

My Goals After I Graduate from High School

Name:	Date	Date	Date	Date	Date
Grade Completed Checklist	8 th	9 th	10 th	11 th	12 th

1. Jobs and Job Training – After I graduate from high school I want to be a:

☐ Chef	☐ Teacher	☐ Machinist	☐ No employment
☐ Factory work	☐ Counselor	☐ Trucker	☐ Sheltered work
☐ Computer technician	☐ Mechanic	☐ Retail	☐ Work with support
☐ Carpenter	☐ Administrative Assistant	☐ Hospital	☐ Other: _____

2. Recreation and Leisure – After I graduate from high school, these are what I will do:

☐ Bowling	☐ Baseball games	☐ ATV	☐ Activities with support
☐ Weightlifting	☐ Hunting	☐ Video games	
☐ Camping	☐ Concerts	☐ Boating	
☐ Dances	☐ Swimming	☐ Watching videos	
☐ Roller-blading	☐ Movies	☐ Other: _____	
☐ Going to football games	☐ Skiing	☐ Segregated activities	☐ Snowmobiling

3. Home/Independent – After high school graduation, I want to live:

☐ Apartment	☐ With one roommate	☐ Institution	☐ Semi-independent living, 24 hr. support
☐ Dorm	☐ With a spouse	☐ Group home	
☐ With family	☐ Several roommates	☐ Foster care	
☐ Mobile home	☐ Other _____	☐ Supervised, 24 hr. support	
☐ Alone	☐ House		

After high school graduation I will do my own:

☐ Cleaning	☐ Budgeting	☐ Checking account	☐ Taking medication
☐ Cooking	☐ Grocery shopping	☐ Pay bills	
☐ Scheduling appointments	☐ Laundry	☐ Home repairs	

4. Community Participation – I want to be involved in these activities after I graduate:

☐ Voting	☐ Paying taxes	☐ Classes on hobbies at tech college	☐ Access w/agency
☐ Shopping	☐ Driving car		☐ Access w/non paid support
☐ Banking	☐ Festivals	☐ Other _____	
☐ Attending events	☐ Volunteering	☐ Access w/fam support	☐ Independent access
☐ Rec center	☐ Riding bus	☐ Motorcycle	
☐ Church	☐ Walking		

Places I will go to in my community:

☐ Banks	☐ Shopping malls	☐ Night clubs	☐ Grocery stores
☐ Movie theaters	☐ Restaurants	☐ Stores	☐ Other _____
☐ Public library	☐ Friend's houses	☐ Golf courses	
☐ Work	☐ Video rental	☐ Job Centers	

5. Post Secondary Training and Learning Opportunities – After high school, I plan to:

☐ Work, full-time	☐ 2-year college	☐ Military	☐ No plans
☐ Tech. college	☐ 4- year college	☐ Other _____	

Name _____ Date _____ Grade _____

Students Desired Post-School Outcomes (Enter Above Information Here)

(ages 14-21, or younger if appropriate)

Employment:	After I graduate from high school I want to be:
Recreation & Leisure:	After I graduate from high school, these are what I will do:
Independent Living:	After high school graduation, I want to live:
Community Participation:	After I graduate from high school, these are what I will do:
Post Secondary Training & Learning Opportunities:	After high school, I plan to:



Transition Survey for Students

Name _____ Grade _____ Age _____ School _____

Spec Educ Program ____ LS ____ LSS ____ AS ____ ES ____ MDE

Please complete this form to help you focus on your transition from high school to adult life and help us prepare you in your transition planning.

TELL US ABOUT YOURSELF!

1. What are your interests? _____
2. Do you attend your IEP meetings? ____ Yes ____ No ____ What is an IEP?
3. What do you know about your disability? _____
4. What are three **things you do well**?
 - 1) _____
 - 2) _____
 - 3) _____
5. What are three things you **would like to do better**?
 - 1) _____
 - 2) _____
 - 3) _____

TELL US ABOUT YOUR GOALS!

6. What are your **career goal(s)** or what kind of work would you like to do *after* high school?
1st Choice _____
2nd Choice _____
3rd Choice _____
7. Have you completed any **transition assessments** (Aviator, Career Survey, Self-Directed Search, CAPS/COPS/COPES, etc) that revealed your interests or abilities? ____ Yes ____ No ____ I'm not sure
8. What do you plan to do *after* high school? (*Please check all that apply*)
☐ Go to College
☐ Get a job
☐ Stay at home with family
☐ Live on your own or with friends
☐ Live on your own with agency support

NOTES:



Name: _____

TELL US ABOUT YOUR PLANS FOR COLLEGE AND TRAINING!

9. If you would like **further training** after high school, what type of training program would you like to attend?

- ☐ Two Year College (CCAC)
- ☐ Four Year College
- ☐ CCAC North Vocational Program (Janitorial, Nurse Aide, Food Service, Grounds Maintenance)
- ☐ Trade or Technical School
- ☐ Short-term education or employment training program
- ☐ Licensing program (Nursing, Cosmetology, etc)
- ☐ On-the-Job Training
- ☐ Apprenticeship program
- ☐ Adult Training Facility
- ☐ Other training program - please describe: _____

Would you like more help exploring these training programs? ☐ Yes ☐ No

10. Please answer the following questions related to **post-secondary training**:

Are you failing any classes? ☐ Yes ☐ No ☐ I'm not sure
If yes, which classes are you failing? 1) _____ 2) _____ 3) _____

Do you need to take the SAT? ☐ Yes ☐ No ☐ I'm not sure

Do you have at least a 2.0 GPA? ☐ Yes ☐ No ☐ I'm not sure

Do you know how to apply for Pittsburgh Promise? ☐ Yes ☐ No ☐ I need help

Do you have at least a 2.5 GPA? ☐ Yes ☐ No ☐ I'm not sure

Do you have good attendance? ☐ Yes ☐ No ☐ I'm not sure

Do you know how to apply for financial aid (FAFSA)? ☐ Yes ☐ No ☐ I need help

Have you researched college training programs? ☐ Yes ☐ No ☐ I need help

Do you know what school(s) you want to attend? ☐ Yes ☐ No

If yes, please identify those school(s) 1) _____ 2) _____ 3) _____

What program(s) would you like to study? 1) _____ 2) _____ 3) _____

NOTES:



Name: _____

TELL US ABOUT YOUR WORK EXPERIENCE AND PLANS FOR **EMPLOYMENT**!

11. If you plan to work after you graduate, what type of **employment** would you like to have?

- ☐ Full-time (at least 40 hours/week) (Competitive Employment – at least minimum wage)
- ☐ Part-time (less than 40 hours/week) (Competitive Employment – at least minimum wage)
- ☐ Full or Part time with some support (Competitive Employment with support – at least minimum wage)
- ☐ Employment with on-going support on the worksite (Sheltered employment)
- ☐ Military (Army, Navy, Air Force, Marines)

Would you like more help exploring these employment options? ☐ Yes ☐ No

12. Do you have any **work** or **volunteer** experience? ☐ Yes ☐ No

☐ I am participating in a **paid** community-based work experience/internship (ie, SOS) *during school hours*
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties include: _____
Do you like this type of work? ☐ Yes ☐ No

☐ I am currently working (after-school job/weekends)
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties include: _____
Do you like this type of work? ☐ Yes ☐ No

☐ I have worked in the past (after-school job/weekends) ☐ Yes ☐ No
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties included: _____

☐ I am participating in an **unpaid** community-based work experience (ie, CBVE) *during school hours*
Name of worksite: _____ Job title: _____
Duties include: _____
Do you like this type of work? ☐ Yes ☐ No

☐ I have volunteer experience ☐ Yes ☐ No
If yes, please list the place(s) you have volunteered: 1) _____ 2) _____

13. Please answer the following questions related to employment:

- | | | | |
|--|------------------------------|-----------------------------|--------------------------------------|
| Do you know how to look for a job? | ☐ Yes | ☐ No | ☐ I need help |
| Do you know how to fill out a job application? | ☐ Yes | ☐ No | ☐ I need help |
| Do you have a completed resume? | ☐ Yes | ☐ No | ☐ I need help |

NOTES:



Name: _____

TELL US ABOUT YOUR PLANS FOR **INDEPENDENTLY LIVING!**

14. Where do you **plan to live** after graduating from high school?

- ☐ At home with parents or relatives
☐ On your own or with friends
☐ A dormitory while attending college
☐ On your own with some support from family/relatives
☐ On your own with support from agency

15. How do you **travel** in the community?

- ☐ PAT bus ☐ drive yourself ☐ ACCESS ☐ walk or ride bike
☐ Cab/Jitney ☐ with family or friends

Do you need help learning to travel around the City on a PAT bus? ☐ Yes ☐ No

16. Please answer the following questions:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| Are you registered to vote? | ☐ Yes | ☐ No | ☐ I'm not sure |
| Are you registered for selective service? | ☐ Yes | ☐ No | ☐ I'm not sure |
| Do you have a Pennsylvania Photo ID? | ☐ Yes | ☐ No | |
| Do you have your driver's permit? | ☐ Yes | ☐ No | |
| Do you have your driver's license? | ☐ Yes | ☐ No | |
| Can you manage your own money? | ☐ Yes | ☐ No | |
| Are you currently taking medication? | ☐ Yes | ☐ No | ☐ I'm not sure |

17. What do you like to do in your free time?

TELL US ABOUT ANY **SUPPORTS AND SERVICES** YOU MAY BE RECEIVING!

18. Are you receiving any of the following supports or services?

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| 1) Speech/Language | ☐ Yes | ☐ No | ☐ I'm not sure |
| 2) Vision/Hearing | ☐ Yes | ☐ No | ☐ I'm not sure |
| 3) Occupational Therapy | ☐ Yes | ☐ No | ☐ I'm not sure |
| 4) Children, Youth & Families | ☐ Yes | ☐ No | ☐ I'm not sure |
| 5) OVR | ☐ Yes | ☐ No | ☐ I'm not sure |
| 6) Supports Coordination (<i>Family Links, Staunton Clinic, Mon Valley, etc.</i>) | ☐ Yes | ☐ No | ☐ I'm not sure |
| 7) Counseling (<i>Mercy Behavioral Health, Western Psych, etc.</i>) | ☐ Yes | ☐ No | ☐ I'm not sure |
| 8) Social Security Benefits (SSI or SSDI)? | ☐ Yes | ☐ No | ☐ I'm not sure |

Do you have any other **questions** or **concerns** about planning for your life after high school? ☐ Yes ☐ No

If yes, please describe: _____

THANK YOU!!

