

# Transition Planning- Skills for Life

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

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

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Name of Person Rating Student’s Abilities \_\_\_\_\_

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

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

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

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

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

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**II. Financial and Living Skills** (continued)

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

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**III. Taking Care of Home Living Skills**

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

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**III. Taking Care of Home Living Skills** (continued)

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

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**IV. Safety and Health Living Skills**

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

Unable to Do	Learning to Do	Able to Do
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**V. Self Care Living Skills**

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

Unable to Do	Learning to Do	Able to Do
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**VI. Food Living Skills**

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

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**VI. Food Living Skills** (continued)

Shop using a list	_____	_____	_____
Know how to properly store food	_____	_____	_____
Know the warning signs of spoiled food	_____	_____	_____
Know how to follow recipe while cooking	_____	_____	_____
Know how to cook food on a stove	_____	_____	_____
Know how to use a microwave	_____	_____	_____
Know how to use small appliances (toaster, mixer)	_____	_____	_____
Know how to order from a menu in restaurant	_____	_____	_____
Know how to tip the waiter/waitress	_____	_____	_____
Know how to place take-out orders by phone	_____	_____	_____

<b>Unable to</b>	<b>Learning</b>	<b>Able to</b>
<b>Do</b>	<b>to Do</b>	<b>Do</b>

**VII. Transportation in Community Skills**

Know how to call for a taxi	_____	_____	_____
Know how to use public bus transportation	_____	_____	_____
Can read road maps to travel	_____	_____	_____
Can read schedules ( bus, plane)	_____	_____	_____
Can travel alone to another city	_____	_____	_____
Understand and obey driving traffic signs and laws	_____	_____	_____
Know what to do if I get lost	_____	_____	_____
Know how to use a cell phone	_____	_____	_____
Have a license and can drive a car	_____	_____	_____

# Transition Planning- This is Me

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

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

Name of student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

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

	YES	NO	Have Never Done
<b>VIII. Community – What I Like To Do</b> (continued)			
I like to go to the library	_____	_____	_____
I like making crafts	_____	_____	_____
I like visiting with friends	_____	_____	_____
I like going to or having a party	_____	_____	_____
I like playing cards	_____	_____	_____
I like going to church	_____	_____	_____
I like collecting	_____	_____	_____
If YES, what do you collect? _____			
_____			
I have hobbies	_____	_____	
If YES, what are your hobbies? _____			
_____			
I like eating out at a restaurant	_____	_____	_____
I like to go dancing	_____	_____	_____
I like to belong to clubs	_____	_____	_____
If YES, what clubs do you belong to? _____			
_____			
I like volunteering	_____	_____	_____
If YES, where have you volunteered? _____			
_____			
I like helping friends	_____	_____	
I like “hanging out” with my friends	_____	_____	
I like going to a museum	_____	_____	_____



**Have  
Never  
Done**

**YES**

**NO**

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

I like listening to music

\_\_\_\_\_

\_\_\_\_\_

I like going to the gym or YMCA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I like playing video games

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I like riding horses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, what are your talents? \_\_\_\_\_

\_\_\_\_\_

I like playing sports

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, what sports do you play? \_\_\_\_\_

\_\_\_\_\_

I like playing board games

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I like going to the zoo

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I like going on a vacation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, where have you gone on vacation? \_\_\_\_\_

\_\_\_\_\_

What else would you like to tell us about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_