MINNESOTA

TRANSITION CHECKLIST

FOR

BLIND AND VISUALLY IMPAIRED PERSONS

Written by

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Sponsored by the Minnesota Resource Center: Blind/Visually Impaired of the Department of Children, Families and Learning (MDE), MN State Academy for the Blind (MSAB), and State Services for the Blind (SSB)

Score by writing the number in the appropriate box that best describes the behavior:

Never = 1, Sometimes = 2, Usually = 3

Home Living/Daily Living Skills	Student	Parents	Comments
1. Cleans Room			
2. Cleans house			
3. Does washing, drying & ironing of clothes			
4. Prepares meal for self, and for a group of 3-5			
5. Uses small appliances (i.e. can opener, blender, microwave)			
6. Uses large appliances (i.e. oven, washer, dryer)			
7. Cuts meat independently			
8. Performs routine chores			
9. Exercises regularly			
10. Demonstrates good hygiene habits through regular bathing and grooming			
11. Sees a doctor when ill			
12. Uses basic first aid			
13. Takes medication without reminders			
14. Dresses in current style			
15. Selects own purchases—clothing, gifts, etc.			

16. Makes telephone calls.			
17. Receives and relays messages			
18. Writes signature			
19. Understands agreement before signing			
20. Writes thank-you letter			
21. Estimates cost of items			
22. Gives the right amount of money necessary for purchases			
23. Manages money			
24. Uses checking account			
25. Goes to store alone			
26. Uses a wrist-watch or time-keeping device			
27. Uses an alarm clock			
28. Uses system for keeping appointments			
29. Uses “please” and “thank you”			
30. Reacts positively to reasonable requests			
31. Gets along with family members			
32. Accepts responsibility for own behavior/does not blame others			
33. Respects others personal space and property			

Student (list 3)	**Parents (list 3)**
From the behaviors above, I am best at:	From the behaviors listed above, my child is best at:
From the behaviors above, I need to work on:	From the behaviors listed above, my child needs to work on:

Score by writing the number in the appropriate box that best describes the behavior:

Never = 1, Sometimes = 2, Usually = 3

Recreation & Leisure	Student	Parent	Comment
1. Participates in a leisure activity.			
2. Does a hobby/craft in 1 area of interest			
3. Access descriptive performances (i.e. attends movies, plays, concerts)			
4. Asks a friend to do a fun activity.			
5. Reciprocates social invitations.			
6. Plays adaptive games alone or with others.			
7. Joins a club or organization.			
8. Gets out to eat with a group.			
9. Visits neighbors, friends and family for the purpose of participating in an activity.			
10. Goes on dates			
11. Forms friendships			
12. Has one or two special friends.			
13. Demonstrates appropriate social behavior in a group of peers.			
14. Participates in extra-curricular activities			
15. Attends summer camp			
16. Chooses projects or activities during spare time.			

Student (list 3)	Parents (list 3)
From the behaviors above, I am best at:	From the behaviors listed above, my child is best at:

From the behaviors above, I need to work on:	From the behaviors listed above, my child needs to work on:

Score by writing the number in the appropriate box that best describes the behavior:

Never = 1, Sometimes = 2, Usually = 3

III. Community Living Experience/Participation	Student	Parents	Comments
1. Uses phone (home, cell, pay phone)			
2. Runs errands (for self and others) in home and community			
3. Asks for assistance when lost			
4. Crosses street without assistance			
5. Walks to a neighborhood location (i.e. friends, store, park)			
6. Travels safely from home to locations outside neighborhood (shopping mall, etc.)			
7. Arranges for own transportation (i.e. call for cab)			
8. Makes and keeps appointments (i.e. doctor, dentist, haircuts)			
9. Uses telephone for inquiries (i.e. bus schedules, pizza delivery, department stores)			
10. Orders own food			
11. Uses library services			
12. Votes in election (i.e. student council, local government)			
13. Meets with SSB (State Services for the Blind) counselor			
14. Uses MN I.D. card			
15. Knows Social Security number or knows where to locate			
16. Describes S.S.I. benefits			

Student (list 3)	Parents (list 3)
From the behaviors above, I am best at:	From the behaviors listed above, my child is best at:
From the behaviors above, I need to work on:	From the behaviors listed above, my child needs to work on:

IV. Post-Secondary Education and Training	Student	Parent	Comments
1. Makes plans for the future after high school.			
2. Orders Special Equipment			
3. Keeps things in place			
4. Arranges for reader services			
5. Takes own notes			
6. Uses adaptive equipment			
7. Proofreads papers			
8. Explains how adaptive aids are used			
9. Addresses envelopes			
10. Orders books (Braille, audio, downloads)			
11. Explains disability			
12. Introduces Self to instructors and makes arrangements for classes			
13. Can negotiate with adults for special adaptations			
14. Expresses oneself clearly			

15. Offers ideas on how to involve self in activities not adapted for the blind			
16. Uses special education support services (i.e. office for students with disabilities)			
17. Applies for Financial Aid and Post-Secondary training			

Student (list 3)	**Parents (list 3)**
From the behaviors above, I am best at:	From the behaviors listed above, my child is best at:
From the behaviors above, I need to work on:	From the behaviors listed above, my child needs to work on:

V. Jobs and Job Training	Student	Parents	Comments
1. Talks about successes and failures			
2. Sticks with task and expects to succeed			
3. Tolerates changes in routine			
4. Follows through on commitments without reminders			
5. Deals with criticism in a socially acceptable manner			
6. Gets along with peers and adults			
7. Takes written telephone messages			
8. Follows instructions			
9. Uses resources (i.e. newspapers, friends, neighbors, internet, etc.) to look for a job			

10. Works in community (paid or unpaid)			
11. Completes job application			
12. Uses appropriate language in a variety of situations (i.e. friends, school, work)			
13. Uses socially appropriate behaviors in the workplace			
14. Identifies harassing behaviors in the workplace			
15. Meets new people appropriately (i.e. firm handshake, looks toward speaker, correct posture, greets verbally)			
16. Asks for reasonable accommodations under ADA			
17. Recognizes when being treated fairly			
18. Works well in a group			

Student (list 3)	Parents (list 3)
From the behaviors above, I am best at:	From the behaviors listed above, my child is best at:
From the behaviors above, I need to work on:	From the behaviors listed above, my child needs to work on: