good Communicator Exhibits Good Time Management
- Problem Solver Team Player Self Confident
- Accepts Feedback Adaptable/Flexible Asks Relevant Questions

Computer Skills/Technical Skills (please check all that apply):

- Internet Searching Uses email/has address Microsoft Word PowerPoint/presentation Other:

Transportation Usage:

Can client access transportation independently? Yes No

What type of transportation does client access? (please check all that apply, circle I for Independent or S for Supported):

- Takes bus/trolley - I/S Takes Coaster/trains - I/S Rides bicycle - I/S
- Takes LIFT/FLEX - I/S Drives own car Other, Describe: _____

Health/Safety:

Are there any health concerns that may impact the clients ability to participate in program activities?

- Yes No If yes, please describe:

Are there any safety concerns that may impact the clients ability to participate in program activities?

- Yes No If yes, please describe:

Accommodations that may benefit client for Employment or Education (if any):

Previous Work/Volunteer Experience:

<input type="checkbox"/> Work Site <input type="checkbox"/> Volunteer Experience	Responsibilities/Tasks
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<input type="checkbox"/> Work Site <input type="checkbox"/> Volunteer Experience	Responsibilities/Tasks
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<input type="checkbox"/> Work Site <input type="checkbox"/> Volunteer Experience	Responsibilities/Tasks
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Preferred Work/Volunteer Site(s):

1. _____ 2. _____

Comments and Other Suggestions for Success:
