

School name _____

Receiving School Articulation Checklist

Sending School(s) Visit

Put together an agenda for the upcoming visit (see sample agenda in the Appendix).

*During the visit, team members use the **'School-to-School Articulation Visit Form'** as a guideline to help them develop plans to prepare the articulating student.*

Visit to Sending School(s)

*Use the attached **'School-to-School Articulation Visit Form'** to gather detailed information about the Sending School(s). Gather visuals (e.g., pictures of the classroom without the students). The materials gathered will be used to start preparing for the upcoming year.*

Students Visit

The articulating students visit the Receiving School(s). Possible activities may include a tour of the school (lead by student ambassadors), visit to the homeroom (to see lockers/cubbies), observe some of the electives (e.g., technology, drama class), observe a transition between classes, do a meet and greet and Q&A with teachers and administration.

Review Student Articulation Packages

*Review the **'Student Articulation Package'** documents received from the Sending School.*

Start planning for the upcoming year using the information included in the packages for each articulating student.

Student/Parent Orientations

These events take place right before or shortly after the start of the school year. Dates/details will be determined by your school.

School-to-School Articulation Visit Form

	TOPIC	Notes
General School Day Questions	<i>School hours—when does the day, begin when does it end?</i>	
	<i>How much transition required during school hours (e.g., changing classes, walking in the hallway)?</i>	
	<i>School layout—resources (e.g., school map)</i>	
	<i>Lockers (i.e., location, how/when students use them)</i>	
Curricula	<i>English Language Arts</i>	
	<i>Writing</i>	
	<i>Math</i>	
	<i>Science</i>	
	<i>Social Studies</i>	
	<i>Specials</i>	
	<i>Enrichment/arts/special afterschool programs</i>	
Parent Communication	<i>Parent communication format/frequency</i>	
	<i>Parent/family activities & programs available</i>	

Expectations & Supports	<i>Expectations of independence in the classroom</i>	
	<i>Homework—how much/how often/procedures</i>	
	<i>Long-term assignments—procedures</i>	
	<i>Use of calendars/planners binders/notebooks—procedures</i>	
	<i>Class-wide ASD Nest strategies (i.e., reinforcement systems, movement breaks etc.)</i>	
	<i>Level of support in specials—any periods without cluster support?</i>	
	<i>Related service providers on staff</i>	
	<i>Any other information incoming students need to know</i>	

Student _____
Current SLP _____
Current Teachers _____

Entering Grade _____
Current OT _____

Student Articulation Package Contents

I. Articulation Notes

Use the attached template to provide detailed information about your student to help create a comprehensive picture of him/her for next year's teachers. Please make sure that the information given includes specific examples, effective strategies, and clearly written helpful tips.

II. Student Interest Survey

Student Interest Survey should be completed and/or reviewed with your student in a relaxing manner during a low-demand activity/setting (e.g., free time in the classroom, lunch time etc.). Please review the attached surveys and select the one that is most appropriate for your student.

III. Conference Notes

Please attach the most relevant case conferencing notes available from your team meetings (i.e., major difficulties encountered, effective strategies, ineffective strategies).

IV. Writing Samples (Fall & Spring)

Please attach one writing sample from the beginning of the academic school year and one from late spring to illustrate your student's growth over the school year.

V. Math Samples (Fall & Spring)

Please attach one math work sample from the beginning of the academic school year and one from late spring to illustrate your student's growth over the school year.

VI. Supports Implemented (Sample products or pictures)

Attach copies of sample products that represent your student's interests (e.g., a video projects, posters etc. created by the student) and/or effective strategies (e.g., social stories, individualized reinforcement systems, power cards), and visual supports (i.e., daily schedules, task analysis, and visual cues etc.).

Any questions, please contact _____

Student Articulation Notes

Directions: In order to make this document valuable, purposeful and informative, please complete the information below with as many *specific details* and examples as possible. Where applicable, please attach any products or pictures (i.e. checklists, scales, individual behavior system, etc.) that you feel would be helpful for next year's teacher team. Thank You 😊

I. Overview

Student's Special Interest Areas

General Areas of Strength

General Helpful Strategies

II. Special Alerts Describe any (special, health, dietary...) alerts. Please be sure to include any fears that the student may have, such as a fear of the dark, storms, bugs, etc.

III. Academic

General

Class Participation (frequency, hand raising, etc.)

Mini-lesson (attentiveness, sensory needs, etc.)

Partner/Group Work (interactions with peers, leader/follower, etc.)

Independent Work (sustained attention, level of independence, etc.)

Transitioning (ability to shift, multi-step directions, etc.)

Helpful Supports (attach sample product or picture if applicable)

Preferred Learning Style

Reading

Current Instructional Level: _____.

Strengths

Needs Support With

Helpful Strategies/Checklists/etc. (attach sample product or picture if applicable)

Writing

Current Instructional Level: _____.

Strengths

Needs Support With

Helpful Strategies/Checklists/etc. (attach sample product or picture if applicable)

Math

Current Instructional Level: _____.

Strengths

Needs Support With

Helpful Strategies/Checklists/etc. (attach sample product or picture if applicable)

Content Area (Social studies, Science)

Current Instructional Level: _____.

Strengths

Needs Support With

Helpful Strategies/Checklists/etc. (attach sample product or picture if applicable)

IV. Sensory Functioning & Self-Regulation

Strengths

Needs Support With

Helpful Strategies/Movement Break & Relaxation Routines/etc. (attach sample product or picture if applicable)

V. Behavioral

What are the student's behavioral challenges and areas of greatest difficulty? If applicable, also describe the rumbling behaviors leading up to problem behavior(s).

Are there specific activities and/or circumstances when problem is behavior is most likely to occur? If yes, what are they?

Helpful Strategies/Visual Supports/ Individualized Reinforcement Systems/etc. (attach sample product or picture if applicable)

VI. Social *Discuss the student's strengths, support needs and helpful strategies for each. If applicable, attach sample products or pictures.*

Social Relational Development

Social Cognition

Pragmatic Language

Problem Solving

MOVING UP TO MIDDLE SCHOOL

Name _____

Current Grade _____

My favorite parts of school (check as many as you want)

- | | | | |
|-----------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> Reading | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Science | <input type="checkbox"/> Writing | <input type="checkbox"/> Gym | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Art | <input type="checkbox"/> Lunch | <input type="checkbox"/> Other: _____ |

My least favorite parts of school (check as many as you want)

- | | | | |
|-----------------------------------|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> Reading | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Music |
| <input type="checkbox"/> Science | <input type="checkbox"/> Writing | <input type="checkbox"/> Gym | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Art | <input type="checkbox"/> Lunch | <input type="checkbox"/> Other: _____ |

I am really good at _____

I know a ton about _____

Interesting facts:

I sometimes need extra help with _____

I do my best thinking when _____

My favorite way to learn new things

	Always	Sometimes	Never
By using a computer			
By watching a video			
By reading a book			
By watching someone do it first			
By listening to someone explain it			

I work best when I am

People:

alone

with a group

Space:

at a table/desk

on the floor

Sound:

listening to music

in a quiet space

In the classroom, I wish I could sit

near the board

close to a teacher

by the window

by the door

with one other student

with 3 to 4 students

If I were surprised with a gift of \$1,000 cash, I would use it to _____

_____.

If I had one wish, it would be _____

_____.

If I could choose three things I absolutely, desperately wanted to read/study about,

I would choose _____, _____,

_____.

Three things that I want you to know about me are:

1. _____

2. _____

3. _____

Articulation Visit by Receiving School

Sample Agenda

- | | |
|--------------|---|
| 8:45-9:00 | Meet & Greet |
| 9:00-9:15 | School Tour
<i>Lunchroom, gym, auditorium, elective classrooms</i> |
| 9:15-9:30 | Overview of Program/School |
| 9:30-10:00 | Meeting w/ Articulation Team
<i>Mini preliminary presentations</i>
<i>Break out groups w/ related service providers</i> |
| 10:00-10:20 | Meet & Greet w/ Students
<i>Q&A session</i> |
| 10:20-10:50 | Classroom Observations
<i>The class will be working on...</i>
<i>The teaching point of the lesson is going to be...</i>
<i>The students will be doing...</i> |
| 10:50- 11:00 | Reflections |