Please return form to: _____

Self-Advocacy Questionnaire

Note to teacher: You may want to use "The Student's Voice/Self-Advocacy and Decision Making" VITC Sheet as a guide when you go over these questions with a student.

Answer the following questions to the best of your ability.

1. Do you understand what a disability is? ☐ Yes or ☐ No

2. Do you know what your disability is? ☐ Yes or ☐ No

3. If you answered yes to question 2,
how would you explain your disability to someone if they asked you to?

4. Do you know what IEP stands for? ☐ Yes or ☐ No

Fill in what each letter stands for if you answered yes to question 4.

I _____
E _____
P _____

5. Do you understand how your IEP can help you? ☐ Yes or ☐ No

6. If you answered yes to question 5, give some examples of how your
IEP can help you. _____

7. Have you ever been to one of your own IEP meetings? ☐ Yes or ☐ No

8. Do you know what self-advocacy means? ☐ Yes or ☐ No

9. If you answered yes to question 8, give some examples of how someone could be a self-advocate.

Self-Advocacy Questionnaire

Page 2

10. What are some steps that you could take to be a self-advocate?

11. What organizations or people do you think could help you learn self-advocacy skills?

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Case Manager: _____

Student Transition Planning Interview

Name: _____ Birthdate: _____

School: _____ Grade: _____ Age: _____

1. Student's Occupational & Career Awareness:

Name as many jobs as you can (up to 15): _____

What do employers look for when they hire someone? _____

What are some reasons people get fired from jobs? _____

What would an employer like about you, what are your strong points as an employee? _____

What skills or attitudes would you need to improve to be a good employee? _____

What should you do if you are going to be late or absent from work? _____

How might your late arrival or absence affect the other employees? _____

2. Preferred Working Conditions: Think carefully about the working conditions described in the 11 items below. Each group lists working conditions that are very different. Check the working condition in each group that you would prefer in any job. You may check more than one if you do not have a strong preference for any one particular condition.

- | | | |
|--|---|---|
| 1. ☐ Indoors | ☐ Outdoors | |
| 2. ☐ With People | ☐ With Things | ☐ With Ideas |
| 3. ☐ Moving Around | ☐ Sitting/Standing in one area | |
| 4. ☐ Busy Place | ☐ Quiet Place | |
| 5. ☐ Wear a Uniform | ☐ Casual clothes | ☐ Dress clothes |
| 6. ☐ Same task | ☐ Different tasks | |
| 7. ☐ Unskilled | ☐ Semi-skilled | ☐ Skilled |
| 8. ☐ Supervised | ☐ Unsupervised | |
| 9. ☐ Dirty | ☐ Neat and clean | |
| 10. ☐ One location | ☐ Travel in town | ☐ Travel out of town |
| 11. ☐ Days | ☐ Evenings | ☐ Nights |

Student Transition Planning Interview continued

What job(s) do you think you would like to do and could do well? _____

What job(s) do you really not want to do and why? _____

5. Independent Living Skills:

What do you do in your leisure time? (sports, hobbies, church groups, etc.) _____

Do you have any jobs/chores at home? Y N If yes, what are they? _____

Do you have any spending money? Y N What do you do with your money? _____

Do you use banking services? Y N If so, what ones _____

Do you drive a car? Y N

Do you own and maintain your own car? Y N

Do you prepare meals? Y N How often? _____

What do you like to fix? _____

Do you do laundry? Y N How often? _____

Do you know how to handle emergency situations? Y N

Do you make doctors/dentists appointments? Y N

Who gives you medications? _____

Do you do cleaning and repairs at home? Y N If so, what do you do? _____

How do you find jobs? _____

What community resources are you aware of (for financial, health or job training assistance)?

6. Transition Planning Resources:

Please indicate any additional information about yourself that might help in planning and preparing for your future after high school: _____

Student Transition Planning Interview

Name: _____ Birthdate: _____
School: _____ Grade: _____ Age: _____

1. Student's Occupational & Career Awareness:

Name as many jobs as you can (up to 15): _____

What do employers look for when they hire someone? _____

What are some reasons people get fired from jobs? _____

What would an employer like about you, what are your strong points as an employee? _____

What skills or attitudes would you need to improve to be a good employee? _____

What should you do if you are going to be late or absent from work? _____

How might your late arrival or absence affect the other employees? _____

2. Preferred Working Conditions: Think carefully about the working conditions described in the 11 items below. Each group lists working conditions that are very different. Check the working condition in each group that you would prefer in any job. You may check more than one if you do not have a strong preference for any one particular condition.

- | | | |
|--|---|---|
| 1. ☐ Indoors | ☐ Outdoors | |
| 2. ☐ With People | ☐ With Things | ☐ With Ideas |
| 3. ☐ Moving Around | ☐ Sitting/Standing in one area | |
| 4. ☐ Busy Place | ☐ Quiet Place | |
| 5. ☐ Wear a Uniform | ☐ Casual clothes | ☐ Dress clothes |
| 6. ☐ Same task | ☐ Different tasks | |
| 7. ☐ Unskilled | ☐ Semi-skilled | ☐ Skilled |
| 8. ☐ Supervised | ☐ Unsupervised | |
| 9. ☐ Dirty | ☐ Neat and clean | |
| 10. ☐ One location | ☐ Travel in town | ☐ Travel out of town |
| 11. ☐ Days | ☐ Evenings | ☐ Nights |

Student Transition Planning Interview continued

What job(s) do you think you would like to do and could do well? _____

What job(s) do you really not want to do and why? _____

5. Independent Living Skills:

What do you do in your leisure time? (sports, hobbies, church groups, etc.) _____

Do you have any jobs/chores at home? Y N If yes, what are they? _____

Do you have any spending money? Y N What do you do with your money? _____

Do you use banking services? Y N If so, what ones _____

Do you drive a car? Y N

Do you own and maintain your own car? Y N

Do you prepare meals? Y N How often? _____

What do you like to fix? _____

Do you do laundry? Y N How often? _____

Do you know how to handle emergency situations? Y N

Do you make doctors/dentists appointments? Y N

Who gives you medications? _____

Do you do cleaning and repairs at home? Y N If so, what do you do? _____

How do you find jobs? _____

What community resources are you aware of (for financial, health or job training assistance)?

6. Transition Planning Resources:

Please indicate any additional information about yourself that might help in planning and preparing for your future after high school: _____

Student Form

General Student Information

What kind of courses do you want to take during high school? (Be sure you choose the kind of coursework that will meet your future planning goals!)

I Vocational/Postsecondary Education Options

Yes _____ No _____

_____ Four-year college/university
_____ Community college
_____ Technical college
_____ Private occupational training program
_____ Military service
_____ Adult education program

My level of motivation to succeed in the academic setting:
 _____ high _____ medium _____ low

The level of control I have over decision making and my individual success:
_____ high _____ medium _____ low

My ability to identify what I need and how to get it: _____ high _____ medium _____ low

_____, Yes _____ No

_____ Competitive employment: _____ Full-time _____ Part-time
 _____ Self-employment
 _____ Supported employment: _____ Full-time _____ Part-time
 _____ Sheltered employment: _____ Full-time _____ Part-time

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A-2, Form 1

D In what type of job/occupation will you be working in five years after graduation?

E What courses do you need to take in high school this year that will help you attain your employment or postsecondary education goals?

F Do you want information on tests required to get into post-secondary education (e.g. ASVAB, SAT, ACT, PSAT)?

G What chores do you have at home and how much do you like to do them?

Activity

(e.g. make bed, carry out trash;
mow lawn)

- 1 _____
2 _____
3 _____
4 _____
5 _____

Degree of Independence

Do it independently	Need some help
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

H List jobs you do now and really enjoy

I What jobs or work experience have you had in your community?

J List any jobs you really dislike

II Home Living Options

A Where do you plan on living after graduation? (Please check one from this list.)

- _____ Large urban (100 000 population plus)
_____ Urban (30,000 to 100,000 population)
_____ Rural (under 30 000 population)
_____ Farm

What city? _____

What city? _____

What town? _____

B (Please check one from this list)

- _____ Live independently in apartment or home
_____ With family member (who?)
_____ With support
_____ Supervised apartment (which one?)
_____ Group home (which one?)
_____ College dormitory (where?)
_____ Other, please describe

III Recreational and Leisure Options

A Leisure Interest Inventory

Check any of the following leisure activity resources that are available in the community where you think you will live following graduation

Athletic/Sports Activities

☐ swimming	☐ lifting weights	☐ skiing
☐ running	☐ aerobics	☐ canoeing
☐ softball	☐ basketball	☐ riding motorcycle
☐ walking	☐ fishing	☐ camping
☐ riding bike	☐ bowling	☐ riding horses
☐ other _____		

Large Group Events

☐ movies	☐ car races
☐ sporting events	☐ horse, dog, car shows
☐ music events	☐ community education classes
☐ other _____	

Individual Activities

☐ sewing	☐ listening to music	☐ playing pool/billiards
☐ handcrafts	☐ cooking	☐ video games
☐ reading	☐ playing instrument	☐ shopping
☐ caring for pets	☐ writing letters	☐ caring for lawn
☐ talking on phone	☐ watching TV	☐ cleaning/repairing car
☐ playing cards or board games	☐ Internet	☐ other

Social Activities

☐ dating	☐ entertaining at home
☐ picnicking	☐ dancing
☐ eating out	☐ driving around
☐ attending church	☐ spending time with family or friends
☐ belonging to social club	☐ volunteering
☐ other _____	

B In which extracurricular activities would you like to participate during this year of high school?

Do you need any extra supports to participate in this/these extracurricular activities?

☐ Yes ☐ No

If yes, please describe: _____

C Future Leisure Activities

Check any of the following leisure activity resources that are available in the community where you think you will live following graduation:

☐ YMCA or YWCA	☐ bowling leagues	☐ movie
☐ recreation clubs, classes	☐ city/county/state parks	☐ sports arenas
☐ other _____		

Please list all the community leisure activities in which you plan to participate after high school.

Do you need any extra supports to participate in these leisure activities?

_____ Yes _____ No

If yes, please describe: _____

IV. Transportation Options

How will you get around the community and to work?

- _____ drive own vehicle
- _____ drive family vehicle
- _____ use city bus transportation
- _____ take taxi
- _____ ride bicycle
- _____ walk
- _____ use special regional transportation system (i.e., bus between towns)
- _____ depend on others
- _____ other _____

I Do Now	I Need to Learn
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. Financial Support

A Do you need financial help in any of the following areas to reach your long-range goals?

1 Postsecondary education _____ Yes _____ No

If yes, please check all of the following for which you would like information

- _____ a Division of Rehabilitation Services (DRS)
- _____ b Pell Grants
- _____ c Scholarships
- _____ d Work study
- _____ e Student loans
- _____ f Supplemental Security Income (SSI)

2 Help getting the right job _____ Yes _____ No

If yes, please check all of the following for which you would like information.

- _____ a Division of Rehabilitation Services (DRS)
- _____ b Local Job Training Agency
- _____ c State Job Service
- _____ d Supplemental Security Income (SSI)

3 Home living assistance _____ Yes _____ No

If yes, please check all of the following for which you would like information

- _____ a County Social Services
- _____ b Supplemental Security Income (SSI)/ medical assistance
- _____ c Housing assistance—city government
- _____ d Independent Living Center services

B Have you contacted any of the following agencies regarding financial help?

_____ Yes _____ No

(Please check all that apply.)

_____ Not applicable _____ Social Security Office
 _____ Division of Rehabilitation Services (DRS) _____ County Social Services
 _____ Local Job Training Agency
 _____ Other, please describe _____

VI. Health-related Needs

A When was your last physical examination?

(date) _____

B Do you have any of the following needs?

_____ medical (i.e., medications) _____ yes* _____ no
 _____ counseling _____ yes* _____ no
 _____ other _____

*Please explain _____

C What are some possible supports you may require in the future?

VII. Currently, what is your greatest concern for your future?



**South Bend Community School Corporation
Special Education Services**

Transition Assessment for Students on Certificate Track

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ Grade: _____ DOB: _____

This is intended to help you begin thinking about what you might want to do when you finish high school. Each year this will be updated to reflect your changing perspective on what you want to do as you get closer to exiting school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

A. Future Vision/Career Interests

1. What kind of work would you like to do? _____

2. What kind of help do you think you will need to get and keep a job?

- ____ Filling out job applications
- ____ Writing a resume
- ____ Practice interviewing for a job
- ____ Finding job search resources
- ____ Finding training resources
- ____ Learning on-the-job skills
- ____ Other: _____

3. Are you getting vocational training/job shadowing in a real work setting in high school? _____

4. What kind of vocational training/job shadowing would you like to be doing during the next school year? _____

- ____ Military Recruiter
- ____ Teacher of Record
- ____ Other: _____

B. Education

1. What subjects or activities are preparing you most for work or life in the community? _____

2. Is school preparing you to do any of the following?

- ____ Getting along with peers
- ____ Getting along with adults in authority
- ____ Solving personal problems
- ____ Managing money/preparing a budget
- ____ Managing a checking account
- ____ Making informed choices
- ____ Understanding my rights
- ____ Expressing my concerns

3. What has been your role in your IEP meetings?

- ____ I participate in discussions and planning
- ____ I state my concerns and interests
- ____ I attend my IEP meetings, but do not contribute
- ____ I do not attend my IEP meetings

4. How do you learn best?

- ____ Having someone show me how

- ____ Hearing or reading instructions
- ____ Seeing examples and doing it myself

C. Independent Living Skills

1. What home and community skills can you do?

- ____ Shop for clothes
- ____ Fix a snack
- ____ Shop for food
- ____ Cook a meal
- ____ Eat at a restaurant
- ____ Budget money
- ____ Use public transportation

2. Are you going out into the community for instruction during the school day? _____

3. What do you do in your free time?

- ____ I spend most of my time alone
- ____ I spend time with friends
- ____ My hobbies/interests are: _____
- ____ New activities I would like to try: _____

4. Where will you live after high school?

- ____ With family
- ____ With friends
- ____ In my own apartment

5. How will you travel to your job, shopping, community activities, etc.? _____

6. How will you pay for rent, food, travel, etc.? _____

7. Check the services you think you will need to be successful when you leave high school?

	Now	Future
Job Training/support	_____	_____
Income support	_____	_____
Medical services	_____	_____
Mental health services	_____	_____
Transportation	_____	_____
Community Skills	_____	_____
Training	_____	_____
Other: _____	_____	_____

PARENT QUESTIONNAIRE FOR TRANSITION PLANNING

Student _____ Date _____

School: NHS _____ Grade: 9 or 10 _____

1. What special strengths, interests, and preferences does your son/daughter have?

Strengths: _____

Interests: _____

Preferences: _____

2. When your son/daughter graduates from high school, what do you anticipate he/she will do?

_____ Attend a 4-year college

_____ Attend a junior college or trade school

_____ Enlist in the military

_____ Training Institute: EX: Erskine Green

_____ Begin competitive employment, working full time or part time

_____ Work in a job with a job coach available to assist when needed

_____ Work in a job with a job coach providing assistance all the time

_____ Work in a supported environment of day services Center

_____ Other (please specify)

3. Do you anticipate your son/daughter will need assistance obtaining and maintaining employment? *YES or NO*

4. Following graduation, either high school or college, where do you think your son/daughter will be living?

- ☐ In our home or the home of a relative
- ☐ In an apartment with a friend(s) and needing no extra help
- ☐ In an apartment with someone checking on her/him weekly
- ☐ In an apartment with supervision provided daily
- ☐ In a group home for adults with special needs
- ☐ Other (please specify)

5. In the future, do you anticipate your son/daughter will need assistance managing his/her adult living needs? _____

6. What coursework and activities would you like for your son/daughter to take in high school? _____

7. What kind of work experience (paid or unpaid) does your son/daughter have? _____

8. In which career(s) or specific job(s) has your son/daughter expressed an interest? _____

9. Do you have preferences regarding the type of work your son/daughter should do now and in the future? If so, what are your preferences? _____

10. Please share any medical concerns we may not be aware of that might impact your son/daughter's transition to adult life. _____

11. What leisure/recreational activities does your son/daughter enjoy? _____

12. Are there other leisure/recreational activities in which you would like to see your son/daughter participate? If YES, please name them below. _____

13. If he/she is under 16 years old, do you anticipate your son/daughter will be able to obtain a driver's license? *YES or NO*

If he/she is 16 or older, does he/she have a license? *YES or NO*

Do you anticipate your son/daughter will in the future own and maintain a vehicle?

___*YES or NO*

14. In which of the following areas, if any, do you feel your son/daughter needs instruction from the school?

- | | |
|---|---|
| ☐ Clothing care | ☐ Meal preparation and nutrition |
| ☐ Hygiene/grooming | ☐ Home care (cleaning/maintenance) |
| ☐ Health/first aid | ☐ Shopping and making purchases |
| ☐ Crossing streets | ☐ Time management |
| ☐ Sex education | ☐ Measurement |
| ☐ Money management | ☐ Safety |
| ☐ Driver's education | ☐ Parenting/child development |
| ☐ Other (please specify) _____ | |

15. If your son/daughter is receiving assistance from any public or private agency, what service or assistance is provided and which agency provides the service?

16. Do you feel your son/daughter will be and should be his/her own legal guardian when they turn 18 years of age? *YES or NO*

17. If not, do you know the steps needed to establish your guardianship of your son/daughter before they turn 18 years of age? *YES or NO*

18. Is your child receiving any Waiver services? *YES or NO*

If no, have you applied for the waiver? *YES or NO*

19. Would you like information on guardianships? *YES or NO*

20. Do you have any other concerns for your son/daughter at this time that you want to share with the school? _____

Thank you for filling the questionnaire. Please return this form to Mr. Pogue for use in planning your child's transition plan.

Student Information Guide for Self Determination and Assistive Technology Management

(Canfield, T. & Reed, P. (2001). Wisconsin Assistive Technology Initiative)

Name: _____ Date: _____

Assistive Technology Currently Being Used: _____

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

PROBLEM SOLVING SKILLS Student is able to:	Never	With Assistance	Independent	N/A
Understand and explain strengths and weaknesses				
Differentiate wants and needs				
Make choices				
Consider multiple options and consequences				
Identify and contact resources such as social services, consultants and therapists				
Understand legal rights and how and when to obtain those rights				
Persevere when others don't follow through				

COMMUNICATION SKILLS Student is able to:	Never	With Assistance	Independent	N/A
Initiate communication				
Request clarification and information				
Ask for assistance (when, where, who, and what to say)				
Communicate clear messages				
Explain the disability, and needed accommodations				
Check for listener's understanding				
Successfully repair communication breakdowns				
Access and use phone				
Access and use internet/written communication				

AT DEVICE SPECIFIC SKILLS Student is able to:	Never	With Assistance	Independent	N/A
Set up the AT hardware or software				
Tell another how to set up the AT				
Identify environmental accommodations needed to use the device				
Turn on / off options as needed				
Program the device and back up, if needed				
Request new features, set ups, options, messages, etc.				
Determine when usage of AT is not appropriate or needed				
Determine when different AT may be needed				
Obtain supplies needed for AT device (batteries, tapes, etc.)				
Utilize low tech/ no tech back up for AT				

AT MANAGEMENT SKILLS Student is able to:	Never	With Assistance	Independent	N/A
Recognize when AT is malfunctioning				
Trouble shoot simple problems				
Identify sources of technical assistance / repair				
Contact sources of technical assistance / repair				
Ship / take AT to source of repair				
Identify sources of funding for repair				
Apply for / request funding assistance				
Request / obtain back up for AT during repair				
Access and use emergency backup plan when device is not available				

GOAL SETTING SKILLS Student is able to:	Never	With Assistance	Independent	N/A
Set realistic goals for himself / herself in general				
Set realistic goals for use of assistive technology				
Follow through on goals when set				
Monitor progress toward goal(s)				
Reflect on and evaluate progress toward goal(s)				
Lead a discussion about goals				

Assistive Technology Assessment Checklist

(Wisconsin Assistive Technology Initiative, 2004)

COMPUTER ACCESS

- ☐ Keyboard using accessibility options
- ☐ Word prediction, abbreviation/expansion to reduce keystrokes
- ☐ Keyguard
- ☐ Arm support
- ☐ Track ball/track pad/joystick with on-screen keyboard
- ☐ Alternate keyboard
- ☐ Mouth stick/head mouse with on-screen keyboard
- ☐ Switch with Morse code
- ☐ Switch with scanning
- ☐ Voice recognition software
- ☐ Other: _____

WRITING

Motor Aspects of Writing

- ☐ Regular pencil/pen
- ☐ Pencil/pen with adaptive grip
- ☐ Adapted paper (e.g. raised line, highlighted lines)
- ☐ Slantboard
- ☐ Use of prewritten words/phrases
- ☐ Portable word processor to keyboard instead of write
- ☐ Computer with word processing software
- ☐ Portable scanner with word processing software
- ☐ Voice recognition software to word process
- ☐ Other: _____

Composing Written Material

- ☐ Word cards/word book/word wall
- ☐ Pocket dictionary/thesaurus
- ☐ Writing templates
- ☐ Electronic/talking electronic dictionary/thesaurus/spell checker
- ☐ Word processing with spell checker/grammar checker
- ☐ Talking word processing
- ☐ Abbreviation/expansion
- ☐ Word processing with writing supports
- ☐ Multimedia software
- ☐ Voice recognition software
- ☐ Other: _____

COMMUNICATION

- ☐ Communication board/book with pictures/objects/letters/words
- ☐ Eye gaze board/frame communication system
- ☐ Simple voice output device
- ☐ Voice output device w/levels
- ☐ Voice output device w/icon sequencing
- ☐ Voice output device w/dynamic display
- ☐ Device w/speech synthesis for typing
- ☐ Other: _____

READING, STUDYING, AND MATH

Reading

- ☐ Standard text
- ☐ Predictable books
- ☐ Changes in text size, spacing, color, background color
- ☐ Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- ☐ Use of pictures/symbols with text
- ☐ Talking electronic device/software to pronounce challenging words
- ☐ Single word scanners
- ☐ Scanner w/OCR and text to speech software
- ☐ Software to read websites and emails
- ☐ Other: _____

Learning/Studying

- ☐ Print or picture schedule
- ☐ Low tech aids to find materials (e.g. index tabs, color coded folders)
- ☐ Highlight text (e.g. markers, highlight tape, ruler, etc.)
- ☐ Recorded material (books on tape, taped lectures with number coded index, etc.)
- ☐ Voice output reminders for assignments, steps of task, etc.
- ☐ Electronic organizers
- ☐ Pagers/electronic reminders
- ☐ Single word scanners
- ☐ Hand-held scanners
- ☐ Software for concept development/manipulation of objects – may use alternate input device, e.g. switch, Touch Window
- ☐ Software for organization of ideas and studying
- ☐ Palm computers
- ☐ Other: _____

Math

- ☐ Abacus/Math Line
- ☐ Enlarged math worksheets
- ☐ Low tech alternatives for answering
- ☐ Math "Smart Chart"
- ☐ Money calculator and Coinulator
- ☐ Tactile/voice output measuring devices
- ☐ Talking watches/clocks
- ☐ Calculator/calculator with printout
- ☐ Calculator with large keys and/or large display
- ☐ Talking calculator
- ☐ Calculator with special features (e.g. fraction translation)
- ☐ On-screen/scanning calculator
- ☐ Alternative keyboard
- ☐ Software with cueing for math computation (may use adapted input methods)
- ☐ Voice recognition software
- ☐ Other: _____

RECREATION AND LEISURE

- ☐ Toys adapted with Velcro, magnets, handles, etc.
- ☐ Toys adapted for single switch operation
- ☐ Adaptive sporting equipment (e.g. lighted or beeping ball)
- ☐ Universal cuff/strap to hold crayons, markers, etc.
- ☐ Modified utensils (e.g. rubber stamps, brushes, etc.)
- ☐ Ergo Rest or other arm support for drawing/painting
- ☐ Electronic aids to control/operate TV, VCR, CD player, etc.
- ☐ Software
- ☐ Completion of art activities
- ☐ Games on the computer
- ☐ Other computer software
- ☐ Other: _____

ACTIVITIES OF DAILY LIVING (ADLS)

- ☐ Non slip materials to hold things in place
- ☐ Universal cuff/strap to hold items in hand
- ☐ Color coded items for easier locating and identifying
- ☐ Adaptive eating utensils (e.g. foam handles, deep sides)
- ☐ Adaptive drinking devices (e.g. cup with cut-out rim)
- ☐ Adaptive dressing equipment (e.g. button hook, elastic shoelaces, Velcro instead of buttons, etc.)
- ☐ Adaptive devices for hygiene (e.g. adapted toothbrush, raised toilet seat, etc.)
- ☐ Adaptive bathing devices
- ☐ Adaptive equipment for cooking
- ☐ Other: _____

MOBILITY

- ☐ Walker
- ☐ Grab bars and rails
- ☐ Manual wheelchair including sports chair
- ☐ Powered mobility toy (e.g. Cooper Car, GoBot)
- ☐ Powered scooter or cart
- ☐ Powered wheelchair w/ joystick or other control
- ☐ Adapted vehicle for driving
- ☐ Other: _____

POSITIONING AND SEATING

- ☐ Non-slip surface on chair to prevent slipping (e.g. Dycem)
- ☐ Bolster, rolled towel, blocks for feet
- ☐ Adapted/alternate chair, sidelyer, stander
- ☐ Custom fitted wheelchair or insert
- ☐ Other: _____

VISION

- ☐ Eye glasses
- ☐ Optical aids
- ☐ Large print materials
- ☐ Auditory materials
- ☐ Dictation software (voice input)
- ☐ CCTV (closed circuit television)
- ☐ Screen magnifier (mounted over screen)
- ☐ Screen magnification software
- ☐ Screen color contrast
- ☐ Screen reader, text reader
- ☐ Braille notetaker
- ☐ Braille translation software
- ☐ Braille embosser
- ☐ Enlarged or Braille/tactile labels for keyboard
- ☐ Alternate keyboard
- ☐ Other: _____

HEARING

- ☐ Pen and paper
- ☐ Computer/portable word processor
- ☐ TDD for phone access with or without relay
- ☐ Signaling device (e.g. flashing light or vibrating pager)
- ☐ Closed captioning
- ☐ Real Time captioning
- ☐ Computer aided note taking
- ☐ Screen flash for alert signals on computer
- ☐ Phone amplifier
- ☐ Personal amplification system/hearing aid
- ☐ FM or loop system
- ☐ Infrared system
- ☐ Other: _____

COMMENTS

The Arc's Self-Determination Scale Adolescent Version

The Arc's Self-Determination Scale-Adolescent Version is a student self-report measure of self-determination designed primarily for use by, and normed with, adolescents with cognitive and developmental disabilities. The scale has two primary purposes:

- To provide students and educators a tool that assists them to identify student strengths and areas of support and instructional need in self-determination; and
- To provide a research tool to examine the relationship between and among self-determination and factors that promote/inhibit self-determined behavior, to evaluate the efficacy of interventions to promote self-determination, and for use with related research activities

The scale has 72 items and is divided into four sections. Each section examines a different **essential characteristic** of self-determined behavior: **Autonomy, Self-Regulation, Psychological Empowerment** and **Self-Realization**. Each section has unique directions that should be read before completing the relevant items. Scoring the scale (see Procedural Guidelines for scoring directions) results in a total self-determination score and subdomain scores in each of the four **essential characteristics** of self-determined behavior. The Arc's Self-Determination Scale Procedural Guidelines (http://www.beachcenter.org/education_and_training/self-determination/default.aspx) provides information for administration and scoring the measure and a discussion about the use of self-report measures in general. The scale **should not be used** until the administrator is thoroughly familiar with these issues.

The Arc's Self-Determination Scale-Adolescent Version was developed by Michael Wehmeyer and Kathy Kelchner at The Arc of the United States with funding from the U.S. Department of Education, Office of Special Education Programs (OSEP), under Cooperative Agreement #H023J20012. Questions used in Section One (Autonomy) were adapted, with permission from the authors, from the Autonomous Functioning Checklist. Questions used in Section Four (Self-Realization) were adapted, with permission from the author, from the short form of the Personal Orientation Inventory. Appropriate citations for both instruments are available in The Arc's Self-Determination Scale Procedural Guidelines. The Arc gratefully acknowledges the generosity of these researchers.

By Michael Wehmeyer, Ph.D., Principal Investigator
Kathy Kelchner, M.Ed., Project Director

Self-Determination Assessment Project

Student's Name _____

Date _____

School _____

Teacher's name _____



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Section One

Autonomy

Directions: Check the answer on each question that BEST tells how you act in that situation. There are no right or wrong answers. Check only one answer for each question. (If you have a disability that limits you from actually performing the activity, but you have control over the activity by using a personal care attendant, answer like you performed the activity.)

1A. Independence: Routine personal care and family oriented functions.

1A. Subtotal

1. I make my own meals or snacks.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
2. I care for my own clothes.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
3. I do chores in my home.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
4. I keep my own personal items together.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
5. I do simple first aid or medical care for myself.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
6. I keep good personal care and grooming.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

1B. Independence: Interaction with the Environment.

1B. Subtotal

7. I make friends with other kids my age.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
8. I use the post office.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
9. I keep my appointments and meetings.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
10. I deal with sales people at stores and restaurants.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

1C. Acting on the basis of preferences, beliefs, interests and abilities: Recreational and leisure

1C. Subtotal

11. I do free time activities based on my interests.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
12. I plan weekend activities that I like to do.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
13. I am involved in school-related activities.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
14. My friends and I choose activities that we want to do.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
15. I write letters, notes, or talk on the phone to friends and family.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
16. I listen to music that I like.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

1D. Acting on the basis of preferences, beliefs, interests and abilities:

Community Involvement and Interaction

1D. Subtotal

17. I volunteer in things that I am interested in.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
18. I go to restaurants that I like.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
19. I go to movies, concerts, and dances.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
20. I go shopping or spend time at shopping centers or malls.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
21. I take part in youth groups (like 4-H, scouting, church groups).	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

1E. Acting on the basis of preferences, beliefs, interests and abilities: Post-school directions

1E. Subtotal

22. I do school and free time activities based on my career interests.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
23. I work on school work that will improve my career chances.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
24. I make long-range career plans.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
25. I work or have worked to earn money.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
26. I am in or have been in career or job classes or training.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
27. I have looked into job interests by visiting work sites or talking to people in that job.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

1F. Acting on the basis of preferences, beliefs, interests and abilities: Personal Expression

1F. Subtotal

28. I choose my clothes and the personal items I use every day.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
29. I choose my own hairstyle.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
30. I choose gifts to give to family and friends.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
31. I decorate my own room.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance
32. I choose how to spend my personal money.	☐ I do not even if I have the chance	☐ I do sometimes when I have the chance	☐ I do most of the time I have the chance	☐ I do every time I have the chance

Section Two

Self-Regulation

Directions: Each of the following questions tells the beginning of a story and how the story ends. Your job is to tell what happened in the middle of the story, to connect the beginning and the end. Read the beginning and ending for each question, then fill in the BEST answer for the middle of the story. There are no right or wrong answers. Remember, fill in the answer that you think BEST completes the story.

2A. Interpersonal cognitive problem-solving.

Beginning: You are sitting in a planning meeting with your parents and teachers. You want to take a class where you can learn to work as a cashier in a store. Your parents want you to take the Family and Child Care class. You can only take one of the classes.

Middle:

Ending: The story ends with you taking a vocational class where you will learn to be a cashier.

Story Score _____

33.

Beginning: Your friends are acting like they are mad at you. You are upset about this.

Middle:

Ending: The story ends with you and your friends getting along just fine.

Story Score _____

34. **Beginning:** You hear a friend talking about a new job opening at the local bookstore. You love books and want a job. You decide you would like to work at the bookstore.

Middle:

Ending: The story ends with you working at the bookstore.

Story Score _____

35.

Beginning: You go to your English class one morning and discover your English book is not in your backpack. You are upset because you need that book to do your homework.

Middle:

Ending: The story ends with you using your English book for homework.

Story Score _____

2B. Goal setting and task performance

37. **Beginning:** You are in a club at school. The club advisor announces that the club members will need to elect new officers at the next meeting. You want to be the president of the club.

Middle:

Ending: The story ends with you being elected as the club president.

Story Score _____

38. **Beginning:** You are at a new school and you don't know anyone. You want to have friends.

Middle:

Ending: The story ends with you having many friends at the new school.

Story Score _____

Directions: The next three questions ask about your plans for the future. Again, there are no right or wrong answers. For each question, tell if you have made plans for that outcome and, if so, what those plans are and how to meet them.

39. Where do you want to live after you graduate?

☐ I have not planned for that yet.

☐ I want to live _____

List four things you should do to meet this goal:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

40. Where do you want to work after you graduate?

☐ I have not planned for that yet.

☐ I want to work _____

List four things you should do to meet this goal:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

41. What type of transportation do you plan to use after graduation?

☐ I have not planned for that yet.

☐ I plan to use _____

List four things you should do to meet this goal:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Section Three

Psychological Empowerment

Directions: Check the answer that BEST describes you. Choose only one answer for each question. There are no right or wrong answers.

42. ☐ I usually do what my friends want...or
☐ I tell my friends if they are doing something I don't want to do.
43. ☐ I tell others when I have new or different ideas or opinions....or
☐ I usually agree with other peoples' opinions or ideas.
44. ☐ I usually agree with people when they tell me I can't do some thing...or
☐ I tell people when I think I can do something that they tell me I can't.
45. ☐ I tell people when they have hurt my feelings...or
☐ I am afraid to tell people when they have hurt my feelings.
46. ☐ I can make my own decisions...or
☐ Other people make decisions for me.
47. ☐ Trying hard at school doesn't do me much good...or
☐ Trying hard at school will help me get a good job.
48. ☐ I can get what I want by working hard...or
☐ I need good luck to get what I want.
49. ☐ It is no use to keep trying because that won't change things...or
☐ I keep trying even after I get something wrong.
50. ☐ I have the ability to do the job I want...or
☐ I cannot do what it takes to do the job I want
51. ☐ I don't know how to make friends...or
☐ I know how to make friends.
52. ☐ I am able to work with others...or
☐ I cannot work well with others.
53. ☐ I do not make good choices...or
☐ I can make good choices.
54. ☐ If I have the ability, I will be able to get the job I want...or
☐ I probably will not get the job I want even if I have the ability.
55. ☐ I will have a hard time making new friends...or
☐ I will be able to make friends in new situations.
56. ☐ I will be able to work with others if I need to...or
☐ I will not be able to work with others if I need to.
57. ☐ My choices will not be honored...or
☐ I will be able to make choices that are important to me.

Section 3 Subtotal _____

Section Four

Self-Realization

Directions: Tell whether each of these statements describes how you feel about yourself or not. There are no right or wrong answers. Choose only the answer that BEST fits you.

58. I do not feel ashamed of any of my emotions.

☐ Agree

☐ Disagree

66. I don't accept my own limitations

☐ Agree

☐ Disagree

59. I feel free to be angry at people I care for.

☐ Agree

☐ Disagree

67. I feel I cannot do many things.

☐ Agree

☐ Disagree

60. I can show my feelings even when people might see me.

☐ Agree

☐ Disagree

68. I like myself.

☐ Agree

☐ Disagree

61. I can like people even if I don't agree with them.

☐ Agree

☐ Disagree

69. I am not an important person.

☐ Agree

☐ Disagree

62. I am afraid of doing things wrong.

☐ Agree

☐ Disagree

70. I know how to make up for my limitations.

☐ Agree

☐ Disagree

63. It is better to be yourself than to be popular.

☐ Agree

☐ Disagree

71. Other people like me.

☐ Agree

☐ Disagree

64. I am loved because I give love.

☐ Agree

☐ Disagree

72. I am confident in my abilities.

☐ Agree

☐ Disagree

65. I know what I do best.

☐ Agree

☐ Disagree

Section 4 Subtotal _____

Scoring Step 1:

Record the raw scores from each section:

Autonomy

1A =

1B =

1C =

1D =

1E =

1F =

Domain Total:

Self-Regulation

2A =

2B =

Domain Total:

Psychological Empowerment

3 =

Domain Total:

Self-Realization

4 =

Domain Total:

Scoring Step 2:

Sum each Domain Total for a Total Score:

Self-Determination

Total =

Scoring Step 3:

Using the conversion tables in Appendix A, convert raw scores into percentile scores for comparison with the sample norms (Norm Sample) and the percentage of positive responses (Positive Scores):

Norm

Sample

Positive

Scores

Autonomy

1A =

1B =

1C =

1D =

1E =

1F =

Domain Total:

Self-Regulation

2A =

2B =

Domain Total:

Psychological Empowerment

3 =

Domain Total:

Self-Realization

4 =

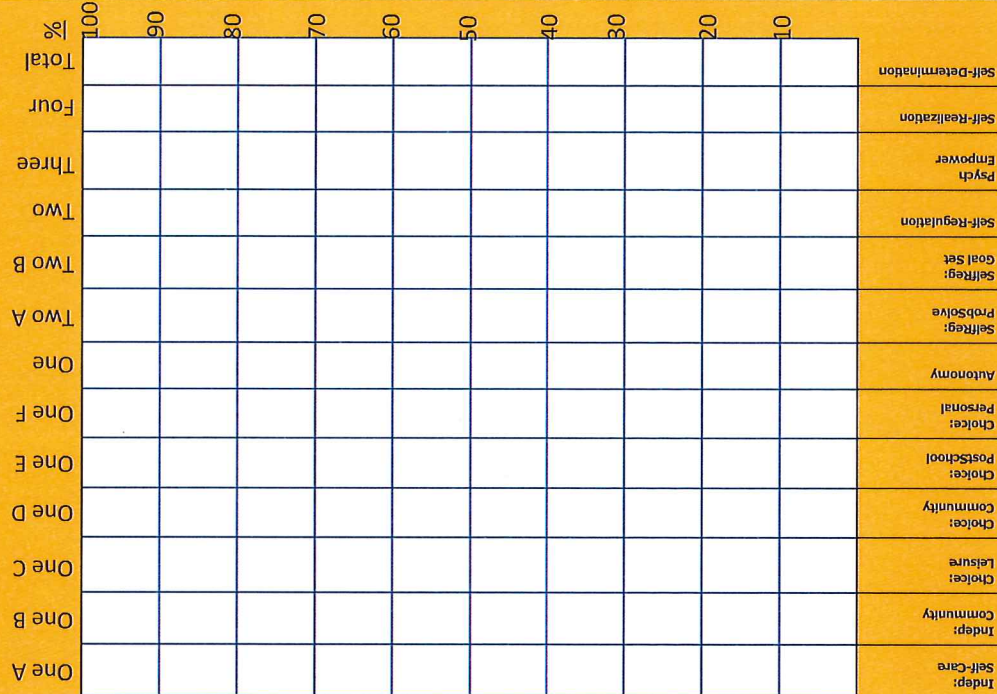
Domain Total:

Self-Determination

Total Score =

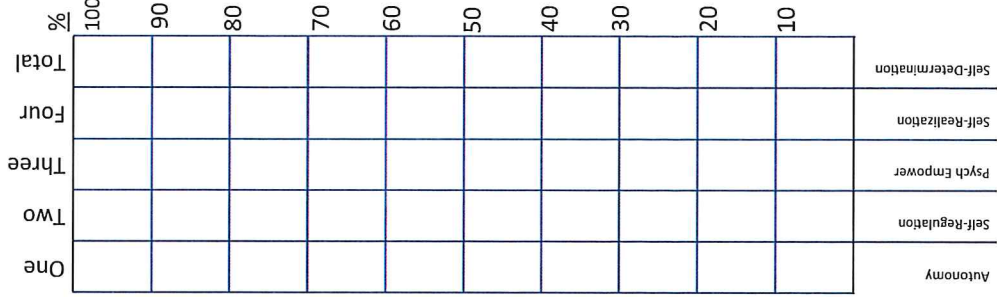
Scoring Step 4:

Fill in the graph for the percentile scores from the norming sample. From the appropriate percentile down, darken the complete bar graph (See example in Scoring Manual):



Scoring Step 5:

Fill in the graph for the percentile scores indicating the percent positive responses.



THINGS I DO

1. I know what I need, what I like, and what I'm good at.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
2. I set goals to get what I want or need. I think about what I am good at when I do this.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
Things I Do – Total Items 1 + 2					
3. I figure out how to meet my goals. I make plans and decide what I should do.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
4. I begin working on my plans to meet my goals as soon as possible.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
Things I Do – Total Items 3 + 4					
5. I check how I'm doing when I'm working on my plan. If I need to, I ask others what they think of how I'm doing.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
6. If my plan doesn't work, I try another one to meet my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
Things I Do – Total Items 5 + 6					

Please go on to the next page ⇒

HOW I FEEL

1. I feel good about what I like, what I want, and what I need to do.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
2. I believe that I can set goals to get what I want.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
How I Feel – Total Items 1 + 2					
3. I like to make plans to meet my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
4. I like to begin working on my plans right away.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
How I Feel – Total Items 3 + 4					
5. I like to check on how well I'm doing in meeting my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
6. I am willing to try another way if it helps me to meet my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
How I Feel – Total Items 5 + 6					

Please go on to the next page ⇒

WHAT HAPPENS AT SCHOOL

1. People at school listen to me when I talk about what I want, what I need, or what I'm good at.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
2. People at school let me know that I can set my own goals to get what I want or need.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at School – Total Items 1 + 2					
3. At school, I have learned how to make plans to meet my goals and to feel good about them.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
4. People at school encourage me to start working on my plans right away.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at School – Total Items 3 + 4					
5. I have someone at school who can tell me if I am meeting my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
6. People at school understand when I have to change my plan to meet my goals. They offer advice and encourage me when I'm doing this.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at School – Total Items 5 + 6					

Please go on to the next page ⇒

WHAT HAPPENS AT HOME

1. People at home listen to me when I talk about what I want, what I need, or what I'm good at.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
2. People at home let me know that I can set my own goals to get what I want or need.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at Home – Total Items 1 + 2					
3. At home, I have learned how to make plans to meet my goals and to feel good about them.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
4. People at home encourage me to start working on my plans right away.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at Home – Total Items 3 + 4					
5. I have someone at home who can tell me if I am meeting my goals.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
6. People at home understand when I have to change my plan to meet my goals. They offer advice and encourage me when I'm doing this.	Never 1	Almost Never 2	Sometimes 3	Almost Always 4	Always 5
What Happens at Home – Total Items 5 + 6					

Please go on to the next page ⇒

PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS...

Give an example of a goal you are working on.

What are you doing to reach this goal?

How well are you doing in reaching this goal?

THANK YOU!

The AIR Self-Determination Profile Student Form

Items	Think Do Adjust			Think Do Adjust		
	1-2	3-4	5-6	1-2	3-4	5-6
10						
9						
8						
7						
6						
5						
4						
3						
2						
1						
0						

Things I Do →

How I Feel →

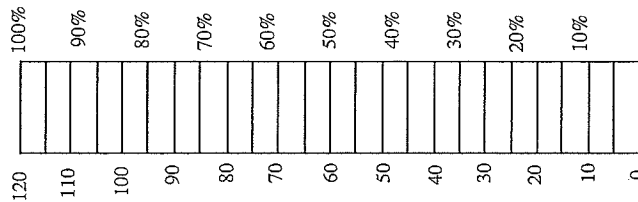
Total

Items	Think Do Adjust			Think Do Adjust		
	1-2	3-4	5-6	1-2	3-4	5-6
10						
9						
8						
7						
6						
5						
4						
3						
2						
1						
0						

What Happens at School →

What Happens at Home →

Total



Capacity

+

Opportunity

=

Level of Self-Determination

(Write sum in box and mark in column)

Name _____ Date _____

Survival Checklist

Student Name _____

Date _____

Prepare Food

Can you

Set the table? Yes _____ No _____

Use the microwave and stove? Yes _____ No _____

Recognize food groups? Yes _____ No _____

Plan meals for a week? Yes _____ No _____

Prepare balanced diet? Yes _____ No _____

Recognize if food has spoiled? Yes _____ No _____

Locate expiration dates? Yes _____ No _____

Shopping

Can you

Make a grocery list? Yes _____ No _____

Buy within a budget? Yes _____ No _____

Compare prices? Yes _____ No _____

Take advantage of sale items?
Yes _____ No _____

Return items to stores? Yes _____ No _____

Keep sales slips? Yes _____ No _____

Search for sales? Yes _____ No _____

Geography

Can you

Give directions to familiar places in your town?
Yes _____ No _____

Name surrounding towns and cities?
Yes _____ No _____

Read street signs? Yes _____ No _____

Use road maps or a GPS? Yes _____ No _____

Math

Can you

Use a calculator? Yes _____ No _____

Make change for a dollar? Yes _____ No _____

Make change for one hundred dollars?
Yes _____ No _____

Tell time? Yes _____ No _____

Measure in feet? Yes _____ No _____

Measure in inches? Yes _____ No _____

Use measuring cups accurately? Yes _____ No _____

Use measuring spoons correctly? Yes _____ No _____

Reading

Can you read

The newspaper? Yes _____ No _____

Directions on medication? Yes _____ No _____

A recipe? Yes _____ No _____

A job application? Yes _____ No _____

A bank statement? Yes _____ No _____

Home Maintenance

Can you

Hang a picture? Yes _____ No _____

Paint a room? Yes _____ No _____

Mow the yard? Yes _____ No _____

Replace light bulbs? Yes _____ No _____

Dust the furniture? Yes _____ No _____

Run the sweeper? Yes _____ No _____

Mop the floors? Yes _____ No _____

Wash your own clothing? Yes _____ No _____

Clean and disinfect the bathroom?
Yes _____ No _____

PARENTS OF TEENAGERS SURVIVAL CHECKLIST

PREPARE COOKED MEALS

Can your teenagers:	no	some	usually	always
set a table?	☐	☐	☐	☐
fry bacon?	☐	☐	☐	☐
make toast?	☐	☐	☐	☐
fry and scramble eggs?	☐	☐	☐	☐
recognize basic food groups?	☐	☐	☐	☐
prepare a balanced diet for a day?	☐	☐	☐	☐
prepare a balanced diet for a week?	☐	☐	☐	☐
recognize if foods have spoiled?	☐	☐	☐	☐
roast a variety of meats?	☐	☐	☐	☐
mash potatoes?	☐	☐	☐	☐
make salads?	☐	☐	☐	☐
cook vegetables?	☐	☐	☐	☐

COMPARISON SHOPPING

Groceries

Can your teenagers:	no	some	usually	always
select fresh fruits and vegetables?	☐	☐	☐	☐
purchase a week's supply of food?	☐	☐	☐	☐
buy within a budget?	☐	☐	☐	☐
select quality meats?	☐	☐	☐	☐
compare prices?	☐	☐	☐	☐
compare sizes? (can they recognize that a 12 ounce package of bacon is more expensive than a one pound package that is listed at the same price?)	☐	☐	☐	☐
take advantage of sale items?	☐	☐	☐	☐
use coupons?	☐	☐	☐	☐
determine what items have a long shelf-life?	☐	☐	☐	☐
identify what items spoil quickly?	☐	☐	☐	☐
make up a shopping list?	☐	☐	☐	☐

COMPARISON SHOPPING

Wearing Apparel

Can your teenagers:	no	some	usually	always
plan a wardrobe that includes school, leisure, and dress clothes?	☐	☐	☐	☐
buy shoes that fit?	☐	☐	☐	☐
recognize types of materials?	☐	☐	☐	☐
check the quality of items?	☐	☐	☐	☐
check seams to see how well they are constructed?	☐	☐	☐	☐
realize bargains?	☐	☐	☐	☐
take advantage of sales?	☐	☐	☐	☐
compare prices?	☐	☐	☐	☐
know to keep sales slips?	☐	☐	☐	☐
know how to return items?	☐	☐	☐	☐
figure percentages on sales items?	☐	☐	☐	☐

COMPARISON SHOPPING

Appliances

Can your teenagers:	no	some	usually	always
compare prices?	☐	☐	☐	☐
check for quality?	☐	☐	☐	☐
evaluate discounts?	☐	☐	☐	☐

GEOGRAPHY

Can your teenagers:	no	some	usually	always
navigate to most areas of your city?	☐	☐	☐	☐
name surrounding towns and cities?	☐	☐	☐	☐
use a road map?	☐	☐	☐	☐
tell you in which country they live?	☐	☐	☐	☐
read road signs?	☐	☐	☐	☐
ask help in directions?	☐	☐	☐	☐

MATHEMATICS

Can your teenagers:	no	some	usually	always
add?	☐	☐	☐	☐
subtract?	☐	☐	☐	☐
multiply?	☐	☐	☐	☐
divide?	☐	☐	☐	☐
figure averages?	☐	☐	☐	☐
figure percentages?	☐	☐	☐	☐
make change for one dollar?	☐	☐	☐	☐
make change for ten dollars?	☐	☐	☐	☐
make change for one hundred dollars?	☐	☐	☐	☐
tell time?	☐	☐	☐	☐
measure in inches?	☐	☐	☐	☐
measure in feet?	☐	☐	☐	☐
measure in yards?	☐	☐	☐	☐
recognize common measurements and compare them? Such as:				
a teaspoon?	☐	☐	☐	☐
a tablespoon?	☐	☐	☐	☐
a cup?	☐	☐	☐	☐
a pint?	☐	☐	☐	☐
a quart?	☐	☐	☐	☐
a gallon?	☐	☐	☐	☐

READING

Can your teenagers read:	no	some	usually	always
a novel?	☐	☐	☐	☐
the daily newspaper?	☐	☐	☐	☐
directions on medicine bottles?	☐	☐	☐	☐
directions on detergent boxes?	☐	☐	☐	☐
cookbook instructions?	☐	☐	☐	☐
monthly statements?	☐	☐	☐	☐
traffic signs and symbols?	☐	☐	☐	☐
an index in a book?	☐	☐	☐	☐
and use a telephone book?	☐	☐	☐	☐
and use the white pages?	☐	☐	☐	☐
and use the yellow pages?	☐	☐	☐	☐
and use the encyclopedia?	☐	☐	☐	☐
and use a library?	☐	☐	☐	☐

HOME MAINTENANCE

Can your teenagers:	no	some	usually	always
replace a light switch?	☐	☐	☐	☐
check the safety of an extension cord?	☐	☐	☐	☐

	no	some	usually	always
replace a fuse?	☐	☐	☐	☐
replace a door hinge?	☐	☐	☐	☐
replace a door knob?	☐	☐	☐	☐
hang a picture?	☐	☐	☐	☐
paint a room?	☐	☐	☐	☐
paint trim on a house?	☐	☐	☐	☐
clean out guttering?	☐	☐	☐	☐
mow the yard?	☐	☐	☐	☐
trim around walks?	☐	☐	☐	☐
use insecticides safely?	☐	☐	☐	☐
store tools?	☐	☐	☐	☐
put up a shelf?	☐	☐	☐	☐
set a thermostat?	☐	☐	☐	☐
replace and clean furnace and air-conditioner filters?	☐	☐	☐	☐
defrost a refrigerator?	☐	☐	☐	☐
clean the stove and oven?	☐	☐	☐	☐
replace light bulbs?	☐	☐	☐	☐
get a key made?	☐	☐	☐	☐
clean the house:				
dust, vacuum, mop, wax?	☐	☐	☐	☐
clean and disinfect a bathroom?	☐	☐	☐	☐
make a bed?	☐	☐	☐	☐
get rid of roaches?	☐	☐	☐	☐
tell which clothing should be laundered and which dry-cleaned?	☐	☐	☐	☐
wash and iron clothing?	☐	☐	☐	☐
tell which cleaning fluids are best for what jobs?	☐	☐	☐	☐
do simple mending and sew on buttons?	☐	☐	☐	☐
contact the landlord or a professional for more serious problems?	☐	☐	☐	☐

APPLIANCES

Can your teenagers operate:	no	some	usually	always
a toaster?	☐	☐	☐	☐
a stove?	☐	☐	☐	☐
a vacuum sweeper?	☐	☐	☐	☐
a dish washer?	☐	☐	☐	☐
a clothes washer?	☐	☐	☐	☐
a clothes dryer?	☐	☐	☐	☐
a lawn mower?	☐	☐	☐	☐
a garbage disposal?	☐	☐	☐	☐
an electric mixer?	☐	☐	☐	☐
an oven?	☐	☐	☐	☐
an iron?	☐	☐	☐	☐

(continues)

CARPENTRY

Can your teenagers use a:	no	some	usually	always
hammer?	☐	☐	☐	☐
screwdriver?	☐	☐	☐	☐
pliers?	☐	☐	☐	☐
hand drill?	☐	☐	☐	☐
hand saw?	☐	☐	☐	☐
level?	☐	☐	☐	☐
square?	☐	☐	☐	☐

	no	some	usually	always
realize the importance of making a neat, well-groomed appearance?	☐	☐	☐	☐
realize the importance of clean clothing and shined shoes?	☐	☐	☐	☐
know how to manicure their fingernails?	☐	☐	☐	☐

HEALTH

Can your teenagers:	no	some	usually	always
apply a tourniquet?	☐	☐	☐	☐
clean a cut?	☐	☐	☐	☐
apply simple bandages?	☐	☐	☐	☐
stop someone from choking on food?	☐	☐	☐	☐
give mouth to mouth resuscitation?	☐	☐	☐	☐
recognize symptoms of colds?	☐	☐	☐	☐
recognize the cause of certain pains?	☐	☐	☐	☐
treat a minor burn?	☐	☐	☐	☐
decide when to use home remedies?	☐	☐	☐	☐
decide when to go to the doctor?	☐	☐	☐	☐
administer simple medication?	☐	☐	☐	☐
identify minor infections?	☐	☐	☐	☐
use a thermometer?	☐	☐	☐	☐
supplement diet with needed vitamins?	☐	☐	☐	☐
carry out a proper program of physical exercise?	☐	☐	☐	☐

PERSONAL GROOMING

Do your teenagers:	no	some	usually	always
know how often to bathe, wash hair, brush teeth, etc.?	☐	☐	☐	☐
know the importance of using a deodorant?	☐	☐	☐	☐
know how to buy toiletries: razor blades, deodorant, toothpaste, shampoo, etc.?	☐	☐	☐	☐
recognize quality in what they buy so they won't be misled by false advertising?	☐	☐	☐	☐

SEXUALITY

Do your teenagers:	no	some	usually	always
know the biological basics of sex?	☐	☐	☐	☐
understand their own sexual drives?	☐	☐	☐	☐
accept responsibility for their own sexuality?	☐	☐	☐	☐
understand birth-control measures?	☐	☐	☐	☐
understand basics of sexual hygiene?	☐	☐	☐	☐
know where to seek professional advice?	☐	☐	☐	☐
feel they can discuss problems with you?	☐	☐	☐	☐

COMMUNICATION

Can your teenagers:	no	some	usually	always
dial a long-distance number?	☐	☐	☐	☐
dial station-to-station?	☐	☐	☐	☐
dial person-to-person?	☐	☐	☐	☐
call collect?	☐	☐	☐	☐
readily find emergency numbers?	☐	☐	☐	☐
organize and compose a personal letter and thank you note?	☐	☐	☐	☐
converse well in private conversations?	☐	☐	☐	☐
state opinions backed by reason and fact?	☐	☐	☐	☐

CURRENT EVENTS

Can your teenagers:	no	some	usually	always
read the newspaper?	☐	☐	☐	☐
watch the evening news and discuss current events?	☐	☐	☐	☐
know the name of president of the United States?	☐	☐	☐	☐

TRANSPORTATION

Can your teenagers:	no	some	usually	always
use public transit systems?	☐	☐	☐	☐
drive a car safely?	☐	☐	☐	☐
recognize minor mechanical problems?	☐	☐	☐	☐
take the car to a reputable mechanic?	☐	☐	☐	☐
change a tire?	☐	☐	☐	☐
check the oil, water, transmission fluid and the windshield washer?	☐	☐	☐	☐
be responsible for seeing that the car receives proper maintenance?	☐	☐	☐	☐

EMPLOYMENT

Do your teenagers know how to:	no	some	usually	always
apply for employment?	☐	☐	☐	☐
fill out an application form?	☐	☐	☐	☐
write a business letter?	☐	☐	☐	☐
mail packages?	☐	☐	☐	☐
obtain a social security card?	☐	☐	☐	☐
use a credit card?	☐	☐	☐	☐
pay monthly bills?	☐	☐	☐	☐
balance a checkbook?	☐	☐	☐	☐
open a checking account?	☐	☐	☐	☐
keep a bank account?	☐	☐	☐	☐
open a savings account?	☐	☐	☐	☐
apply for a loan?	☐	☐	☐	☐
write checks?	☐	☐	☐	☐
fill out income tax forms?	☐	☐	☐	☐

Source: *A Slice of Life*, by Fremont Union High School, 1980, Sunnyvale, CA: Fremont Union School District. Copyright 1980 by Fremont Union School District. Reprinted with permission.

Adolescent Autonomy Checklist

Skills at home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Kitchen:				
Operate appliances (cook top, oven, microwave, toaster, dishwasher)				
Use common kitchen tools (can opener, bottle opener, knife, measuring cups and spoons, grater, timer, egg beater, ice cream scoop)				
Help plan and prepare meals				
Follow a recipe				
Put away the leftovers				
Set the table				
Do the dishes				
Familiarity with contents of packaged foods				
Laundry				
Put dirty clothes in hamper				
Sort clothes				
Use washer and dryer				
Iron				
Hand wash				
Fold clothes				
Put clothes away				
With the Family				
Watch TV news and discuss together				
Help take care of siblings				
Participate in family decisions				
Plan family outing				
Take care of pets				
Housekeeping				
Clean room				

Developed by the Youth in Transition Project (1984-1987) University of Washington Division of Adolescent Medicine and based on a Model developed by the Children's Rehabilitation Center at the University of Virginia.

Adolescent Autonomy Checklist, Cont'd.

Skills at Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Housekeeping, Cont'd.				
Make the bed/change the bed				
Choose decorations for room				
Minor repairs (change light bulbs, repair or assemble toys)				
Take out the trash				
Basic sewing/mending skills				
Gardening				
Plant a garden				
Mow/water the lawn				
Weed the garden				
Learn appropriate use of garden tools				
Emergency				
Plan fire exits and emergency procedures				
Know where candles and flashlights are				
Use a fire extinguisher				
Know how to turn water off				
Know community emergency telephone numbers				
Know where extra house key is located				
Unclog the sink or toilet				
Personal Skills				
Use the phone				
Have a house key				
Budget allowance				
Go shopping				
Have privacy in the bathroom				
Manage personal grooming (shampoo, bath, shower)				

Adolescent Autonomy Checklist, Cont'd.

3 / 6

Skills at Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Personal Skills, Cont'd.				
Get a haircut				
Choose appropriate clothes to wear				
Health Care Skills				
Understand health status				
Be aware of existence of medical records, diagnosis information, etc.				
Prepare questions for doctors, nurses, therapists				
Respond to questions from doctors, nurses, therapists				
Know medications and what they're for				
Get a prescription refilled				
Keep a calendar of doctor, dentist appointments				
Know height, weight, birthdate				
Learn how to read a thermometer				
Know health emergency telephone numbers				
Know medical coverage numbers				
Obtain sex education materials/birth control if indicated				
Discuss role in health maintenance				
Have genetic counseling if appropriate				
Discuss drugs and alcohol with family				
Make contact with appropriate community advocacy organization				
Take care of own menstrual needs and keep a record of monthly periods				
Community Skills				
Get around the city (pedestrian skills, asking directions)				

Adolescent Autonomy Checklist, Cont'd.

Skills At Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Community Skills, Cont'd.				
Get around the city (pedestrian skills, asking directions)				
Use public transportation (taxi, bus, etc.)				
Locate bathroom in unfamiliar building (i.e. know how to ask)				
Know about neighborhood stores and services				
Use a pay phone				
Use a phone book				
Open a bank account				
Get a library card				
Get a picture ID				
Get a Social Security Card				
Use Post Office				
Volunteer for community services				
Leisure Time Skills				
Help plan a party				
Invite a friend over				
Subscribe to a magazine				
Read a book				
Plan a TV viewing schedule				
Go for a walk				
Join the Scouts, YMCA/YWCA, 4-H Club				
Go to a recreation center				
Go to camp				
Attend school functions (plays, dances, concerts, sports)				
Go to Church				
Keep a calendar of events				
Participate in a sport				

Adolescent Autonomy Checklist, Cont'd.

Skills At Home	Can Do Already	Needs Practice	Plan to Start	Accomplished
Skills For The Future-Education				
Meet with school Guidance Counselor				
Check future educational options				
Vocational/Technical Options				
Contact school Guidance or DVR Counselor				
Check on local workshops/job opportunities				
Find out about apprentice programs				
Get information from community colleges				
Learn how to apply for a job				
Vocational/Technical Options, Cont'd.				
Check on local workshops/job opportunities				
Find out about apprentice programs				
Get information from community colleges				
Learn how to apply for a job				
Living Arrangements				
Be aware of federal housing regulations for the disabled				
Explore group homes and tenant support apartment living programs				
Find out about financial assistance programs				
Learn how to manage money and budget household expenses				
Understand leases				
Know the responsibilities of a tenant & landlord				
Know how to fill out an application				
Check for wheelchair accessibility if needed				
Look into transportation				

Know about services: electricity, phone, water																																
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



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What's New?

Updated military occupations included in O*NET websites



Get O*NET news by [email](#) or [RSS](#).

Start the career you've dreamed about, or find one you never imagined.

Put your military skills and experience to work in civilian life. Learn how at:

Hot Technologies are frequently included in employer job postings.



Welcome to your tool for career exploration and job analysis!

O*NET OnLine has detailed descriptions of the world of work for use by job seekers, workforce development and HR professionals, students, researchers, and more!

What is O*NET?

Keyword or [O*NET-SOC Code](#):



Advanced Search

Focus on occupations that use a specific tool or software. Explore occupations that need your skills.



Crosswalks

Connect to a wealth of O*NET data. Enter a code or title from another classification to find the related O*NET-SOC occupation.



Find Occupations

Browse groups of similar occupations to explore careers. Choose from industry, field of work, science area, and more.



¿Habla español?

Mi Próximo Paso incluye tareas, aptitudes, información sobre salarios y más de 900 carreras diferentes.



Career Exploration

I used the following site to explore careers that I might be interested in (please circle):

Career Clusters <http://www.vacareerview.org/68/career-clusters-whats-that/explore-career-clusters>

Unusual Occupations <http://www.vacareerview.org/68/whats-that/unusual-occ>

Career Search <http://www.vacareerview.org/68/careersq/career-search>

The career area(s) I explored were: _____

During my exploration, I found out that to have a job in the field of _____, I should like the following things:

Tasks that I would have to do in this job would include:

I could get some experience in this field by doing the following:

To have a career in this field, I need to have the following education:

After learning more about this field (please circle): 1) I am interested in learning more about it, or
2) I am not interested in this field any more.

Career / Job Comparison

Career/Job #1 _____

Career/Job #2 _____

Requirements to obtain this career/job:

Requirements to obtain this career/job:

Schooling:

Schooling:

Training:

Training:

Communication skills:

Communication skills:

Reading skills:

Reading skills:

Writing Skills:

Writing skills:

Concerns I have about the requirements:

Concerns I have about the requirements:

Potential Salary: _____

Potential Salary: _____

Are there jobs in this career close to where I live?

Are there jobs in this career close to where I live?

What do I need to learn more about?

What do I need to learn more about?

A publication of the
Indiana Secondary Transition
Resource Center



CENTER ON COMMUNITY
LIVING AND CAREERS

INDIANA UNIVERSITY
Indiana Institute on Disability and Community

Career and Technical Education Report

Student _____

Program _____

Instructor _____

Please rate the student's performance in the following areas:

5=Excellent/Consistent 4=Good/Majority of the time 3=Average

2=Below Average/Inconsistent 1=Poor/Rarely

<i>Work Skill/Item</i>	<i>5</i>	<i>4</i>	<i>3</i>	<i>2</i>	<i>1</i>
Student is on time for class/work site					
Student follows work/class routine					
Student takes care of work/course materials					
Student takes direction from instructor					
Student handles constructive criticism from instructor					
Student gets along with peers					
Student displays knowledge to complete work tasks					
Student is willing to learn					
Student demonstrates initiative to do/complete tasks on his own					
Student handles idle time productively					

Additional Comments/Observations:



Name of client: _____

Name of rater: _____

Date: _____

WORK PERSONALITY PROFILE

Please describe the client's observed work performance using the five options listed below to complete the 58 behavioral items.

- 4 = a definite strength, an employability asset
- 3 = adequate performance, not a particular strength
- 2 = performance inconsistent, potentially an employability problem
- 1 = a problem area, will definitely limit the person's chances for employment
- X = no opportunity to observe the behavior

1. _____ Sufficiently alert and aware
2. _____ Learns new assignments quickly
3. _____ Works steadily during entire work period
4. _____ Accepts changes in work assignments
5. _____ Needs virtually no direct supervision
6. _____ Requests help in an appropriate fashion
7. _____ Approaches supervisory personnel with confidence
8. _____ Is appropriately friendly with supervisor
9. _____ Shows pride in group effort
10. _____ Shows interest in what others are doing
11. _____ Expresses likes and dislikes appropriately
12. _____ Initiates work-related activities on time
13. _____ Accepts work assignments with instructions from supervisor without arguing
14. _____ Improves performance when shown how
15. _____ Works at routine jobs without resistance
16. _____ Expresses willingness to try new assignments
17. _____ Carries out assigned tasks without prompting
18. _____ Asks for further instructions if task is not clear
19. _____ Accepts correction without becoming upset
20. _____ Discusses personal problems with supervisor only if work related
21. _____ Accepts assignment to group tasks
22. _____ Seeks out coworkers to be friends
23. _____ Responds when others initiate conversation
24. _____ Conforms to rules and regulations

25. _____ Maintains satisfactory personal hygiene habits
26. _____ Changes work methods when instructed to do so
27. _____ Pays attention to details while working
28. _____ Maintains productivity despite change in routine
29. _____ Recognizes own mistakes
30. _____ Asks for help when having difficulty with tasks
31. _____ Comfortable with supervisor
32. _____ Gets along with staff
33. _____ Works comfortably in group tasks
34. _____ Appears comfortable in social interactions
35. _____ Initiates conversations with others
36. _____ Displays good judgment in use of obscenities and vulgarities
37. _____ Arrives appropriately dressed for work
38. _____ Maintains improved work procedures after correction
39. _____ Maintains work pace even if distractions occur
40. _____ Performs satisfactorily in tasks that require variety and change
41. _____ Initiates action to correct own mistakes
42. _____ Performance remains stable in supervisor's presence
43. _____ Supportive of others in group tasks
44. _____ Joins social groups when they are available
45. _____ Listens while other person speaks, avoids interrupting
46. _____ Expresses pleasure in accomplishment
47. _____ Listens to instructions or corrections attentively
48. _____ Moves from job to job easily
49. _____ Needs less than average amount of supervision
50. _____ Offers assistance to coworkers when appropriate
51. _____ Is sought out frequently by coworkers
52. _____ Expresses positive feelings, such as praise, liking for others
53. _____ Displays good judgment in playing practical jokes or "horsing around"
54. _____ Transfers previously learned skills to new task
55. _____ Handles problems with only occasional help
56. _____ Assumes assigned role in group tasks
57. _____ Expresses negative feelings appropriately, such as anger, fear, sadness
58. _____ Controls temper

Source: "The Work Personality Profile," by R. T. Roessler and B. Bolton, 1986, *Vocational Evaluation and Work Adjustment Bulletin*, 18(1), pp. 8-11. Copyright 1986 by Vocational Evaluation and Work Adjustment Bulletin. Reprinted with permission.

Self-Determination Checklist

Student Self-Assessment



Student Name: _____

Date: _____

Self-Determination skills help you to know

- ☐ *yourself*
- ☐ *your goals*
- ☐ *supports you need to reach your goals*

Use the following scale to rate the statements below:

3 = almost always/most of the time

2 = sometimes

1 = rarely or never

Rating			
3	2	1	I set goals to get what I want or need.
3	2	1	I make plans for reaching my goals.
3	2	1	I check my progress on how I am doing toward my goals.
3	2	1	I attend my IEP Meetings.
3	2	1	I participate in my IEP Meetings.
3	2	1	I know the goals listed in my IEP.
3	2	1	At school, educators listen to me when I talk about what I want or need.
3	2	1	At home, my parents listen to me when I talk about what I want or need.
3	2	1	I have others in my life who help me to accomplish my goals.
3	2	1	I ask for help when I need it.
3	2	1	I know what I need, what I like and what I enjoy doing.
3	2	1	I tell others what I need, what I like and what I enjoy doing.
3	2	1	I help to make choices about the supports (educational services) and accommodations that I need in school.
3	2	1	I can describe my learning difficulties to others.
3	2	1	I believe I have control to direct my life.
3	2	1	I take care of my personal needs (clothes, chores, meals, grooming).
3	2	1	I make friends with others my age.
3	2	1	I make good choices.
3	2	1	I believe that working hard in school will help me to get a good job.

Self-Determination Checklist Student Self-Assessment



1. What is one (1) goal that you have for yourself?

2. List three (3) things you can do to reach this goal.

3. How can people around you (teachers, family, friends, etc.) help you to build your self-determination skills?

4. List three (3) of your rights under the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA).