

Informal Assessments for Transition Planning

Second Edition

Reproducible Forms

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Comprehensive Assessment Matrix

	Domain	Level 2: Comprehensive Informal Inventory		Level 3: Aligned Informal Assessments
		Level 1: TPI-2 Item		
WORKING	Career Choice and Planning	1. Names occupations he/she prefers over all others, when asked.	10 indicators (p. 18)	2. Job Search Analysis 6. Reflecting on My Interests 7. Work Preferences and Values Inventory
		2. Knows job requirements and demands of his/her preferred occupations.	9 indicators (p. 18)	2. Job Search Analysis 5. Matching Your Strengths, Preferences, and Interests With a Specific Occupation
		3. Chooses preferred occupations based on his/her interests, preferences, and strengths.	13 indicators (pp. 18–19)	1. Job-Related Preferences Checklist 5. Matching Your Strengths, Preferences, and Interests With a Specific Occupation 7. Work Preferences and Values Inventory 9. Personal Strengths
		4. Knows how to get a job.	16 indicators (p. 19)	3. Job Interview: Are You Ready to Answer Questions? 4. Job Interview Skills 20. FACTS Communication Skills Self-Report
	Employment Knowledge and Skills	5. Has general job skills expected by employers to keep a job.	18 indicators (pp. 19–20)	8. General Job Skills Assessment 9. Personal Strengths 11. Steps to Quitting a Job 20. FACTS Communication Skills Self-Report
		6. Has work attitudes expected by employers to keep a job.	17 indicators (p. 20)	9. Personal Strengths 12. Work Attitudes Inventory
		7. Has the specific knowledge and skills needed for an entry-level job that he/she has an interest in.	19 indicators (pp. 20–21)	5. Matching Your Strengths, Preferences, and Interests With a Specific Occupation
		8. Knows how to change jobs.	10 indicators (p. 21)	10. Should I Stay or Should I Go? 11. Steps to Quitting a Job
		9. Knows how to gain entry into a community work- or job-training program, if needed, for the job he/she wants.	10 indicators (pp. 21–22)	16. Steps to Gain Entry Into a Training Program
	Further Education/ Training	10. Knows how to get into a college or career-technical school that meets his/her needs.	18 indicators (p. 22)	13. Learning Support Services and Programs 16. Steps to Gain Entry Into a Training Program
		11. Has the study and organizational skills expected by instructors in a college or career-technical program.	11 indicators (pp. 22–23)	14. Course Analysis Guide 21. Study and Learning Skills Inventory
		12. Knows how to access disability support services in postsecondary education.	10 indicators (p. 23)	13. Learning Support Services and Programs

LEARNING	Domain	Level 1: TPI-2 Item	Level 2: Comprehensive Informal Inventory	Level 3: Aligned Informal Assessments
	Further Education/ Training	13. Knows how to get help from classmates, friends, family, or others while in a college or career-technical program.	10 indicators (p. 23)	15. Informal Supports for College and Training Programs
	Functional Communication	14. Has speaking skills needed after high school.	15 indicators (p. 24)	4. Job Interview Skills 17. Assistive Technology Needs and Future Adult Setting Applications 18. Challenges in the Classroom 19. FACTS Communication Skills Observation 20. FACTS Communication Skills Self-Report 21. Study and Learning Skills Inventory
		15. Has listening skills needed after high school.	15 indicators (p. 24)	4. Job Interview Skills 17. Assistive Technology Needs and Future Adult Setting Applications 18. Challenges in the Classroom 19. FACTS Communication Skills Observation 20. FACTS Communication Skills Self-Report 21. Study and Learning Skills Inventory
		16. Has reading skills needed after high school.	14 indicators (pp. 24–25)	17. Assistive Technology Needs and Future Adult Setting Applications 18. Challenges in the Classroom 21. Study and Learning Skills Inventory 28. Parents of Teenagers Survival Checklist
		17. Has writing skills needed after high school.	14 indicators (p. 25)	17. Assistive Technology Needs and Future Adult Setting Applications 18. Challenges in the Classroom 21. Study and Learning Skills Inventory
	Self-Determination	18. Understands his/her strengths and limitations.	10 indicators (pp. 25–26)	3. Job Interview: Are You Ready to Answer Questions? 4. Job Interview Skills 9. Personal Strengths 18. Challenges in the Classroom 21. Study and Learning Skills Inventory 23. Disability and Me 26. Self-Determination/Self-Advocacy Checklist
		19. Explains the impact of his/her disability on various life situations.	11 indicators (p. 26)	23. Disability and Me 26. Self-Determination/Self-Advocacy Checklist
		20. Advocates for self-interests and needs.	19 indicators (pp. 26–27)	15. Informal Supports for College and Training Programs 25. Self-Advocacy Scenarios 26. Self-Determination/Self-Advocacy Checklist

(continues)

Domain		Level 1: TPI-2 Item	Level 2: Comprehensive Informal Inventory	Level 3: Aligned Informal Assessments
LEARNING	Self-Determination	21. Makes personal decisions.	17 indicators (p. 27)	1. Job-Related Preferences Checklist 6. Reflecting on My Interests 24. How Do You Know You’re Successful? Goal Attainment Scale 25. Self-Advocacy Scenarios 47. Health Quiz
		22. Sets goals based on personal preferences, interests, strengths, and needs.	9 indicators (p. 27)	24. How Do You Know You’re Successful? Goal Attainment Scale 26. Self-Determination/Self-Advocacy Checklist
		23. Plans for reaching goals and making plans work.	10 indicators (p. 28)	24. How Do You Know You’re Successful? Goal Attainment Scale 26. Self-Determination/Self-Advocacy Checklist
		24. Knows his/her basic legal rights.	15 indicators (p. 28)	22. Americans With Disabilities Act (ADA) Quiz 34. Citizenship and Legal Skills 35. Citizenship Scenarios
		25. Knows how to make legal decisions affecting his/her life.	14 indicators (pp. 28–29)	34. Citizenship and Legal Skills 35. Citizenship Scenarios
LIVING	Independent Living	26. Knows how to find a place to live when he/she leaves home.	17 indicators (p. 29)	27. Living on My Own
		27. Knows how to do routine household tasks.	23 indicators (pp. 29–30)	27. Living on My Own 28. Parents of Teenagers Survival Checklist 29. Tech Basics
		28. Knows how to take care of basic home maintenance and repairs.	13 indicators (p. 30)	27. Living on My Own 28. Parents of Teenagers Survival Checklist 30. What Would You Do in Unexpected Situations?
		29. Solves problems in new or unexpected situations.	11 indicators (p. 30–31)	45. Emotional and Mental Health Care: Can I Take Care of Problems on My Own? 48. Physical Health Care: Can I Take Care of Problems on My Own? 49. When Do I Call 911? 50. Child-Care Experiences and Skills
		30. Knows how to be careful in situations that might be harmful to him/her.	11 indicators (p. 31)	30. What Would You Do in Unexpected Situations?
		31. Knows how to use everyday technology.	16 indicators (p. 31)	29. Tech Basics 36. Finding and Using the Places That Provide What I Need

		Level 2:	Level 3:	
Domain	Level 1: TPI-2 Item	Comprehensive Informal Inventory	Aligned Informal Assessments	
LIVING	Personal Money Management	32. Buys everyday items that he/she needs or wants.	13 indicators (p. 32)	31. Financial Skills and Abilities Inventory 32. Spending and Saving Money
		33. Knows how to pay bills.	13 indicators (p. 32)	28. Parents of Teenagers Survival Checklist 31. Financial Skills and Abilities Inventory
		34. Knows how to use a checking, savings, credit card, or other type of account.	14 indicators (pp. 32–33)	29. Tech Basics 31. Financial Skills and Abilities Inventory 32. Spending and Saving Money
		35. Knows how to budget and manage his/her money.	16 indicators (p. 33)	31. Financial Skills and Abilities Inventory 32. Spending and Saving Money 33. The Right Price: Living on My Own
	Community Involvement and Usage	36. Is a responsible and law-abiding citizen.	14 indicators (p. 33–34)	34. Citizenship and Legal Skills 35. Citizenship Scenarios
		37. Locates and uses businesses to buy what he/she needs.	13 indicators (p. 34)	36. Finding and Using the Places That Provide What I Need 38. Looking at My Transportation Options
		38. Knows how to obtain assistance or benefits from specific local/state/federal agencies.	16 indicators (p. 34)	40. Whom Can I Turn to for Help?
		39. Knows how to use local transportation systems when needed.	13 indicators (p. 35)	28. Parents of Teenagers Survival Checklist 38. Looking at My Transportation Options 39. Public Transportation Skills Checklist
		40. Knows how to get to places he/she wants to go in the community.	12 indicators (p. 35)	39. Public Transportation Skills Checklist
		41. Knows how to get a driver's license.	15 indicators (pp. 35–36)	37. Getting a Driver's License
	Leisure Activities	42. Knows preferred leisure activities.	13 indicators (p. 36)	6. Reflecting on My Interests 41. Recreation Interests (Indoor Version) 42. Recreation Interests (Outdoor Version)
		43. Participates in various indoor leisure activities.	10 indicators (p. 36)	41. Recreation Interests (Indoor Version) 43. Sportsmanship Reflection
		44. Participates in various outdoor leisure activities.	10 indicators (p. 37)	42. Recreation Interests (Outdoor Version) 43. Sportsmanship Reflection
		45. Goes to different entertainment events.	14 indicators (p. 37)	41. Recreation Interests (Indoor Version) 42. Recreation Interests (Outdoor Version)

(continues)

		Level 2: Comprehensive Informal Inventory	Level 3: Aligned Informal Assessments
Domain	Level 1: TPI-2 Item		
LIVING	Health	46. Maintains good physical health.	20 indicators (pp. 37–38) 28. Parents of Teenagers Survival Checklist 46. Health Inventory
		47. Knows how to address physical problems that arise.	18 indicators (p. 38) 28. Parents of Teenagers Survival Checklist 47. Health Quiz 48. Physical Health Care: Can I Take Care of Problems on My Own? 49. When Do I Call 911?
		48. Maintains good emotional and mental health.	13 indicators (pp. 38–39) 46. Health Inventory 51. Preventing and Dealing With Conflicts in Your Everyday Life
		49. Knows how to address emotional and mental health problems that arise.	14 indicators (p. 39) 15. Informal Supports for College and Training Programs 45. Emotional and Mental Health Care: Can I Take Care of Problems on My Own? 47. Health Quiz
		50. Knows how to make choices regarding sexual behavior based on accurate information.	22 indicators (pp. 39–40) 28. Parents of Teenagers Survival Checklist 44. Facts About STDs and Pregnancy
	Interpersonal Relationships	51. Gets along well with family members and relatives.	15 indicators (p. 40) 52. Social and Personal Skills Inventory
		52. Gets along well with people outside of the family.	28 indicators (pp. 40–41) 52. Social and Personal Skills Inventory
		53. Establishes and maintains friendships in different settings.	28 indicators (pp. 41–42) 52. Social and Personal Skills Inventory
		54. Displays appropriate social behavior in everyday social settings.	13 indicators (p. 42) 4. Job Interview Skills 20. FACTS Communication Skills Self-Report 43. Sportsmanship Reflection 51. Preventing and Dealing With Conflicts in Your Everyday Life 52. Social and Personal Skills Inventory
		55. Knows how to deal with conflicts with people in public.	11 indicators (pp. 42–43) 43. Sportsmanship Reflection 51. Preventing and Dealing With Conflicts in Your Everyday Life 52. Social and Personal Skills Inventory
		56. Adapts to new social situations.	11 indicators (p. 43) 25. Self-Advocacy Scenarios 43. Sportsmanship Reflection 51. Preventing and Dealing With Conflicts in Your Everyday Life
		57. Knows about the skills and responsibilities of being a parent.	13 indicators (p. 43) 50. Child-Care Experiences and Skills

Instruments Listed Numerically Within Major Adult Domains

Working

1. Job-Related Preferences Checklist
2. Job Search Analysis
3. Job Interview: Are You Ready to Answer Questions?
4. Job Interview Skills
5. Matching Your Strengths, Preferences, and Interests With a Specific Occupation
6. Reflecting on My Interests
7. Work Preferences and Values Inventory
8. General Job Skills Assessment
9. Personal Strengths
10. Should I Stay or Should I Go?
11. Steps to Quitting a Job
12. Work Attitudes Inventory

Learning

13. Learning Support Services and Programs
14. Course Analysis Guide
15. Informal Supports for College and Training Programs
16. Steps to Gain Entry Into a Training Program
17. Assistive Technology Needs and Future Adult Setting Applications
18. Challenges in the Classroom
19. FACTS Communication Skills Observation
20. FACTS Communication Skills Self-Report
21. Study and Learning Skills Inventory
22. Americans With Disabilities Act (ADA) Quiz
23. Disability and Me
24. How Do You Know You're Successful? Goal Attainment Scale
25. Self-Advocacy Scenarios
26. Self-Determination/Self-Advocacy Checklist

Living

27. Living on My Own
28. Parents of Teenagers Survival Checklist
29. Tech Basics
30. What Would You Do in Unexpected Situations?
31. Financial Skills and Abilities Inventory
32. Spending and Saving Money
33. The Right Price: Living on My Own

34. Citizenship and Legal Skills
35. Citizenship Scenarios
36. Finding and Using the Places That Provide What I Need
37. Getting a Driver's License
38. Looking at My Transportation Options
39. Public Transportation Skills Checklist
40. Whom Can I Turn to for Help?
41. Recreation Interests (Indoor Version)
42. Recreation Interests (Outdoor Version)
43. Sportsmanship Reflection
44. Facts About STDs and Pregnancy
45. Emotional and Mental Health Care: Can I Take Care of Problems on My Own?
46. Health Inventory
47. Health Quiz
48. Physical Health Care: Can I Take Care of Problems on My Own?
49. When Do I Call 911?
50. Child-Care Experiences and Skills
51. Preventing and Dealing With Conflicts in Your Everyday Life
52. Social and Personal Skills Inventory

Instruments Listed Alphabetically With Numbers

Americans With Disabilities Act (ADA) Quiz	22
Assistive Technology Needs and Future Adult Setting Applications	17
Challenges in the Classroom	18
Child-Care Experiences and Skills	50
Citizenship and Legal Skills	34
Citizenship Scenarios	35
Course Analysis Guide	14
Disability and Me	23
Emotional and Mental Health Care: Can I Take Care of Problems on My Own? . . .	45
Facts About STDs and Pregnancy	44
FACTS Communication Skills Observation	19
FACTS Communication Skills Self-Report	20
Financial Skills and Abilities Inventory.	31
Finding and Using the Places That Provide What I Need	36
General Job Skills Assessment	8
Getting a Driver's License	37
Health Inventory	46
Health Quiz	47
How Do You Know You're Successful? Goal Attainment Scale	24
Informal Supports for College and Training Programs	15
Job Interview: Are You Ready to Answer Questions?	3
Job Interview Skills	4
Job-Related Preferences Checklist	1
Job Search Analysis	2
Learning Support Services and Programs	13
Living on My Own	27
Looking at My Transportation Options	38
Matching Your Strengths, Preferences, and Interests With a Specific Occupation .	5
Parents of Teenagers Survival Checklist	28
Personal Strengths	9
Physical Health Care: Can I Take Care of Problems on My Own?	48
Preventing and Dealing With Conflicts in Your Everyday Life	51
Public Transportation Skills Checklist	39
Recreation Interests (Indoor Version)	41
Recreation Interests (Outdoor Version)	42
Reflecting on My Interests	6
The Right Price: Living on My Own	33
Self-Advocacy Scenarios	25

Self-Determination/Self-Advocacy Checklist	26
Should I Stay or Should I Go?	10
Social and Personal Skills Inventory	52
Spending and Saving Money	32
Sportsmanship Reflection.	43
Steps to Gain Entry Into a Training Program	16
Steps to Quitting a Job	11
Study and Learning Skills Inventory	21
Tech Basics	29
What Would You Do in Unexpected Situations?	30
When Do I Call 911?	49
Whom Can I Turn to for Help?	40
Work Attitudes Inventory	12
Work Preferences and Values Inventory	7

Name: _____ Date: _____

1. Job-Related Preferences Checklist

Directions: Place a mark (✓ or ✗) by the job preference descriptions that fit with your idea of yourself in your dream job once you complete your education or job training. When you are done, circle the three most important ones.

My dream job...

- _____ is close to where I live.
- _____ pays a lot of money.
- _____ allows me to get promoted to have a higher paying position with more money.
- _____ has a health insurance plan.
- _____ has paid vacation.
- _____ has paid sick days.
- _____ will impress people.
- _____ allows me to learn new skills and improve myself.
- _____ is a place to meet new people.
- _____ makes me proud to work there.
- _____ is in a setting that is clean and neat.
- _____ is in a quiet place.
- _____ allows me to sit to do my work.
- _____ is outdoors.
- _____ is a permanent job, if I do good work and want to stay there.
- _____ allows me to work around other people.
- _____ allows me to work by myself most of the time.
- _____ allows me to help people.
- _____ allows me to move around while I work.
- _____ allows me to make important decisions.
- _____ allows me to work at something I really enjoy.

Final questions:

What kind of setting(s) do you want to work in when you get a job? Check up to three settings, if you want to.

- | | | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> health care | <input type="checkbox"/> outdoors | <input type="checkbox"/> stock room | <input type="checkbox"/> animal care | <input type="checkbox"/> home | <input type="checkbox"/> small store |
| <input type="checkbox"/> farm or ranch | <input type="checkbox"/> hotel | <input type="checkbox"/> office | <input type="checkbox"/> mining | <input type="checkbox"/> military | <input type="checkbox"/> law enforcement |
| <input type="checkbox"/> shopping mall | <input type="checkbox"/> factory | <input type="checkbox"/> airport | <input type="checkbox"/> warehouse | <input type="checkbox"/> school | |
| <input type="checkbox"/> other _____ | | | | | |

Is there anything else you are looking for in a job?

Name: _____ Date: _____

2. Job Search Analysis

Choose an occupation or job that you are interested in right now. Then, thinking about that job, identify job requirements, job skills, and job demands. **The type of job I am most interested in is** _____.

JOB REQUIREMENTS: What do I need for this type of work? ☒ check the box

- ☐ High school diploma
- ☐ GED
- ☐ College degree: _____ 2 years of college _____ 4 years of college _____ 5 or more years of college
- ☐ Career-technical certificate

JOB SKILLS: What basic skills do I need for this type of work? ☒ check the box

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Surfing Internet | <input type="checkbox"/> Answering phone | <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Mechanical skills |
| <input type="checkbox"/> Familiar with PC | <input type="checkbox"/> Filing | <input type="checkbox"/> Sorting skills | <input type="checkbox"/> Welding skills |
| <input type="checkbox"/> Familiar with Mac | <input type="checkbox"/> Typing/keyboarding | <input type="checkbox"/> Math skills | <input type="checkbox"/> Ability to use electrical tools |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Social skills | <input type="checkbox"/> Writing skills | <input type="checkbox"/> Forklift operation |
| <input type="checkbox"/> Microsoft Office
(Word, Excel, Publisher) | <input type="checkbox"/> Cleaning skills | <input type="checkbox"/> Reading skills | <input type="checkbox"/> Carpentry skills |
| <input type="checkbox"/> Facebook, Twitter | <input type="checkbox"/> Cooking skills | <input type="checkbox"/> Problem-solving skills | <input type="checkbox"/> Painting skills |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Child-care skills | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Plumbing skills |
| _____ | <input type="checkbox"/> Customer service | _____ | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ | | _____ |

JOB DEMANDS: What does this job require me to do? ☒ check the box

Physical demands

- ☐ Heavy lifting
- ☐ Sitting
- ☐ Bending
- ☐ Standing
- ☐ Walking
- ☐ Other: _____

Academic Demands

- ☐ A lot of writing
- ☐ Accurate spelling
- ☐ Using a calculator
- ☐ A lot of reading
- ☐ Following step-by-step directions
- ☐ Alphabetizing

Dress code

- ☐ Uniform
- ☐ Jeans & a t-shirt
- ☐ Suit and tie
- ☐ Casual pants
- ☐ Dress or skirt
- ☐ Shirt with collar
- ☐ Boots
- ☐ Tennis shoes
- ☐ Other: _____

Work environment

- ☐ Cold
- ☐ Hot
- ☐ Wet or damp
- ☐ Dry
- ☐ In water
- ☐ In the air/heights
- ☐ Indoors
- ☐ Outdoors
- ☐ Mold/fumes
- ☐ Other: _____

Communication

- ☐ Work alone
- ☐ Work with a partner
- ☐ Work in a group
- ☐ A lot of talking
- ☐ Very little talking
- ☐ Listening to others
- ☐ Standard English (no slang)
- ☐ Other: _____

Note. From *Job Search Analysis*, by T. Nix, 2011, Lawrence: University of Kansas, Copyright 2011 by T. Nix. Adapted with permission.

3. Job Interview: Are You Ready to Answer Questions?

Think about answers to each of the following questions. Put a mark (✓ or ✗) in the box next to the questions you are ready to answer. When you feel confident that you can answer all of the questions, ask your teacher to interview you using questions from this list.

Personal Background (Identification)

- ☐ 1. Tell me about yourself.
- ☐ 2. How old are you?
- ☐ 3. In what civic or community activities have you participated?
- ☐ 4. Do you like people?
- ☐ 5. What do you do with your spare time?
- ☐ 6. What things do you do best?
- ☐ 7. Are there things that you do not like to do?

Education

- ☐ 1. What school do you attend?
- ☐ 2. Did you get any special training in high school?
- ☐ 3. What courses are your favorites? What courses do you dislike the most?
- ☐ 4. Do you participate in any extracurricular activities?
- ☐ 5. Are you frequently absent from school? If so, why?

Skill Training

- ☐ 1. What vocational skills do you possess?
- ☐ 2. What machinery can you operate?
- ☐ 3. How would you describe your computer skills?
- ☐ 4. Have you had any on-the-job training?
- ☐ 5. Did you receive any vocational training in high school?
- ☐ 6. Have you developed any vocational skills from your hobbies?
- ☐ 7. What are your qualifications for this job?

Work Experience and Preferences

- ☐ 1. Have you held any part-time or full-time jobs?
- ☐ 2. What duties did you perform on your job?
- ☐ 3. What did you like most about that job? What did you like least?
- ☐ 4. Why did you leave that job?
- ☐ 5. Did you and your employer get along well?
- ☐ 6. How much do you expect to be paid for this job?
- ☐ 7. Do you believe that you can perform the duties required for this job?
- ☐ 8. Where did you learn about this job opening?
- ☐ 9. What are your best and worst qualities?
- ☐ 10. Do you prefer to work alone or with other people?
- ☐ 11. What kind of an immediate supervisor do you prefer?

Vocational Interests

- ☐ 1. What type of work do you want to do? What job tasks do you least like to do?
- ☐ 2. How can you benefit our company?
- ☐ 3. How did you become interested in this type of work?
- ☐ 4. What do you know about our company?
- ☐ 5. What would you do if you could have any job at our company?
- ☐ 6. What are your long-range vocational plans?

Note. From *Job Interview: Questions Which Are Often Asked* (Road to Success Curriculum, Unit 3, p. 43), by D. R. Johnson, C. Ledford, and A. S. Gaumer Erickson, 2009, Lawrence: University of Kansas Center for Research on Learning. Copyright 2009 by D. R. Johnson, C. Ledford, and A. S. Gaumer Erickson. Adapted with permission.

Name: _____ Date: _____

4. Job Interview Skills

We're going to practice job interviews. After each interview, rate yourself (interviewee) on the following topics using a scale of 1 (*not at all*) to 5 (*excellent*). The interviewer and observer will also complete the ratings on your interview skills.

WEAR APPROPRIATE CLOTHING

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

APPEAR NEAT AND CLEAN

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

BE PREPARED

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

ASK QUESTIONS

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

ANSWER QUESTIONS CLEARLY AND COMPLETELY

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

COMMUNICATE POSITIVELY

Interviewee (You)

1 2 3 4 5

Interviewer

1 2 3 4 5

Observer

1 2 3 4 5

Discuss the ratings. What is one thing you're going to work on for your next interview?

Note. From *Job Interview Ratings* (Road to Success Curriculum, p. 210), by D. R. Johnson & P. Lancaster, 2005, Lawrence: University of Kansas Center for Research on Learning. Copyright 2005 by D. R. Johnson and P. Lancaster. Adapted with permission.

5. Matching Your Strengths, Preferences, and Interests With a Specific Occupation

Do your strengths, preferences, and interests match the job you're interested in? Find out by first listing the job title: _____. Complete all columns by placing a mark (✓ or ✗) by the side of each statement when it applies. The "I Can Do This" column should only be completed by you. The "This Fits the Job" column should be completed by you, a school representative, or an employer. To complete this column, you may use an interview with an employer or conduct an Internet search, or you can ask an employer to complete it. Place a mark in the box for all matches in the "This Is a Match!" column.

Occupation or Job Requirements/Demands	I Can Do This	This Fits the Job	This Is a Match!
Physical Demands:			
Requires sitting (5–6+ hours per day)			
Requires standing/walking (5–6+ hours per day)			
Requires lifting/handling (30–60 pounds)			
Requires good use of hands/eye–hand coordination			
Requires normal vision (with or without correction)			
Requires normal hearing (with or without correction)			
Requires working a full 8-hour day			
Physical Working Conditions:			
Requires inside work (6+ hours per day)			
Requires outside work (6+ hours per day)			
Conditions include exposure to fumes, dust, or odors			
Requires use of hazardous mechanical equipment or materials			
May involve hazardous or dangerous activity			
Requires workers to be exposed to extreme noise			
Conditions involve extreme changes in temperature			
Conditions involve extreme changes in humidity			
Requires exposure to dirt, waste materials, or toxic materials			
Requires working with extreme heights or below ground level			
Educational Requirements:			
Requires completion of a high school education or higher			
Requires the understanding and use of written information			
Requires the use of a specialized job-related vocabulary			
Requires math computations or the use of calculators			
Requires computer skills			
Requires a fast typing speed			
Requires the use of specialized equipment or materials			
Social Interaction Demands:			
Requires frequent interaction with other workers/supervisors			
Requires frequent contact with customers, clients, or patients			
Requires supervision from more than one supervisor			
Requires workers to accept and use constructive criticism			
Requires knowledge of how and when to ask for assistance			
Requires group work or team work			

Note. From *Functional Assessment in Transition and Rehabilitation for Adolescents and Adults With Learning Disabilities* (pp. 59–62), by M. Bullis and C. Davis (Eds.), Austin, TX: PRO-ED. Copyright 1999 by PRO-ED. Adapted with permission.

Name: _____ Date: _____

6. Reflecting on My Interests

I liked to do these things when I was little:

a. _____

b. _____

I like to do these things now:

a. _____

b. _____

I liked these school subjects when I was little:

a. _____

b. _____

I like these school subjects now:

a. _____

b. _____

I wanted to have these careers when I was little:

a. _____

b. _____

I want to have these careers now:

a. _____

b. _____

Note. From *Connections: A Transition Curriculum for Grades 3 Through 6* (p. 31), by Jefferson County Public Schools, n.d., Denver, CO: Jefferson County Public Schools. Copyright by Jefferson County Public Schools. Adapted with permission.

Name: _____ Date: _____

7. Work Preferences and Values Inventory

Please place a mark (✓ or X) next to the choice that seems to be the most like you.

1. _____ work indoors
_____ work outdoors
2. _____ work alone
_____ work with other people
3. _____ work with your hands
_____ work with your mind
4. _____ work in the daytime
_____ work at night
5. _____ work for a boss
_____ be a boss yourself
6. _____ create or build something
_____ use plans someone else has made
7. _____ work in a city
_____ work in the country
8. _____ make a lot of money at a job you don't like
_____ enjoy your job but not make a lot of money
9. _____ have a job you can get when you finish high school
_____ have a job that requires college
10. _____ have a job where you travel
_____ have a job where you stay in one place
11. _____ work in your own home
_____ work outside your home
12. _____ be famous
_____ be known only to your friends and family
13. _____ have a job where you help other people
_____ have a job where you work more with machines, papers, and other things

Look carefully at the choices you have made. List three jobs you might one day have that would interest you most.

1. _____
2. _____
3. _____

Note. From *Connections: A Transition Curriculum for Grades 3 Through 6* (p. 35), by Jefferson County Public Schools, n.d., Denver, CO: Jefferson County Public Schools. Copyright by Jefferson County Public Schools. Adapted with permission.

Name: _____ Date: _____

8. General Job Skills Assessment

Directions: Evaluate the student on how well he or she performs the general job skills described in the statements below. For each statement, put a mark (✓ or ✗) in the box under the number that reflects the appropriate competency rating.

1 = No evidence of skill without support
 2 = Inconsistent performance or quality of performance
 N/O = No opportunity to observe

3 = Consistent and independent satisfactory performance
 4 = Consistent and independent high-quality performance

Job Skills	1	2	3	4	N/O
Demonstrates good record of attendance					
Demonstrates punctuality in attendance					
Shows pride in work he or she performs					
Follows directions for tasks assigned					
Begins work without being asked or told					
Helps others voluntarily					
Works at a pace that is productive and safe					
Stays on task until the task or job is completed					
Works under pressure or within time limits					
Manages time appropriately when left alone					
Seeks help when needed					
Reacts appropriately to constructive criticism of performance					
Assumes responsibility for own actions, behaviors, or performance					
Shows respect for other people					
Shows respect for property and materials					
Shows willingness to learn new skills or information that could expand the job					
Shows adaptability to changing situations					
Responds appropriately to emergencies					
Shows problem-solving skills					
Keeps work area clean and organized					
Follows safety regulations and routines					
Dresses appropriately for specific job and weather					
Uses break time appropriately					
Demonstrates appropriate social skills for a workplace					
Other skills:					

Note. From "Transition Planning: Developing a Career Portfolio for Students With Disabilities," by M. Sarkees-Wircenski and J. L. Wircenski, 1994, *Career Development for Exceptional Individuals*, 17(2), p. 208. Copyright 1994 by Division on Career Development and Transition, the Council for Exceptional Children. Adapted with permission.

Name: _____ Date: _____

9. Personal Strengths

Directions: Place a mark (✓ or ✗) next to any sentence that describes you. Then write additional strengths at the bottom of the page. When you've finished, put a star next to the three sentences that best describe you.

- _____ I'm reliable.
- _____ I'm friendly.
- _____ I'm easy to get along with.
- _____ I try to follow instructions.
- _____ I like to do things with others.
- _____ I like to do things on my own.
- _____ I like to help other people.
- _____ I like to keep things neat and organized.
- _____ I like to have a good time.
- _____ I don't brag too much.
- _____ I stick with things until they get done.
- _____ I can work out my problems on my own.
- _____ I ask others for help when I need it.
- _____ I can help others work out their problems.
- _____ I'm good with mechanical things.
- _____ I have common sense.
- _____ I'm energetic.
- _____ I'm a good listener.
- _____ I'm polite.
- _____ I'm honest.
- _____ I'm hardworking.
- _____ I'm usually on time.
- _____ I'm serious.
- _____ I'm generous.
- _____ I'm proud of myself.
- _____ I can keep a secret.
- _____ I'm a good friend.
- _____ I'm a good student.
- _____ I'm musical.
- _____ I'm artistic.
- _____ I'm creative.
- _____ I'm good with words.
- _____ I can "get to the heart of things."
- _____ I'm good with my hands.

Use this space to write down your other strengths:

Note. From *Speak Up for Yourself and Your Future*, by K. F. Furney, N. Carlson, D. Lisi, S. Yuan, and L. Cravedi-Cheng, 1993, Burlington: University of Vermont. Copyright 1993 by University of Vermont. Adapted with permission.

Name: _____ Date: _____

10. Should I Stay or Should I Go?

If you are thinking about leaving a job, you should answer some questions first. These short-answer questions are good to answer with a parent, teacher, or transition/work experience counselor. They can help you make a good decision about leaving your current job. Write your answers in the space provided, or have your teacher ask you the questions, like in an interview.

1. Why are you thinking about leaving your job?

2. If there is a problem at your job, are there ways you can fix the problem with help from a co-worker, a parent, a teacher, a transition counselor, or your boss? If so, have you talked with your boss about possible ways to fix the problem?

3. What do you plan to do with your time if you're not at this job?

4. Do you have a new job you want to apply for? Why did you choose it?

- a. Does the new job seem better than the current job? Why?

- b. Is the pay the same, less, or more?

- c. Is the distance the same, less, or more?

- d. Do you know people at the new job?

5. What could change in your current job that would make you want to stay?

If you like the job and the problem can be fixed, then you should work with your boss on trying to stay. Ask your teacher or transition counselor to help you practice the conversation with your boss about this. However, if you have tried to work out the problems with your current job but are still not happy with it, then you should consider leaving your job.

Note. From *Should I Stay or Should I Go?*, by B. A. Clavenna-Deane, 2011, Lawrence: University of Kansas Center for Research on Learning. Copyright 2011 by B. A. Clavenna-Deane. Adapted with permission.

11. Steps to Quitting a Job

Choose between Section 1: Quitting Without a New Job and Section 2: Quitting With a New Job. Put a mark (✓ or ✗) in each space as you complete the step.

Section 1: Quitting Without a New Job

Complete these tasks to resign from your job.

1. _____ Practice what you will say to the employer you are leaving.
2. _____ Meet with your boss to tell him or her you are leaving; be calm and just tell your employer you wish to leave.
3. _____ Give your boss 2 weeks' notice of your end date in writing.
4. _____ Ask your boss if he or she can write a letter of recommendation for you.

Section 2: Quitting With a New Job

Complete these tasks to resign from your job.

1. _____ Search for another job you're qualified for.
2. _____ Apply for another job.
3. _____ Get hired for another job with a start date no earlier than 2 weeks from when you tell your current employer that you are quitting.
4. _____ Practice what you will say to your employer about leaving.
5. _____ Meet with your boss to tell him or her you are leaving; be calm and just tell your employer you wish to leave.
6. _____ Give your boss at least 2 weeks' notice of your end date in writing.
7. _____ Ask your boss if he or she can write a letter of recommendation for you.

12. Work Attitudes Inventory

You have the right to remain silent. Anything you say can and will be used to assist you in planning for working in the job of your choice after you finish school. You have the right to have help in completing this inventory. If you cannot afford help from someone outside of school, the school will provide that help. Do you understand your rights? If you decide to cooperate fully, just mark (✓ or X) the boxes to the right of each attitude statement that reflects your agreement that the statement is Not Like Me, Sometimes Like Me, or Very Much Like Me. When you are done, your handcuffs will be removed and you are free to go back to your cell desk.

Work Attitudes	Not Like Me	Sometimes Like Me	Very Much Like Me
1. I want to have a job that I enjoy doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I am asked to do something new, I do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want my employer to like how I work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I care about where I work more than what kind of work it is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important to me not to miss a day working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I look forward to quitting time at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appearance is important to me on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If I am tired or in a bad mood, it is OK to stay home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If someone teases me on the job, I will tease back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I look forward to making friends at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. As long as I get my work done, I don't need to look cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I want my boss to tell me when I make mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I care about the quality of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I ignore my boss when he or she tells me I should do something a different way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I care about how much work I can complete in a day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. It is important to me that I show respect to others on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Learning Support Services and Programs

Check out the nature and types of services available at the college, school, or training program you are considering. Talk to someone in the disability services office to find out what supports are available.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the program have a full-time disability director?
<input type="checkbox"/>	<input type="checkbox"/>	Does the program have a disability assistant director or coordinator?
<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide the accommodations I need?
<input type="checkbox"/>	<input type="checkbox"/>	Does each student in the program have an "Individualized Plan"?
<input type="checkbox"/>	<input type="checkbox"/>	Is tutoring available from staff or graduate-level interns who are trained in disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	Is each student provided with a primary contact person in the program?
<input type="checkbox"/>	<input type="checkbox"/>	Are the services housed in the disability student services office?
<input type="checkbox"/>	<input type="checkbox"/>	Are accommodations provided for testing? If yes, are the ones I need available? List needed accommodations here: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Are accommodations provided for assignments? If yes, are the ones I need available? List needed accommodations here: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Are accommodations provided for in-class participation? If yes, are the ones I need available? List needed accommodations here: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Are there established policies on how students get services?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a strong emphasis on student self-advocacy?
<input type="checkbox"/>	<input type="checkbox"/>	Are student support groups available?
<input type="checkbox"/>	<input type="checkbox"/>	Are services available all year, including summer school sessions?
<input type="checkbox"/>	<input type="checkbox"/>	Are course instructors informed of the accommodations I will need?
<input type="checkbox"/>	<input type="checkbox"/>	Are course substitutes or waivers available in my chosen major course of study?
<input type="checkbox"/>	<input type="checkbox"/>	Are students referred to other on-campus resources when they need other supports?
<input type="checkbox"/>	<input type="checkbox"/>	Are developmental courses available?
<input type="checkbox"/>	<input type="checkbox"/>	Are instructors aware of requirements under Section 504 of the Rehabilitation Act?
<input type="checkbox"/>	<input type="checkbox"/>	Does the college or university meet minimal requirements under Section 504 of the Rehabilitation Act?
<input type="checkbox"/>	<input type="checkbox"/>	Is the program well established, with a strong record of supporting students?
<input type="checkbox"/>	<input type="checkbox"/>	Are the services free for students with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	Could the director or assistant director attend the IEP meeting during my senior year? If so, how can I contact the person? _____
<input type="checkbox"/>	<input type="checkbox"/>	Are students required to provide documentation of their disabilities? If so, what documentation do I need? _____

Note. From *Resource Guide for Students With Learning Disabilities in Connecticut Colleges and Universities* (pp. 60–61), by J. M. McGuire and S. F. Shaw (Eds.), 1989, Storrs: University of Connecticut, Center on Postsecondary Education and Disability. Copyright 1989 by University of Connecticut. Adapted with permission.

14. Course Analysis Guide

For a high school or college course, use this checklist to analyze the instructional and evaluation formats. Put a mark (✓ or ✗) next to materials or methods that are used on a regular basis. If you haven't taken the course, ask the teacher or a student who has completed the course to assist you with this analysis.

Course: _____

Instructor: _____

Course Materials

Which of these materials are used in this course?

- _____ Required texts
- _____ Optional texts
- _____ Reserve readings
- _____ Handouts
- _____ Internet resources
- _____ Other: _____

Content Presentation

Which format is used in class sessions?

- _____ Lecture
- _____ Class discussion
- _____ Small-group activities
- _____ Specific in-class assignments (e.g., writing assignments, labs)
- _____ Student presentation/performance
- _____ Other: _____

Which instructional techniques are used in this course?

- _____ Advance organizers (lecture outlines)
- _____ Computer-based presentations
- _____ Other audiovisual aids: _____
- _____ Course Web site (e.g., Blackboard)
- _____ Internet-based activities
- _____ Field-based experience/service learning
- _____ Other: _____

Student Responsibilities

Which tasks are students required to do in class?

- _____ Take notes from lectures and presentations

_____ Respond to direct questioning

_____ Reading assignments/activities

_____ Writing assignments/activities

_____ Independent work activities

_____ Small-group work/discussion

_____ Class participation

_____ Oral participation

_____ Other: _____

Which tasks are students required to do out of class?

_____ Reading assignments

_____ Writing assignments

_____ Internet-based activities

_____ Short papers (fewer than 5 pages)

_____ Long papers (more than 5 pages)

_____ Fieldwork/service learning

_____ Course projects

_____ Interviews

_____ Extra credit (options available)

_____ Other: _____

Student Evaluation

How are the students evaluated in this course?

_____ Tests

_____ Papers

_____ Performance measures

_____ In-class presentations

_____ Projects (group)

_____ Projects (individual)

_____ Fieldwork/service learning

_____ Other: _____

(continues)

14. Course Analysis Guide *(continued)*

What types of tests and test items are used in this course?

- ☐ No testing is done
- ☐ Essay
- ☐ Short answer
- ☐ Multiple choice
- ☐ Other objective tests (i.e., matching, T/F)
- ☐ Oral exams
- ☐ Performance or skill/demonstration
- ☐ Other: _____

What other standards are used to determine grades?

- ☐ Attendance
- ☐ Arriving on time
- ☐ Attentiveness during class
- ☐ Being prepared for class

Feedback

How is feedback given to students?

- ☐ Grades only
- ☐ Corrective feedback (i.e., comments)
- ☐ Discussion of performance
- ☐ Other: _____

Student Supports

Which of the following course-related support systems are available to students?

- ☐ Accommodation of student needs
- ☐ Instructor access
- ☐ Teaching assistant(s) access
- ☐ Web-based resources
- ☐ Study guides
- ☐ Online textbook resources
- ☐ Special study sessions
- ☐ Peer-support mechanisms
- ☐ Other: _____

Are there other special requirements that contribute to student evaluation (e.g., typing papers, acceptance of late work)?

Are there personal idiosyncrasies of the instructor(s) that may positively or negatively affect a student's success in this course?

Note. From "Analyzing College Courses," by J. R. Patton and E. A. Polloway, 1987, *Academic Therapy*, 22, pp. 276–280. Copyright 1987 by PRO-ED. Adapted with permission.

15. Informal Supports for College and Training Programs

PART 1: WHAT DO I KNOW?

Check the box (✓ or X) that best matches what you know about each item.

	I don't know how	I know a little	I know how
1. I know how to ask for support from friends and other students when I have questions or problems in my college or training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I know how to ask for support from family members when I have questions or problems in my college or training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know how to make an appointment to meet with my college instructor or professor when I have questions to ask in private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I know how to ask for support from former teachers or other adults when I have questions or problems in my college or training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know about support programs at my college or training program (such as the writing center, campus tutoring, or study partner programs), and I know how to ask for support from them when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know about services provided by libraries (libraries at my college or training program or public libraries), and I know how to ask for support from them when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know about support programs at church or campus religious groups, and I know how to ask for support from them when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know about support programs at local independent living centers or community disability groups, and I know how to ask for support from them when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: WHO CAN HELP?

Write down the people you can contact to get support in each area below.

Help with class problems, such as reading, doing homework, or getting projects finished:

Help with making friends or finding things to do with my free time:

Help with feeling down or stressed out about school:

Help with everyday things, such as getting around town, managing my money, getting meals, or doing my laundry:

Note. From *Informal Supports for College and Training Programs*, by Z. McCall. Copyright 2011 by Z. McCall. Adapted with permission.

Name: _____ Date: _____

16. Steps to Gain Entry Into a Training Program

The training program I am most interested in is _____.

STEP 1. Whom Do I Know?

A. Whom do I know who has been through the program:

- a. _____
- b. _____
- c. _____

B. Identify individuals in charge of the training program:

- a. _____
- b. _____
- c. _____

Contact one of these people so you can learn more about the process before you start! You can ask the questions below or come up with your own.

STEP 2: What Do I Need to Do to Get Into the Program?	STEP 3: (If you said yes) How Should I Prepare?	STEP 4: (If you said yes) Who Can Help Me If I Need Help?
1. Do I need to be prepared to take an entry test or the ACT/SAT? _____ Yes _____ No		
2. Do I need to complete an application? _____ Yes _____ No		
3. Do I need to write a letter or essay in addition to an application? _____ Yes _____ No		
4. Do I need to be prepared for an interview? _____ Yes _____ No		
5. Do I need a state ID or driver's license? _____ Yes _____ No		
6. Do I need to pay an application fee? _____ Yes _____ No		
7. Do I need to get a copy of my grades or transcripts? _____ Yes _____ No		
8. Do I need reference letters? _____ Yes If so, how many? _____ _____ No		
9. Do I need to be a certain age? _____ Yes If so, what age? _____ _____ No		

Note. From *Steps to Gain Entry Into a Training Program*, by T. Nix, 2011, Lawrence: University of Kansas. Copyright 2011 by T. Nix. Reprinted with permission.

Name: _____ Date: _____

17. Assistive Technology Needs and Future Adult Setting Applications

Directions: Put a mark (✓ or ✗) in the box next to the assistive technology options that would be helpful to you. Then, for the options that you identified, choose the environments (i.e., workplace, education, home, and community) in which you would use the technology.

	Workplace	Education	Home	Community
Reading				
<input type="checkbox"/> computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> optical character recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> text enhancement/large	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> audio recording	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> page turner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> braille	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> electronic books	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing				
<input type="checkbox"/> computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialized computer software:				
<input type="checkbox"/> word processing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> speech recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> outlining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> brainstorming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology:				
<input type="checkbox"/> alternative keyboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> adapted grip (pen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> slant board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Braille writer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking				
<input type="checkbox"/> speech synthesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening				
<input type="checkbox"/> assistive listening device (e.g., FM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> audio recorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name: _____ Date: _____

18. Challenges in the Classroom

For each of the characteristic statements, put a mark (✓ or ✗) in the column that best describes you.

CHARACTERISTIC	YES	NO	SOMETIMES
I have a hard time paying attention in class.			
I'm easily distracted by noises and movements.			
It's difficult for me to memorize information.			
It's difficult for me to participate in class discussions.			
I forget what I'm supposed to do after instruction.			
I have trouble figuring out new words.			
I have difficulty understanding what I read.			
Reading out loud is embarrassing for me.			
I can learn to spell words, but then I forget the correct spelling.			
Taking notes is hard for me.			
My handwriting is hard to read.			
I have trouble writing sentences and paragraphs.			
I have difficulty organizing my thoughts in an essay.			
I forget how to do math calculations.			
Math word problems are hard for me.			
My memory for math facts is poor.			
I forget materials I need for class.			
I lose track of time and don't finish tasks.			
I misunderstand what people say to me.			
I miss important information when I listen.			
I have trouble writing notes and listening to the teacher at the same time.			
I have a hard time saying what I mean.			
I am easily frustrated with schoolwork.			
Working in groups is hard for me.			

Note. From *Holding the Road: Student Self-Advocacy* (p. 70), by T. Long, B. Austin, and J. Bowen, 1998, Atlanta, GA: L.A.B. Educational Press. Copyright 1998 by L.A.B. Educational Press. Adapted with permission.

Name: _____ Date: _____

19. FACTS Communication Skills Observation

Observe a discussion or video. Think about the nonverbal communication of one of the participants. Circle the most appropriate response to each question.

Face the Person

Did he or she face the person/people?

All the time

Part of the time

Not at all

Activate Eye Contact

Did he or she make eye contact with the person/people?

All the time

Part of the time

Not at all

Check Expression

Did he or she have an appropriate facial expression?

All the time

Part of the time

Not at all

Talk Clearly

Did he or she talk clearly so everyone could hear and understand?

All the time

Part of the time

Not at all

Stay Calm

Did he or she stay calm while speaking?

All the time

Part of the time

Not at all

Note. From *FACTS Checklist* (Road to Success Curriculum, p. 52), D. R. Johnson and P. Lancaster, 2005, Lawrence: University of Kansas Center for Research on Learning. Copyright 2005 by D. R. Johnson and P. Lancaster. Adapted with permission.

Name: _____ Date: _____

20. FACTS Communication Skills Self-Report

Participate in a discussion or practice interview with another person or group of people. Think about your nonverbal communication. Circle the most appropriate response to each question.

Face the Person

Did I face the person/people?

All the time

Part of the time

Not at all

Activate Eye Contact

Did I make eye contact with the person/people?

All the time

Part of the time

Not at all

Check Expression

Did I have an appropriate facial expression?

All the time

Part of the time

Not at all

Talk Clearly

Did I talk clearly so everyone could hear and understand me?

All the time

Part of the time

Not at all

Stay Calm

Did I stay calm while speaking?

All the time

Part of the time

Not at all

Note. From *FACTS Checklist* (Road to Success Curriculum, p. 52), D. R. Johnson and P. Lancaster, 2005, Lawrence: University of Kansas Center for Research on Learning. Copyright 2005 by D. R. Johnson and P. Lancaster. Adapted with permission.

Name: _____ Date: _____
Completed by: _____

21. Study and Learning Skills Inventory

DIRECTIONS: Rate each item using the scale provided. Base the rating on current study and learning skills.

SCALE: 0 = Not Proficient 1 = Partially Proficient 2 = Proficient 3 = Highly Proficient

READING RATE

Skims	0	1	2	3
Scans	0	1	2	3
Reads at rapid rate	0	1	2	3
Reads at normal rate	0	1	2	3
Reads at steady or careful rate	0	1	2	3
Understands the importance of reading	0	1	2	3

LISTENING

Attends to listening activities	0	1	2	3
Applies meaning to verbal messages	0	1	2	3
Filters out auditory distractions	0	1	2	3
Comprehends verbal messages	0	1	2	3
Understands importance of listening skills	0	1	2	3

GRAPHIC AIDS

Attends to relevant elements in visual materials	0	1	2	3
Uses visuals appropriately in presentations	0	1	2	3
Develops own graphic material	0	1	2	3
Is not confused or distracted by visual material in presentations	0	1	2	3
Understands importance of visual material	0	1	2	3

LIBRARY USAGE

Uses cataloging system (card or computerized) effectively	0	1	2	3
Can locate library materials	0	1	2	3
Understands organizational layout of library	0	1	2	3
Understands and uses services of media specialist	0	1	2	3

Understands overall functions and purposes of a library	0	1	2	3
Understands importance of library usage skills	0	1	2	3

REFERENCE MATERIALS

Can identify components of different reference materials	0	1	2	3
Uses guide words appropriately	0	1	2	3
Consults reference materials when necessary	0	1	2	3
Uses materials appropriately to complete assignments	0	1	2	3
Can identify different types of reference materials and sources	0	1	2	3
Understands importance of reference materials	0	1	2	3

TEST TAKING

Studies for tests in an organized way	0	1	2	3
Spends appropriate amount of time studying different topics covered on a test	0	1	2	3
Avoids cramming for tests	0	1	2	3
Organizes narrative responses appropriately	0	1	2	3
Reads and understands directions before answering questions	0	1	2	3
Proofreads responses and checks for errors	0	1	2	3
Identifies and uses clue words in questions	0	1	2	3
Properly records answers	0	1	2	3
Saves difficult items for last	0	1	2	3
Eliminates obvious wrong answers	0	1	2	3
Systematically reviews completed tests to determine test-taking or test-studying errors	0	1	2	3
Corrects previous test-taking errors	0	1	2	3
Understands importance of test-taking skills	0	1	2	3

(continues)

21. Study and Learning Skills Inventory *(continued)*

NOTE TAKING AND OUTLINING

Uses headings (and subheadings) appropriately	0	1	2	3
Takes brief and clear notes	0	1	2	3
Records essential information	0	1	2	3
Uses outlining to organize writing	0	1	2	3
Takes notes while listening to lectures	0	1	2	3
Develops organized outlines	0	1	2	3
Follows consistent note-taking format	0	1	2	3
Understands importance of note taking	0	1	2	3
Understands importance of outlining	0	1	2	3

REPORT WRITING

Organizes thoughts in writing	0	1	2	3
Completes written report from outline	0	1	2	3
Includes only necessary information	0	1	2	3
Uses proper sentence structure	0	1	2	3
Uses proper punctuation	0	1	2	3
Uses proper grammar and spelling	0	1	2	3
Proofreads written assignments	0	1	2	3
Provides clear introductory statements	0	1	2	3
Includes clear concluding statements	0	1	2	3
Understands the importance of writing reports	0	1	2	3

ORAL PRESENTATIONS

Freely participates in oral presentations	0	1	2	3
Organizes presentations well	0	1	2	3
Uses gestures appropriately	0	1	2	3
Speaks clearly	0	1	2	3
Uses proper language when reporting orally	0	1	2	3
Understands importance of oral reporting	0	1	2	3

TIME MANAGEMENT

Completes tasks on time	0	1	2	3
Plans and organizes daily activities and responsibilities effectively	0	1	2	3

Plans and organizes weekly and monthly schedules	0	1	2	3
Reorganizes priorities when necessary	0	1	2	3
Meets scheduled deadlines	0	1	2	3
Accurately perceives the amount of time required to complete tasks	0	1	2	3
Adjusts the time allotment to complete tasks	0	1	2	3
Accepts responsibility for managing own time	0	1	2	3
Understands the importance of effective time management	0	1	2	3

SELF-MANAGEMENT

Monitors own behavior	0	1	2	3
Changes own behavior as necessary	0	1	2	3
Thinks before acting	0	1	2	3
Is responsible for own behavior	0	1	2	3
Identifies behaviors that interfere with own learning	0	1	2	3
Understands the importance of self-management	0	1	2	3

ORGANIZATION

Uses locker effectively	0	1	2	3
Transports books and other material to and from school effectively	0	1	2	3
Has books, supplies, equipment, and other materials needed for class	0	1	2	3
Manages multiple tasks or assignments	0	1	2	3
Uses two or more learning skills simultaneously when needed	0	1	2	3
Meets individual organizational expectations concerning own learning	0	1	2	3

(continues)

21. Study and Learning Skills Inventory *(continued)*

SUMMARY OF LEARNING SKILLS

DIRECTIONS: Summarize in the chart below the number of Not Proficient, Partially Proficient, Proficient, and Highly Proficient sub-skills for each learning skill. The number next to the learning skill represents the total number of sub-skills listed for each area.

Learning Skill	Not Proficient	Partially Proficient	Proficient	Highly Proficient
Reading Rate (6)				
Listening (5)				
Graphic Aids (5)				
Library Usage (6)				
Reference Materials (6)				
Test Taking (13)				
Note Taking and Outlining (9)				
Report Writing (10)				
Oral Presentations (6)				
Time Management (9)				
Self-Management (6)				
Organization (6)				

Summary comments:

[illegible]

Note. From *Teaching Study Skills to Students With Learning Problems: A Teacher's Guide for Meeting Diverse Needs* (2nd ed., pp. 50–54), by J. Hoover and J. Patton, 2007, Austin, TX: PRO-ED. Copyright 2007 by PRO-ED. Adapted with permission.

22. Americans With Disabilities Act (ADA) Quiz

How much do you know about the ADA? To find out, circle the best answer to each question. Your teacher will then provide you with the correct answers.

- | | | |
|---|-------------|--------------|
| 1. The ADA gives civil rights protections to persons with disabilities like those provided on the basis of race, sex, national origin, and religion under the Civil Rights Act of 1964. | True | False |
| 2. The federal definition of disability under the ADA is any physical or mental condition that has a major effect on one or more life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, breathing, learning, and working. | True | False |
| 3. State and local governments do not have to remove all physical barriers, such as stairs, in all existing buildings, as long as they make all programs accessible. An example would be moving a class in a building without elevators to the first floor or to a building that does have an elevator. | True | False |
| 4. An employer may refuse to hire or promote a person who has a child with a disability because the employer thinks the parent's work will be affected in a negative way. | True | False |
| 5. An employee who tells an employer about a disability after he or she has been put on notice of termination (notice of being fired) is protected from firing because of having a disability. | True | False |
| 6. An employer must provide a reasonable accommodation to every person who is hired to work for him or her. | True | False |
| 7. Employers may require an employee to provide documentation of his or her disability when he or she asks for a reasonable accommodation in the workplace. | True | False |
| 8. If a person applying for a job has a disability that is obvious, an employer may ask the person questions about the disability before he or she offers the person a job. | True | False |
| 9. The ADA defines a person with a disability as: | | |
| A. An individual with a physical or mental impairment that substantially limits major life activities | | |
| B. A person who has a record of a physical or mental impairment | | |
| C. A person who is perceived by others as having an physical or mental impairment | | |
| D. Any of the above | | |
| 10. The ADA addresses disability issues as they relate to: | | |
| A. Employment (having a job, keeping a job, getting reasonable accommodations in a job, etc.) | | |
| B. Public accommodations (accessible restrooms, elevators, ramps, accessible drinking fountains, communication devices, etc.) | | |
| C. Transportation (being able to get on and use buses, trains, airplanes, etc.) | | |
| D. All of the above | | |

(continues)

22. Americans With Disabilities Act (ADA) Quiz *(continued)*

11. Service animals are allowed in public places to:
- A. Guide people who are blind, to alert people who are deaf or hard of hearing, or to assist people with physical disabilities
 - B. Guide only people who are blind
 - C. Assist only people with physical disabilities
 - D. Support any individual who wants a service animal
12. Which of the following are considered places of required public accommodations according to the ADA?
- A. Restaurants
 - B. Doctors' offices
 - C. Hotels
 - D. All of the above
13. Not every privately owned business has to follow the employment provisions of the ADA. For example, only a private company with _____ or more employees must comply with the employment hiring and accommodation requirements of the ADA.
- A. 1
 - B. 15
 - C. 50
 - D. 100
14. Which of the following agencies can help answer ADA questions?
- A. Job Accommodation Network (JAN)
 - B. Regional ADA Technical Assistance Centers
 - C. U.S. Equal Employment Opportunity Commission
 - D. All of the above

If you answered **10–14 questions correctly**, you have a strong grasp of the Americans With Disabilities Act.

If you answered **5–9 questions correctly**, you're developing knowledge of the Americans With Disabilities Act's specific protections.

If you answered **0–4 questions correctly**, you've learned that you have a lot to learn about the Americans With Disabilities Act.

Note. From *Americans With Disabilities (ADA) Quiz*, by A. S. Gaumer Erickson, 2011. Copyright 2011 by A. S. Gaumer Erickson. Adapted with permission.

23. Disability and Me

These questions will help you define your disability in order to understand yourself better and identify some of the accommodations you may need after leaving high school. Answer each question with as much information as you know.

1. Describe your disability: How does it impact you at school?
2. What accommodations and support do you receive at school?
3. How does your disability impact you at home?
4. What support do you receive at home?
5. How might your disability affect you in education/training after high school?
6. What accommodations, if any, will you need in education/training after high school?
7. How might your disability affect you on a job?
8. What accommodations, if any, will you need at work?

Note. From *Disability and Me* (Soaring to New Heights Curriculum, Unit 1, p. 73), by D. R. Johnson, A. S. Gaumer Erickson, and C. Ledford, 2009, Lawrence: University of Kansas Center for Research on Learning. Copyright 2009 by D. R. Johnson, A. S. Gaumer Erickson, and C. Ledford. Adapted with permission.

Name: _____ Date: _____

24. How Do You Know You're Successful? Goal Attainment Scale

1. Start with the Expected Level of Outcome in the middle row. This is your “target” goal (i.e., what you expect to achieve).
2. Describe what it would look like if you achieved MORE and LESS than expected.
3. Be as specific as you can with your goal statements. Later, you will be checking your progress toward reaching your goal.

Date to accomplish goal by: _____

Level of Attainment	Goal Statements
Much More Than Expected	
Somewhat More Than Expected	
Expected Level of Outcome	
Somewhat Less Than Expected	
Much Less Than Expected	

Note. From *Goal Attainment Scale for Teachers*, by A. S. Gaumer Erickson, 2009. Copyright 2009 by A. S. Gaumer Erickson. Adapted with permission.

25. Self-Advocacy Scenarios

Each of the following scenarios has a beginning and end. Your job is to tell what happened in the middle, which is when the problem was solved. Choose two of the scenarios and fill in or verbally share the answer that BEST completes the story.

SCENARIO 1:

Beginning: I am really struggling with math homework. I understand all the materials the teacher discusses in class, but when I get home, I can't seem to figure it out. I am getting very frustrated and feel like not even trying anymore.

Middle (solving the problem): Because I really want to pass this course, this is what I did. I decided to...

Ending: With some help from some great people, I successfully completed every homework assignment and understood what I had done.

SCENARIO 2:

Beginning: My best and only friend moved away one year ago. We text each other every day, but I am struggling to make new friends to do stuff with.

Middle (solving the problem): Here is what I decided I had to do. First, I...

Ending: As it turned out, I made some new friends. My best friend is happy for me and wants to get to know them by texting with them also.

SCENARIO 3:

Beginning: Every day at 5:00, I must take medicine. I've told my boss at the fast food restaurant that I need a quick break at 5:00, but when I ask to take my break, she seems angry and tells me that there is a lot of work to do and customers are waiting.

Middle (solving the problem): I realized that I had better talk to my boss or I might lose my job. I said...

Ending: My boss and I now have an understanding. My medication gets taken on time, and my boss doesn't get angry with me anymore.

Note. From *Self-Advocacy Scenarios*, by A. S. Gaumer Erickson, 2011. Copyright 2011 by A. S. Gaumer Erickson. Reprinted with permission.

Name: _____ Date: _____

26. Self-Determination/Self-Advocacy Checklist

How well do you know yourself? How well do you know what you like or prefer for yourself? How well do you know what you value in your life and how those values affect your decisions? How well can you tell others about yourself—your strengths and weaknesses? How well can you tell others how they can be supportive and helpful to you when you need help? How well can you look at your life and make changes when you see things you want to change?

The checklist below will help you know yourself better in these areas. Answer as honestly as you can. If you don't know, you may say that you don't know by checking DK.

Descriptions of Me	At School			At Home/ In the Community		
	Yes	No	DK	Yes	No	DK
I can describe my strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can describe my weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain what I need from special education services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain how I learn best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain what does not help in learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can ask for help without getting upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can state what I want to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can state what I want to do when I graduate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can state my rights as a person with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I speak confidently and with eye contact when talking to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell teachers or work supervisors what I need to be able to do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to look for support or help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get information to make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can solve problems that come up in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can develop a plan of action for goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can begin my work on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can stay on a work schedule or time plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can manage my time to stay on tasks until they are done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can compare my work to a standard and evaluate its quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can tell when my plan of action is working or not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can change goals or my plan of action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. From *Transition Planning Inventory* (p. 208), by G. M. Clark and J. R. Patton, 1997, Austin, TX: PRO-ED. Copyright 1998 by PRO-ED. Adapted with permission.

Name: _____ Date: _____

27. Living on My Own

Circle your answer (Yes or No) to each question. Then put a mark (✓ or ✗) in the box to the left of the questions you want to learn more about.

- | | | | |
|--------------------------|---|-----|----|
| <input type="checkbox"/> | 1. Most people need a little help moving out on their own for the first time.
Do I know someone I trust to help me set up a place to live? | Yes | No |
| <input type="checkbox"/> | 2. Do I know where I will want to live? (Examples: apartment; house; mobile home; duplex; townhouse; dorm, if I go to a college or university) | Yes | No |
| <input type="checkbox"/> | 3. Do I know who I will want to live with? (Examples: by myself, with a friend or friends, with a relative, with a roommate that I don't already know, someone who is paid to help me with the things that are hard for me to do on my own) | Yes | No |
| <input type="checkbox"/> | 4. Do I know how and where to look for a place to live? | Yes | No |
| <input type="checkbox"/> | 5. Do I know how to fill out a housing application? | Yes | No |
| <input type="checkbox"/> | 6. Do I know how to call and set up my phone, TV, and electricity for the first time? | Yes | No |
| <input type="checkbox"/> | 7. Do I know how to get furniture? | Yes | No |
| <input type="checkbox"/> | 8. Do I know how to do everyday chores like cooking, cleaning, and laundry? | Yes | No |
| <input type="checkbox"/> | 9. If my sink is leaking, do I know how to fix it or whom to call? | Yes | No |
| <input type="checkbox"/> | 10. Do I know how to use the air conditioner and heater? | Yes | No |
| <input type="checkbox"/> | 11. Do I know how to use an alarm clock? | Yes | No |
| <input type="checkbox"/> | 12. Do I know how to find a phone number for a repair person (e.g., plumber)? | Yes | No |
| <input type="checkbox"/> | 13. Do I know how to use a stove and oven? | Yes | No |
| <input type="checkbox"/> | 14. Do I know how to use a microwave? | Yes | No |
| <input type="checkbox"/> | 15. Do I know how to shut the water off to my whole house or apartment? | Yes | No |
| <input type="checkbox"/> | 16. Do I know how to shut the electricity off to my whole house or apartment? | Yes | No |
| <input type="checkbox"/> | 17. Do I know how to use a dishwasher? | Yes | No |
| <input type="checkbox"/> | 18. Do I know how to use a washer and dryer? | Yes | No |
| <input type="checkbox"/> | 19. Do I know what to do if my toilet is overflowing? | Yes | No |
| <input type="checkbox"/> | 20. Do I know how to use tools like a hammer, pliers, screwdriver, and wrench? | Yes | No |

Note. From *Living on My Own*, by J. Haffner Dani, 2000. Copyright 2000 by J. Haffner Dani. Adapted with permission.

28. Parents of Teenagers Survival Checklist

PREPARE COOKED MEALS

Can your teenager	no	some	usually	always
set a table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fry bacon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make toast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fry and scramble eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize basic food groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prepare a balanced diet for a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prepare a balanced diet for a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize if foods have spoiled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roast a variety of meats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mash potatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make salads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cook vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPARISON SHOPPING

Groceries

Can your teenager	no	some	usually	always
select fresh fruits and vegetables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
purchase a week's supply of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
buy within a budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
select quality meats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compare prices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compare sizes? (can they recognize that a 12- ounce package of bacon is more expensive than a 1-pound package that is listed at the same price?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take advantage of sale items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use coupons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
determine what items have a long shelf life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
identify what items spoil quickly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make up a shopping list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPARISON SHOPPING

Apparel

Can your teenager	no	some	usually	always
plan a wardrobe that includes school, leisure, and dress clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
buy shoes that fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize types of materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check the quality of items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check seams to see how well they are constructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
realize bargains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take advantage of sales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
compare prices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
keep sales slips and receipts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
return items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
figure percentages on sales items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize quality in what they buy so they won't be misled by false advertising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GEOGRAPHY

Can your teenager	no	some	usually	always
navigate to most areas of your city?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
name surrounding towns and cities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use a road map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell you in which country they live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read road signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask help in directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATHEMATICS

Can your teenager	no	some	usually	always
add?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
subtract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
multiply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
divide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
figure averages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
figure percentages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make change for 1 dollar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make change for 10 dollars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continues)

28. Parents of Teenagers Survival Checklist *(continued)*

Can your teenager	no	some	usually	always
make change for 100 dollars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
measure in inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
measure in feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
measure in yards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize and compare common measurements, such as the following:				
a teaspoon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a tablespoon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a cup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a pint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a quart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a gallon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

READING

Can your teenager read, use, and understand

	no	some	usually	always
a novel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the daily newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
directions on medicine bottles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
directions on detergent boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cookbook instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
monthly statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
traffic signs and symbols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an index in a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a telephone book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the white pages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the yellow pages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an encyclopedia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
technical instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web searches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME MAINTENANCE

Can your teenager	no	some	usually	always
check the safety of an extension cord?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replace a fuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replace a door hinge pin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replace a door knob?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hang a picture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can your teenager	no	some	usually	always
paint a room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
paint trim on a house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clean out guttering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mow the yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trim around walks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use insecticides safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
store tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
put up a shelf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
set a thermostat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replace furnace and air conditioner filters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
defrost a refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clean the stove and oven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
replace lightbulbs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a key made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dust, vacuum, mop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clean and disinfect a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get rid of roaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell which clothing should be laundered and which dry-cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wash and iron clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell which cleaning fluids are best for what jobs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do simple mending and sew on buttons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
contact the landlord or a professional for more serious problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL USE

Can your teenager use	no	some	usually	always
a hammer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a screwdriver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a hand drill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a hand saw?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a square?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continues)

28. Parents of Teenagers Survival Checklist *(continued)*

APPLIANCES

Can your teenager operate	no	some	usually	always
a toaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a stove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a vacuum sweeper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a dishwasher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a clothes washer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a clothes dryer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a lawn mower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a garbage disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an electric mixer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an oven?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an iron?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH

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

PERSONAL GROOMING

Does your teenager	no	some	usually	always
regularly bathe, wash hair, brush teeth, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your teenager	no	some	usually	always
know the importance of using deodorant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know how to buy toiletries: razor blades, deodorant, toothpaste, shampoo, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
realize the importance of having a neat, well-groomed appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
realize the importance of clean clothing and shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know how to manicure his or her fingernails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUALITY

Does your teenager	no	some	usually	always
know the biological basics of sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understand his or her own sexual drives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
accept responsibility for his or her own sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understand birth-control measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
understand the basics of sexual hygiene?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know where to seek professional advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel he or she can discuss problems with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION

Can your teenager	no	some	usually	always
dial a long-distance number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
call collect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
readily find emergency numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use social networking sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
send and answer email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
send text messages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
organize and compose a personal letter and thank-you note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
converse well in private conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continues)

28. Parents of Teenagers Survival Checklist *(continued)*

Can your teenager	no	some	usually	always
state opinions backed by reason and fact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
write a business letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT EVENTS

Can your teenager	no	some	usually	always
read the newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
watch the evening news and discuss current events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
name the current president of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
find current online news?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION

Can your teenager	no	some	usually	always
use public transit systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drive a car safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
recognize minor mechanical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take the car to a reputable mechanic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
change a tire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
check the oil, water, transmission fluid, and windshield washer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can your teenager	no	some	usually	always
be responsible for seeing that the car receives proper maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT

Does your teenager know how to	no	some	usually	always
apply for employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fill out an application form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
obtain a social security card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MONEY MANAGEMENT

Does your teenager know how to	no	some	usually	always
use a credit card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pay monthly bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
balance a checkbook?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
open a checking account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
keep a bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
open a savings account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
apply for a loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
write checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fill out income tax forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use an ATM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use a debit card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you like your teenager to work on in the next year?

1. _____
2. _____
3. _____

What skills can you support your teenager to learn at home?

1. _____
2. _____
3. _____

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

29. Tech Basics

Directions: For each item, first put a mark (✓ or ✗) in the box that best matches how well you can do it. Next, put a check in the “Things to work on” circle for each item you need to work on.

	Can you do it?			Things to work on
	Yes	No	A little or with help	
Internet				
1. I can do online searches and figure out the results for career and education searches (such as finding jobs, colleges, or training programs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
2. I can do online searches and figure out the results for daily living searches (such as finding bus routes or a house/apartment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
3. I can do online searches and figure out the results for shopping and recreation (such as buying things online or finding movie times).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
4. I can create a username and password for security and privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. I can download, upload, and attach electronic documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. I can fill out online forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Communication				
7. I can use word processing software (such as Microsoft Word) to make and change documents for school and work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
8. I can use presentation software (such as PowerPoint) to make and change presentations for school and work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
9. I can use a cell phone to make calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
10. I can use a cell phone to send texts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
11. I can use email.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
12. I can use social networking sites (such as Facebook) for communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
Daily Living				
13. I can use ATMs to make withdrawals and deposits and find out my balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
14. I can pay for my purchases in stores using debit or credit card machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
15. I can use home entertainment tools (such as remote controls, MP3 and DVD players, and cable TV).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
16. I can check and change home heating and cooling controls (such as thermostats or air conditioners).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

Note. From *Tech Basics*, by Z. McCall, 2011. Copyright 2011 by Z. McCall. Adapted with permission.

Name: _____ Date: _____

30. What Would You Do in Unexpected Situations?

Read each of the scenarios and identify actions that you would take in each of the situations.

You're watching TV when you smell something like rotten eggs. You think it might be a gas leak, so you...

The bus drops you off in an area of town that you have never been in before. You have to get home, so you...

You are in the grocery store and someone is following and watching you. It makes you feel really uncomfortable, so you...

You're home alone and you hear the knob on the front door turn. It's locked, but the person keeps fiddling with the latch. You think the person is trying to break in, so you...

You receive an email saying that your account needs to be updated. You click on the link and it asks you to enter your Social Security number. You're not sure why they need this number, so you...

You flush the toilet in your bathroom, and the water starts running over the edge. There is no one else around, so you...

31. Financial Skills and Abilities Inventory

DIRECTIONS: Read each statement and put a mark (✓ or X) in front of those you know you can do. Circle any item that you cannot do but would like to learn how to do.

BUYING EVERYDAY ITEMS

- _____ I know how to look at price labels on products and use those prices to compare prices at other stores.
- _____ I know how to look at unit price labels on products and use those to compare prices of other brands.
- _____ I know what a sign that says “sale” means.
- _____ I know how to do computations for comparison shopping when using coupons or sale discount signs.
- _____ I know the meaning of sale terms (e.g., “30% Sale,” “Sale: 15%–40%,” “All Sales Final”).
- _____ I know when a salesperson is trying to talk me into buying something.

BUYING “BIG TICKET” ITEMS

Cars

- _____ I know where to buy both used and new cars.
- _____ I know the cost difference between buying a used car and a new car.
- _____ I know what the “Blue Book” is and can use it to check used car information.
- _____ I know how to look at price labels on products and use those prices to compare prices at other car dealerships.
- _____ I can read and understand car “sticker labels” for list price.
- _____ I can calculate a total sales price by adding sales taxes, license tags, and other possible charges to a list price.
- _____ I know how to work out a purchase deal that is fair to the dealer and to me.
- _____ I know how to check a used car’s accident history (e.g., CARFAX).
- _____ I know about the process and requirements in financing a car.

Appliances and Furniture

- _____ I know how to find businesses that sell televisions, large home appliances, and furniture.
- _____ I know how to look at price labels on televisions, home appliances, or furniture to compare prices at other businesses.

- _____ I know how to look up prices online to compare prices at multiple businesses.
- _____ I know how to calculate floor space needed for large-purchase items like furniture or appliances.
- _____ I can calculate a total sales price by adding sales taxes and other possible charges to a list price.
- _____ I know about the process and requirements for financing a large-purchase item.

PAYING BILLS AND TAXES

- _____ I can read and understand a billing statement.
- _____ I know how to pay a bill in person.
- _____ I know how to pay a bill by mail.
- _____ I know how to pay bills electronically.
- _____ I can read and understand words, terms, and abbreviations used in federal and state tax information (e.g., *withholding tax*, *tax exemptions*, *tax liability*, *FICA*, *IRS*).
- _____ I can read and understand my own W-2 form.
- _____ I understand the purpose of a W-2 form and how it affects taxes.
- _____ I know who is responsible for filing a federal and state income tax return and when it is due each year.
- _____ I know the difference between 1040EZ and 1040 federal income tax return forms.
- _____ I know how to complete a 1040EZ income tax form or find a tax services business to assist me.
- _____ I know about state and local taxes, such as property taxes and sales taxes.

USING BANK AND CREDIT ACCOUNTS

- _____ I know the purpose of a checking and savings account.
- _____ I can read and complete a deposit slip.
- _____ I know the purpose of a check and my responsibility when writing a check.
- _____ I can fill out a check completely and accurately.
- _____ I know how to register a check in my checkbook.
- _____ I can read and understand a bank statement.

(continues)

31. Financial Skills and Abilities Inventory *(continued)*

- _____ I can balance my checkbook with my bank statement at the end of each month.
- _____ I understand how debit cards work.
- _____ I can use an automatic teller machine (ATM) to get cash I need.
- _____ I understand how credit cards work and my responsibility when using a credit card.
- _____ I can complete a credit card application.
- _____ I know about credit ratings and how they affect my credit.
- _____ I know how to check my credit rating.

BUYING INSURANCE

- _____ I understand the concept of insurance and its purpose.
- _____ I know at least four different types of insurance.
- _____ I can read and understand information describing the costs and benefits in an insurance policy.

- _____ I can read and understand insurance policy descriptions of items that are “covered” and “not covered.”
- _____ I can compare different plans for the same type of insurance (e.g., car insurance, health insurance).
- _____ I can calculate how much of my income could be spent on insurance.

BUDGETING AND MANAGING MONEY

- _____ I know how “want” and “need” apply to my financial decisions.
- _____ I know how to save money on a regular basis.
- _____ I understand what a budget is and how to use it.
- _____ I can calculate basic costs of living for a month.
- _____ I can estimate basic costs of living for a year.
- _____ I can make a monthly budget.
- _____ I can make a yearly budget.

Remember to go back and circle any financial skill you want to learn.

Name: _____ Date: _____

32. Spending and Saving Money

Choose the response that best describes you.

A lot like me	Somewhat like me	Not at all like me	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I never seem to have money.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I would rather save my money than spend it.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I often brag about how much money I have.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Whenever I have money, I always find something to spend it on.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I'm good at saving my money for something I really want.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Money isn't that important to me.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I like having money, but I don't like working for it.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I don't like to spend my money even if it's on something I really want.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I can never save enough money to buy something that costs \$100.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I often owe money to a friend.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A friend often owes me money.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I usually shop around for a good deal.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I should probably never get a credit card because I'll spend too much.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I stick to a budget, spending money only on budgeted items.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to open and use a checking or savings account.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to use an ATM.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to write a check.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to apply for and use a credit card.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to pay bills.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to make purchases online.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to stay out of debt.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know how to use a debit card.

Note. From *Spending and Saving Money*, by A. S. Gaumer Erickson, 2011. Copyright 2011 by A. S. Gaumer Erickson. Reprinted with permission.

Name: _____ Date: _____

33. The Right Price: Living on My Own

Directions: Do you know how much it would cost to live on your own? Estimate how much each item would cost for one month. Then identify actual costs in your community. Finally, subtract each actual cost from the estimate to calculate the difference.

	Estimate	—	Actual Cost	=	Difference
Housing					
Apartment Rent:	_____		_____		_____
Electricity/Gas:	_____		_____		_____
Water:	_____		_____		_____
Trash:	_____		_____		_____
Sewer:	_____		_____		_____
Phone:	_____		_____		_____
Cable:	_____		_____		_____
Renter's Insurance:	_____		_____		_____
Other:	_____		_____		_____
Transportation					
Car Payment:	_____		_____		_____
Car Insurance:	_____		_____		_____
Gasoline:	_____		_____		_____
Car Repairs:	_____		_____		_____
Bus:	_____		_____		_____
Other:	_____		_____		_____
Other					
Medical Insurance:	_____		_____		_____
Medication:	_____		_____		_____
Food/Groceries:	_____		_____		_____
Clothes:	_____		_____		_____
Pet Supplies:	_____		_____		_____
Entertainment:	_____		_____		_____
Savings/Retirement:	_____		_____		_____
Other:	_____		_____		_____
Other:	_____		_____		_____
TOTAL	_____		_____		_____

How close were most of your estimates?

(continues)

33. The Right Price: Living on My Own *(continued)*

Way too low

Too low

Very close (within \$100)

Right on (within \$50)

Too high

Way too high

Are there expenses that you could reduce? Are there expenses that you could cut out completely?
Which ones?

34. Citizenship and Legal Skills

DIRECTIONS: Read each statement and put a mark (✓ or ✗) in front of the statement if you are able to perform this activity. If you cannot perform the activity, talk with your parents and/or your teachers to figure out how to do so.

CITIZENSHIP SKILLS

- _____ Respect and obey local, state, and federal laws.
- _____ Respect the rights and property of others.
- _____ Respect individual differences in the ways others live their lives.
- _____ Take an active part in government (e.g., voting, volunteering, serving on juries).
- _____ Complete a voter registration application.
- _____ Participate in political campaigns.
- _____ Understand why citizens are required to pay taxes.
- _____ Apply for a driver's license.
- _____ Apply for other licenses (e.g., driver's, hunting, fishing, marriage).
- _____ Apply for permits (e.g., gun, building).

LEGAL SKILLS

- _____ Understand contracts and agreements.
- _____ Organize, store, and retrieve important legal documents.
- _____ State your civil and constitutional rights.
- _____ State your rights as provided under Section 504 of the Rehabilitation Act.
- _____ State your rights as provided under the Americans With Disabilities Act.
- _____ Understand your Miranda rights.
- _____ File a petition or complaint.
- _____ Contact persons or agencies that can assist you with legal problems.

Name: _____ Date: _____

35. Citizenship Scenarios

Read each of the scenarios and identify actions that you would take in each of the situations.

You see someone grab an elderly woman's purse and run off with it. What do you do?

The presidential election is coming up, but you don't know much about either candidate. What do you do?

In the park, you see a kid who has a spray can and is getting ready to tag the playground swings. What do you do?

You receive a notice that you have been selected for jury duty. What do you do?

A storm destroys some buildings in your town and you've been asked to help with the cleanup effort. What do you do?

You are driving your friend home, and he isn't wearing his seat belt. What do you do?

Name: _____ Date: _____

36. Finding and Using the Places That Provide What I Need

Directions: Fill in the blanks, using your own experience, information from the yellow pages of your local telephone directory, or information from the Internet. Give the names of the stores or places of business and a street address.

Where would I go if I need to buy or rent...?

A good quality shampoo and conditioner _____

A pet _____

Aspirin or ibuprofen _____

A stamp for a letter _____

A carpet-shampooing machine _____

Balloons for a party _____

A laptop computer _____

A pumpkin for Halloween _____

A book not available in the library or a local bookstore _____

A movie or DVD _____

Where would I go to get...?

My cell phone repaired _____

My teeth cleaned and checked _____

A paycheck cashed _____

Flowers for a special person _____

A state roadmap _____

Medical treatment for a brown recluse spider bite _____

Eyeglasses or contact lenses _____

A flu shot _____

My shoes repaired _____

A prescription filled _____

What is...?

Craigslist _____

eBay _____

consumersearch.com _____

Select one of the following to describe what kind of information you could use:

pricegrabber.com

shopzilla.com

shopper.com

shopping.yahoo.com

37. Getting a Driver's License

There are a lot of steps involved in getting a driver's license. Each state has a different set of steps to go through and different driving-age laws, but there are some things that everyone has to do. In most states, your first step to getting a driver's license is completing the written test on the state's driving laws. As you complete each of the steps below, put a check in the circle.

1.	<input type="radio"/>	Go to the Department of Motor Vehicles to get a driver's license book or download it from the Internet.
2.	<input type="radio"/>	Read the book. If you need help reading, ask a parent, friend, or teacher to help you.
3.	<input type="radio"/>	Highlight important parts to remember and parts you may not be familiar with.
4.	<input type="radio"/>	Take a practice written test. <ul style="list-style-type: none"> a. You can ask for the written test to be read to you. If you need it read, ask a parent, friend, or teacher to read it to you. b. If your score is 80% or better, go to Step 5. c. If your score is below 80%, repeat Steps 2–3 and take the test again until you reach 80%.
5.	<input type="radio"/>	Get ready to return to the Department of Motor Vehicles. <ul style="list-style-type: none"> a. Get proof of your name and age (typically, birth certificate). b. Get proof of your address (required in some states). c. Get the money to pay a fee. d. