

Transition Assessments

Grades 11/12

- What are your plans?
- Are you taking the right classes?
 - Is college an option?
 - Do you plan on getting a job?
- Complete assessments in an interview format
 - Identify interests and adapt schedule accordingly (i.e.: Internships, Project Work, JEL, etc.)
- Who knows this student best? TOR, TOS, IAs?
 - Assessments should be user friendly

Academic Self-Advocacy Questionnaire

Name: _____

Date: _____

1. How often do you ask for help from a teacher?

2. Imagine that you are going to seek assistance from a teacher. You need to prove that you have an exceptionality. What materials would you bring to the meeting?

3. When you enter high school, who will you ask for help?

Put the number that matches your preference for each of the following. Use the key below to answer the questions.

0 = not likely 1 = somewhat likely 2 = likely 3 = very likely

1. When you need help in a class, which of these are most likely to be difficult for you?
 - taking the initiative and asking for help _____
 - making your needs clearly understood _____
 - asking in a positive way _____
 - knowing what help you need and asking _____

2. When entering high school, when are you most likely to identify yourself as having special needs to someone?
 - before school starts _____
 - during the first week _____
 - after you get used to school _____
 - after you find out you need help _____
 - never, because you don't want it known _____
 - only if you really need the help to pass _____

Academic Self-Advocacy Questionnaire

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3. If you are already in high school and you don't think you can cope with classes, would you:

- get the textbook early and read or tape it _____
- get a vocabulary list and learn the words _____
- find out the type of special help available _____
- ask your case manager for help _____
- seek information on graduation _____

4. You are having trouble understanding what is expected on a class assignment. Who are you most likely to ask for help?

- parent _____
- friend or classmate _____
- teacher of the class _____
- resource teacher or case manager _____
- you would figure it out on your own _____

5. When you need help from a teacher, how does it make you feel?

- embarrassed to have anyone know _____
- frustrated with yourself and the teacher _____
- confused about what sort of help to ask for _____
- comfortable about asking the teacher for help _____

Other:

Student: _____

Grade: _____

Age: _____

Date: _____

Case Manager: _____

Name: _____ Date: _____

Job-Related Interest and Preference Inventory

1. What job(s) would you like to have when you finish school? _____

Why? Have you done this job before? _____

2. What are your favorite days of the week to work? _____

Why? _____

3. What hours or time of the day do you want to work? _____

4. Are you willing to work nights or weekends, if the boss asks you to? _____

5. Do you want to work indoors or outdoors? _____

6. Would you rather be standing or sitting at work? _____

7. Do you want to work alone or with other people? _____

8. Do you want to work at a fast-paced and busy place or at a slow place? _____

9. Do you like it to be noisy or quiet when you work? _____

10. Do you prefer music or no music playing where you work? _____

11. Do you prefer a job that makes you wear a uniform? _____

12. Do you want a job that requires you to dress up in nice clothes for work? _____

13. Do you prefer to work for a business with a lot of employees or with just a few employees? _____

14. What kind of setting(s) do you want to work in?

- ☐ hospital ☐ outdoors ☐ stock room ☐ animals ☐ home ☐ business
☐ farm ☐ hotel ☐ office ☐ store front ☐ water ☐ cubicle
☐ shopping mall

15. How far/long are you willing to travel to get to work? _____

16. How much money would you like to make at a job? _____

17. What else are you looking for in a job? What does the job have to have? _____

18. What are your favorite places to go in the community? _____

19. What are your favorite subjects at school? _____

Why? _____

Name: _____ Date: _____

Job-Related Interest and Preference Inventory

1. What job(s) would you like to have when you finish school? _____

Why? Have you done this job before? _____

2. What are your favorite days of the week to work? _____

Why? _____

3. What hours or time of the day do you want to work? _____

4. Are you willing to work nights or weekends, if the boss asks you to? _____

5. Do you want to work indoors or outdoors? _____

6. Would you rather be standing or sitting at work? _____

7. Do you want to work alone or with other people? _____

8. Do you want to work at a fast-paced and busy place or at a slow place? _____

9. Do you like it to be noisy or quiet when you work? _____

10. Do you prefer music or no music playing where you work? _____

11. Do you prefer a job that makes you wear a uniform? _____

12. Do you want a job that requires you to dress up in nice clothes for work? _____

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- ☐ hospital ☐ outdoors ☐ stock room ☐ animals ☐ home ☐ business
☐ farm ☐ hotel ☐ office ☐ store front ☐ water ☐ cubicle
☐ shopping mall

15. How far/long are you willing to travel to get to work? _____

16. How much money would you like to make at a job? _____

17. What else are you looking for in a job? What does the job have to have? _____

18. What are your favorite places to go in the community? _____

19. What are your favorite subjects at school? _____

Why? _____

Learning Style Questionnaire

SECTION I: Answer each question.

1. What are your strengths as a student? (Give your skills, talents, and abilities, not school subjects).

2. What are your weaknesses as a student?

3. What part of the class work in the following classes would be most difficult for you?

English class?

Math class?

Science Class?

History?

Other?

4. Which of your strengths could you use to make up for your weaknesses in an

English class?

Math class?

Science Class?

History?

Other?

Learning Style Questionnaire

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SECTION II: Put the number that matches your preference for each of the following. Use the key below for items 5 through 9.

0 = likely 1 = somewhat likely 2 = likely 3 = very likely

5. When you are learning a new subject, which method(s) would you prefer to use?

- read the textbook _____
- watch someone do experiments _____
- take notes from reading assignments _____
- remember what is said in lecture _____
- take notes from the lecture _____
- highlight notes from a lecture _____
- do an experiment _____

6. Which method(s) would you rather use to show a teacher what you've learned?

- make a drawing _____
- tell about it _____
- write answers to questions _____
- do a demonstration _____
- do a project _____

7. When you memorize something, which method(s) are you likely to use?

- picture in your mind what you are memorizing _____
- associate it with something else you know _____
- draw pictures, charts, or diagrams _____
- mnemonic devices _____
- repeat it out loud _____
- write it down _____

8. When you study, which of these problems is likely to give you trouble?

- reading too slowly to finish on time _____
- getting stuck on difficult words _____
- studying hard and forgetting materials _____
- being distracted _____
- organizing your thoughts poorly on paper _____
- forgetting instructions _____
- taking notes too slowly _____
- not understanding spoken directions _____
- not understanding written directions _____

Learning Style Questionnaire

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9. Which of the following methods are likely to help you learn?

- taping lectures _____
- watching demonstrations or videos _____
- discussing reading assignment in class _____
- doing experiments in a laboratory _____
- explaining the agenda for the day _____
- writing assignments on the board _____
- asking questions anytime _____
- choose projects over written tests _____
- individual help from the teacher _____
- following outline of the course _____
- getting a list of assignments and due dates _____
- getting handouts and worksheets _____
- getting notes for you to highlight _____

Other comments: _____

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Case Manager: _____

Transition Planning- Skills for Life

Use the following skill statements to help with the development of postsecondary transition goals and their supporting activities or services. These statements are from the "transition cards" the Ohio Coalition for the Education of Children with Disabilities developed for their "Transition Drives the IEP" program.

This transition assessment should be completed by the student, parents, and educational staff. Then compare the results from the multiple sources to develop a transition plan.

Name of Student _____ Grade _____

Name of Person Rating Student's Abilities _____

	Unable to Do	Learning to Do	Able to Do
I. Employability Skills			
Know how to write a resume	_____	_____	_____
Know how to look for a job	_____	_____	_____
Know how to fill out a job application	_____	_____	_____
Know how to prepare for a job interview	_____	_____	_____
Know how to interview for a job	_____	_____	_____
Know how to be neat and clean	_____	_____	_____
Know how to choose correct clothing for job interview	_____	_____	_____
Know how to use appropriate language (Thank you, please)	_____	_____	_____
Know how to get to work on time	_____	_____	_____
Know how to use public transportation	_____	_____	_____
Know how to tell time	_____	_____	_____
Know how to begin work on time	_____	_____	_____
Know how to return to work if distracted	_____	_____	_____
Know how to follow directions	_____	_____	_____
Know how to care for tools and materials	_____	_____	_____

Unable to Do	Learning to Do	Able to Do
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I. Employability Skills (continued)

Know how to complete work on time	_____	_____	_____
Know how to admit mistakes	_____	_____	_____
Know how to correct mistakes	_____	_____	_____
Know how to accept correction	_____	_____	_____
Know how to get along with others	_____	_____	_____
Know how to show respect for myself (self-esteem)	_____	_____	_____
Know how to show respect for others	_____	_____	_____
Know how to ask for help	_____	_____	_____
Know how to offer help to co-workers	_____	_____	_____
Know when to ask for more training	_____	_____	_____
Know how to take pride in my work	_____	_____	_____
Know what to do in emergencies	_____	_____	_____
Know how to follow safety rules	_____	_____	_____

Unable to Do	Learning to Do	Able to Do
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II. Financial and Living Skills

Understands the amount of money needed to buy items	_____	_____	_____
Understands how to count change received	_____	_____	_____
Know how to use a calculator	_____	_____	_____
Know how to address an envelope	_____	_____	_____
Know how to use a bank savings account	_____	_____	_____
Know how to use a bank checking account	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

II. Financial and Living Skills (continued)

Know how to use an ATM machine	_____	_____	_____
Understands how a credit card works with interest	_____	_____	_____
Understands how a loan works with interest	_____	_____	_____
Know how to use a debit card	_____	_____	_____
Understands contracts (leases, rentals, warranties)	_____	_____	_____
Know how to pay bills on time	_____	_____	_____
Understands how to file taxes	_____	_____	_____
Know how to manage money by budgeting	_____	_____	_____
Can operate an elevator	_____	_____	_____
Know how to keep a daily planner of appointments	_____	_____	_____
Know how to respond to invitations	_____	_____	_____
Know how to write a "thank you" note	_____	_____	_____
Know how to buy and use a gift certificate	_____	_____	_____
Know how to use a computer (e-mail, word processing)	_____	_____	_____
Know how to buy items on-line with computer	_____	_____	_____
Know how to vote	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

III. Taking Care of Home Living Skills

Know how to vacuum	_____	_____	_____
Know how to dust the furniture	_____	_____	_____
Know how to wash dishes	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

III. Taking Care of Home Living Skills (continued)

Know how to mop the floor	_____	_____	_____
Know how to clean up after myself	_____	_____	_____
Know how to sort dirty clothes for washing	_____	_____	_____
Know how to wash and dry clothes	_____	_____	_____
Know how to fold and put away washed clothes	_____	_____	_____
Know how to iron clothes	_____	_____	_____
Know how to wash windows	_____	_____	_____
Know how to take out the trash	_____	_____	_____
Know how to change the sheets and make a bed	_____	_____	_____
Know how to make simple home repairs	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

IV. Safety and Health Living Skills

Know how to call 911 in an emergency	_____	_____	_____
Know basic first aid	_____	_____	_____
Know what a poison is	_____	_____	_____
Know when I am sick	_____	_____	_____
Know how to make and keep my appointments (doctor)	_____	_____	_____
Know how to take medicine as directed	_____	_____	_____
Know how to order medication for refills	_____	_____	_____
Can express my emotions and feelings to others	_____	_____	_____
Exercise regularly	_____	_____	_____
Know safety rules when working around the house	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

V. Self Care Living Skills

Can get up in the morning using an alarm clock

_____	_____	_____
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Know how to shower and take a bath

_____	_____	_____
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Know how to wash and comb hair

_____	_____	_____
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Know how to brush teeth

_____	_____	_____
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Know how to wash hands

_____	_____	_____
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Know how to use personal care items (deodorant)

_____	_____	_____
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Know how to shave

_____	_____	_____
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Know how to match clothes to look good

_____	_____	_____
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Know how to dress for: weather, work & recreation

_____	_____	_____
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Can schedule a hair cut appointment

_____	_____	_____
-------	-------	-------

Can carry personal I.D. and/or medical card alerts

_____	_____	_____
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Know my name, address, phone number

_____	_____	_____
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Know how to use a phone book

_____	_____	_____
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Know how to use a telephone

_____	_____	_____
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Can operate CD and DVD players

_____	_____	_____
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Know how to express my needs to others

_____	_____	_____
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Know that it OK to say "NO" to others (drug use)

_____	_____	_____
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Unable to	Learning	Able to
Do	to Do	Do

VI. Food Living Skills

Know the food groups and why they are important

_____	_____	_____
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Can make healthy food choices when shopping

_____	_____	_____
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Unable to Do	Learning to Do	Able to Do
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VI. Food Living Skills (continued)

Shop using a list

_____	_____	_____
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Know how to properly store food

_____	_____	_____
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Know the warning signs of spoiled food

_____	_____	_____
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Know how to follow recipe while cooking

_____	_____	_____
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Know how to cook food on a stove

_____	_____	_____
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Know how to use a microwave

_____	_____	_____
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Know how to use small appliances (toaster, mixer)

_____	_____	_____
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Know how to order from a menu in restaurant

_____	_____	_____
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Know how to tip the waiter/waitress

_____	_____	_____
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Know how to place take-out orders by phone

_____	_____	_____
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Unable to Do	Learning to Do	Able to Do
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VII. Transportation in Community Skills

Know how to call for a taxi

_____	_____	_____
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Know how to use public bus transportation

_____	_____	_____
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Can read road maps to travel

_____	_____	_____
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Can read schedules (bus, plane)

_____	_____	_____
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Can travel alone to another city

_____	_____	_____
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Understand and obey driving traffic signs and laws

_____	_____	_____
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Know what to do if I get lost

_____	_____	_____
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Know how to use a cell phone

_____	_____	_____
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Have a license and can drive a car

_____	_____	_____
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Transition Planning- This is Me

Use the following statements to help with the development of postsecondary transition goals and their supporting activities or services. These statements are from the "transition cards" the Ohio Coalition for the Education of Children with Disabilities developed for their "Transition Drives the IEP" program.

The student is to respond to questions as he/she believes most accurately represent them. Where there are long lines, he/she may write more information in response to the statement.

Name of student _____ Grade _____ Date _____

	YES	NO	Have Never Done
VIII. Community – What I Like To Do			
I like walking	_____	_____	_____
I like jogging	_____	_____	_____
I like riding a bike	_____	_____	_____
I like swimming	_____	_____	_____
I like boating	_____	_____	_____
I like camping	_____	_____	_____
I like gardening	_____	_____	_____
I like golfing	_____	_____	_____
I like volleyball	_____	_____	_____
I like snow sledding	_____	_____	_____
I like snow skiing	_____	_____	_____
I like ice skating	_____	_____	_____
I like watching television	_____	_____	_____
I like watching movies	_____	_____	_____
I like going to the mall to shop	_____	_____	_____
I like reading books and magazines	_____	_____	_____

	YES	NO	Have Never Done
VIII. Community – What I Like To Do (continued)			
I like to go to the library	_____	_____	_____
I like making crafts	_____	_____	_____
I like visiting with friends	_____	_____	_____
I like going to or having a party	_____	_____	_____
I like playing cards	_____	_____	_____
I like going to church	_____	_____	_____
I like collecting	_____	_____	_____
If YES, what do you collect? _____			

I have hobbies	_____	_____	_____
If YES, what are your hobbies? _____			

I like eating out at a restaurant	_____	_____	_____
I like to go dancing	_____	_____	_____
I like to belong to clubs	_____	_____	_____
If YES, what clubs do you belong to? _____			

I like volunteering	_____	_____	_____
If YES, where have you volunteered? _____			

I like helping friends	_____	_____	_____
I like "hanging out" with my friends	_____	_____	_____
I like going to a museum	_____	_____	_____

Have
Never
Done

YES

NO

VIII. Community – What I Like To Do (continued)

I like listening to music

I like going to the gym or YMCA

I like playing video games

I like riding horses

I have a talent (singing, drawing, playing an instrument)

If YES, what are your talents? _____

I like playing sports

If YES, what sports do you play? _____

I like playing board games

I like going to the zoo

I like going on a vacation

If YES, where have you gone on vacation? _____

What else would you like to tell us about you? _____

Transition Planning- Skills for Life

Use the following skill statements to help with the development of postsecondary transition goals and their supporting activities or services. These statements are from the "transition cards" the Ohio Coalition for the Education of Children with Disabilities developed for their "Transition Drives the IEP" program.

This transition assessment should be completed by the student, parents, and educational staff. Then compare the results from the multiple sources to develop a transition plan.

Name of Student _____ Grade _____

Name of Person Rating Student's Abilities _____

	Unable to Do	Learning to Do	Able to Do
I. Employability Skills			
Know how to write a resume	_____	_____	_____
Know how to look for a job	_____	_____	_____
Know how to fill out a job application	_____	_____	_____
Know how to prepare for a job interview	_____	_____	_____
Know how to interview for a job	_____	_____	_____
Know how to be neat and clean	_____	_____	_____
Know how to choose correct clothing for job interview	_____	_____	_____
Know how to use appropriate language (Thank you, please)	_____	_____	_____
Know how to get to work on time	_____	_____	_____
Know how to use public transportation	_____	_____	_____
Know how to tell time	_____	_____	_____
Know how to begin work on time	_____	_____	_____
Know how to return to work if distracted	_____	_____	_____
Know how to follow directions	_____	_____	_____
Know how to care for tools and materials	_____	_____	_____

Unable to Do	Learning to Do	Able to Do
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I. Employability Skills (continued)

Know how to complete work on time	_____	_____	_____
Know how to admit mistakes	_____	_____	_____
Know how to correct mistakes	_____	_____	_____
Know how to accept correction	_____	_____	_____
Know how to get along with others	_____	_____	_____
Know how to show respect for myself (self-esteem)	_____	_____	_____
Know how to show respect for others	_____	_____	_____
Know how to ask for help	_____	_____	_____
Know how to offer help to co-workers	_____	_____	_____
Know when to ask for more training	_____	_____	_____
Know how to take pride in my work	_____	_____	_____
Know what to do in emergencies	_____	_____	_____
Know how to follow safety rules	_____	_____	_____

Unable to Do	Learning to Do	Able to Do
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II. Financial and Living Skills

Understands the amount of money needed to buy items	_____	_____	_____
Understands how to count change received	_____	_____	_____
Know how to use a calculator	_____	_____	_____
Know how to address an envelope	_____	_____	_____
Know how to use a bank savings account	_____	_____	_____
Know how to use a bank checking account	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

II. Financial and Living Skills (continued)

Know how to use an ATM machine

_____	_____	_____
-------	-------	-------

Understands how a credit card works with interest

_____	_____	_____
-------	-------	-------

Understands how a loan works with interest

_____	_____	_____
-------	-------	-------

Know how to use a debit card

_____	_____	_____
-------	-------	-------

Understands contracts (leases, rentals, warranties)

_____	_____	_____
-------	-------	-------

Know how to pay bills on time

_____	_____	_____
-------	-------	-------

Understands how to file taxes

_____	_____	_____
-------	-------	-------

Know how to manage money by budgeting

_____	_____	_____
-------	-------	-------

Can operate an elevator

_____	_____	_____
-------	-------	-------

Know how to keep a daily planner of appointments

_____	_____	_____
-------	-------	-------

Know how to respond to invitations

_____	_____	_____
-------	-------	-------

Know how to write a "thank you" note

_____	_____	_____
-------	-------	-------

Know how to buy and use a gift certificate

_____	_____	_____
-------	-------	-------

Know how to use a computer (e-mail, word processing)

_____	_____	_____
-------	-------	-------

Know how to buy items on-line with computer

_____	_____	_____
-------	-------	-------

Know how to vote

_____	_____	_____
-------	-------	-------

Unable to	Learning	Able to
Do	to Do	Do

III. Taking Care of Home Living Skills

Know how to vacuum

_____	_____	_____
-------	-------	-------

Know how to dust the furniture

_____	_____	_____
-------	-------	-------

Know how to wash dishes

_____	_____	_____
-------	-------	-------

Unable to Do	Learning to Do	Able to Do
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III. Taking Care of Home Living Skills (continued)

Know how to mop the floor

Know how to clean up after myself

Know how to sort dirty clothes for washing

Know how to wash and dry clothes

Know how to fold and put away washed clothes

Know how to iron clothes

Know how to wash windows

Know how to take out the trash

Know how to change the sheets and make a bed

Know how to make simple home repairs

Unable to Do	Learning to Do	Able to Do
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IV. Safety and Health Living Skills

Know how to call 911 in an emergency

Know basic first aid

Know what a poison is

Know when I am sick

Know how to make and keep my appointments (doctor)

Know how to take medicine as directed

Know how to order medication for refills

Can express my emotions and feelings to others

Exercise regularly

Know safety rules when working around the house

Unable to	Learning	Able to
Do	to Do	Do

V. Self Care Living Skills

Can get up in the morning using an alarm clock	_____	_____	_____
Know how to shower and take a bath	_____	_____	_____
Know how to wash and comb hair	_____	_____	_____
Know how to brush teeth	_____	_____	_____
Know how to wash hands	_____	_____	_____
Know how to use personal care items (deodorant)	_____	_____	_____
Know how to shave	_____	_____	_____
Know how to match clothes to look good	_____	_____	_____
Know how to dress for: weather, work & recreation	_____	_____	_____
Can schedule a hair cut appointment	_____	_____	_____
Can carry personal I.D. and/or medical card alerts	_____	_____	_____
Know my name, address, phone number	_____	_____	_____
Know how to use a phone book	_____	_____	_____
Know how to use a telephone	_____	_____	_____
Can operate CD and DVD players	_____	_____	_____
Know how to express my needs to others	_____	_____	_____
Know that it OK to say "NO" to others (drug use)	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

VI. Food Living Skills

Know the food groups and why they are important	_____	_____	_____
Can make healthy food choices when shopping	_____	_____	_____

Unable to	Learning	Able to
Do	to Do	Do

VI. Food Living Skills (continued)

Shop using a list

_____	_____	_____
-------	-------	-------

Know how to properly store food

_____	_____	_____
-------	-------	-------

Know the warning signs of spoiled food

_____	_____	_____
-------	-------	-------

Know how to follow recipe while cooking

_____	_____	_____
-------	-------	-------

Know how to cook food on a stove

_____	_____	_____
-------	-------	-------

Know how to use a microwave

_____	_____	_____
-------	-------	-------

Know how to use small appliances (toaster, mixer)

_____	_____	_____
-------	-------	-------

Know how to order from a menu in restaurant

_____	_____	_____
-------	-------	-------

Know how to tip the waiter/waitress

_____	_____	_____
-------	-------	-------

Know how to place take-out orders by phone

_____	_____	_____
-------	-------	-------

Unable to	Learning	Able to
Do	to Do	Do

VII. Transportation in Community Skills

Know how to call for a taxi

_____	_____	_____
-------	-------	-------

Know how to use public bus transportation

_____	_____	_____
-------	-------	-------

Can read road maps to travel

_____	_____	_____
-------	-------	-------

Can read schedules (bus, plane)

_____	_____	_____
-------	-------	-------

Can travel alone to another city

_____	_____	_____
-------	-------	-------

Understand and obey driving traffic signs and laws

_____	_____	_____
-------	-------	-------

Know what to do if I get lost

_____	_____	_____
-------	-------	-------

Know how to use a cell phone

_____	_____	_____
-------	-------	-------

Have a license and can drive a car

_____	_____	_____
-------	-------	-------

Transition Planning- This is Me

Use the following statements to help with the development of postsecondary transition goals and their supporting activities or services. These statements are from the "transition cards" the Ohio Coalition for the Education of Children with Disabilities developed for their "Transition Drives the IEP" program.

The student is to respond to questions as he/she believes most accurately represent them. Where there are long lines, he/she may write more information in response to the statement.

Name of student _____ Grade _____ Date _____

	YES	NO	Have Never Done
VIII. Community – What I Like To Do			
I like walking	_____	_____	_____
I like jogging	_____	_____	_____
I like riding a bike	_____	_____	_____
I like swimming	_____	_____	_____
I like boating	_____	_____	_____
I like camping	_____	_____	_____
I like gardening	_____	_____	_____
I like golfing	_____	_____	_____
I like volleyball	_____	_____	_____
I like snow sledding	_____	_____	_____
I like snow skiing	_____	_____	_____
I like ice skating	_____	_____	_____
I like watching television	_____	_____	_____
I like watching movies	_____	_____	_____
I like going to the mall to shop	_____	_____	_____
I like reading books and magazines	_____	_____	_____

	YES	NO	Have Never Done
VIII. Community – What I Like To Do (continued)			
I like to go to the library	_____	_____	_____
I like making crafts	_____	_____	_____
I like visiting with friends	_____	_____	_____
I like going to or having a party	_____	_____	_____
I like playing cards	_____	_____	_____
I like going to church	_____	_____	_____
I like collecting	_____	_____	_____
If YES, what do you collect? _____			

I have hobbies	_____	_____	_____
If YES, what are your hobbies? _____			

I like eating out at a restaurant	_____	_____	_____
I like to go dancing	_____	_____	_____
I like to belong to clubs	_____	_____	_____
If YES, what clubs do you belong to? _____			

I like volunteering	_____	_____	_____
If YES, where have you volunteered? _____			

I like helping friends	_____	_____	_____
I like "hanging out" with my friends	_____	_____	_____
I like going to a museum	_____	_____	_____

Have
Never
Done

YES

NO

VIII. Community – What I Like To Do (continued)

I like listening to music

I like going to the gym or YMCA

I like playing video games

I like riding horses

I have a talent (singing, drawing, playing an instrument)

If YES, what are your talents? _____

I like playing sports

If YES, what sports do you play? _____

I like playing board games

I like going to the zoo

I like going on a vacation

If YES, where have you gone on vacation? _____

What else would you like to tell us about you? _____



Positive Work Skills



Transition Passport / Vocational / Evaluation Tools

 I can look for a job.	By Myself 	With Help 	I Want to Learn 
I work at a steady pace.	☐	☐	☐
I keep my work area clean.	☐	☐	☐
I stay on task until done.	☐	☐	☐
I put away my own work materials.	☐	☐	☐
I know what to do next when my work is done.	☐	☐	☐
I ask for help when I need it.	☐	☐	☐
I accept suggestions.	☐	☐	☐
I accept corrections.	☐	☐	☐
I admit my mistakes.	☐	☐	☐
I always do my best work.	☐	☐	☐
I am proud of my work.	☐	☐	☐
I am willing to learn new things.	☐	☐	☐
I get along with others.	☐	☐	☐
I offer help to co-workers.	☐	☐	☐
I follow safety rules.	☐	☐	☐
I know what to do for an emergency at work.	☐	☐	☐



Living On My Own



Transition Passport / Daily Living / Evaluation Tools

Am I Ready?

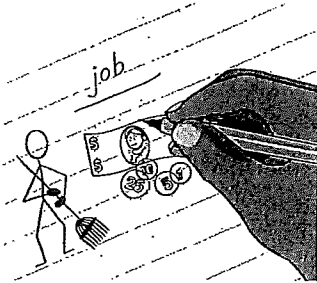
	do myself 	need help 	don't do
take a bath or shower daily 	☐	☐	☐
groom hair, face and teeth daily 	☐	☐	☐
get dressed 	☐	☐	☐
make healthy food choices 	☐	☐	☐
make simple meals 	☐	☐	☐
know basic first aid 	☐	☐	☐
know what to do when sick 	☐	☐	☐
keep money in a safe place 	☐	☐	☐
spend money wisely (needs vs. wants) 	☐	☐	☐

Student Name

Vocational/Employability

Date Completed

This is me now: (current status)



☐ I have a job.



☐ I do volunteer jobs.



☐ I go to school to learn about jobs.



☐ I don't want a job.

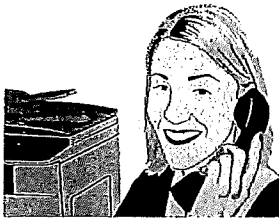


This is what I like: (preferences)

I like a job that is...

☐ clean

☐ dirty



or



I like a job that is...

☐ inside

☐ outside



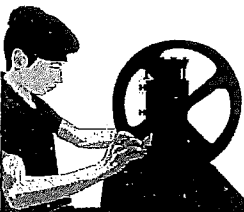
or



I like a job that is...

☐ loud

☐ quiet



or



I like a job that is...

☐ with many people

☐ with few people

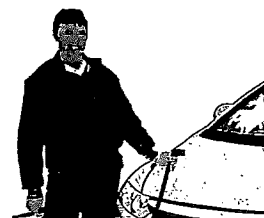
☐ alone



or



or



I like a job with...

☐ lifting

☐ no lifting



or



I like a job that is...

☐ sitting

☐ standing



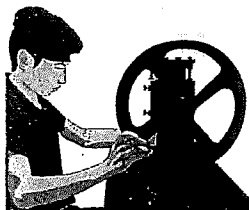
or



I like a job that is...

☐ staying in one place

☐ moving around



or



I like a job that is...

☐ same work

☐ different work

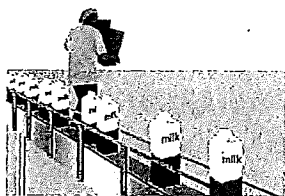


or



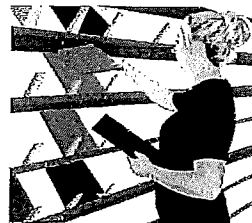
I like a job that is...

☐ fast work



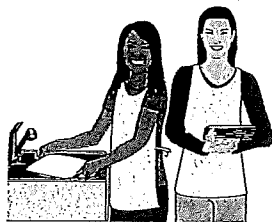
or

☐ slow work



I like a job with...

☐ much supervision



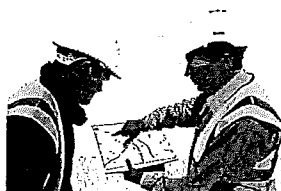
or

☐ little supervision



I like a job that where...

☐ I am told how to do things



or

☐ I am shown how to do things



I like a job with...

☐ dress up



or

☐ regular clothes



or

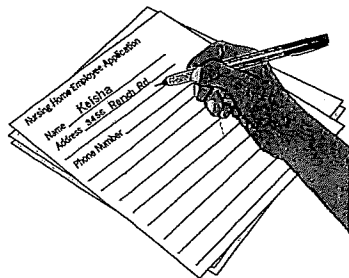
☐ uniform



Teacher notes:

This is what I can do: (abilities and challenges)

I fill out applications.



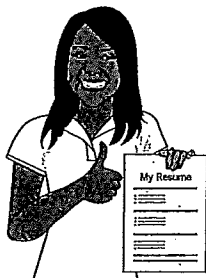
- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I interview for jobs.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I make a resume.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I wear clean clothes.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

This is what I can do: (abilities and challenges)

I show good grooming.



☐ By myself



☐ With help



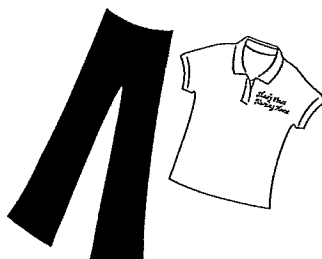
☐ I want to learn



☐ Not interested



I wear correct clothes.



☐ By myself



☐ With help



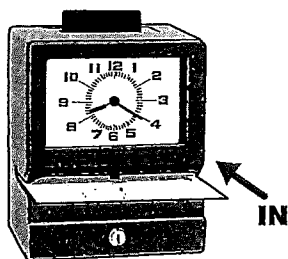
☐ I want to learn



☐ Not interested



I get to work on time.



☐ By myself



☐ With help



☐ I want to learn



☐ Not interested



I understand time.



☐ By myself



☐ With help



☐ I want to learn

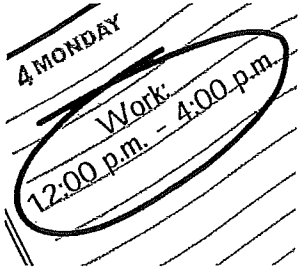


☐ Not interested



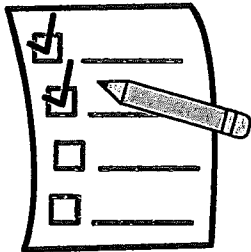
This is what I can do: (abilities and challenges)

I follow a schedule.



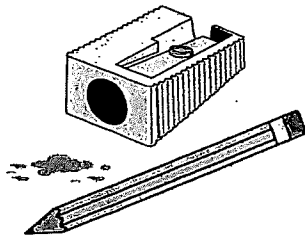
- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I follow directions.



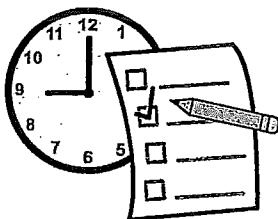
- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I get out my own work materials.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

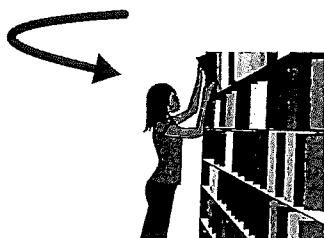
I begin work right away.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

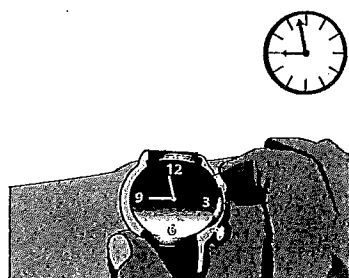
This is what I can do: (abilities and challenges)

I return to work if distracted.



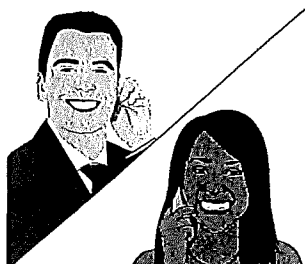
- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I finish a job on time.



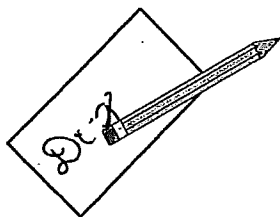
- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

I ask for help if I need it.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

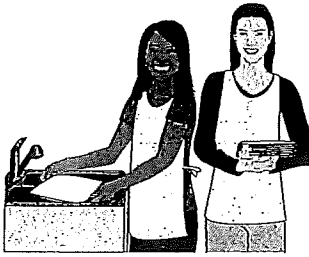
I fix mistakes when I make them.



- ☐ By myself 
- ☐ With help 
- ☐ I want to learn 
- ☐ Not interested 

This is what I can do: (abilities and challenges)

I clean up my work area.



☐ By myself



☐ With help



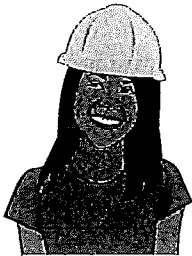
☐ I want to learn



☐ Not interested



I follow safety rules.



☐ By myself



☐ With help



☐ I want to learn



☐ Not interested



Teacher notes: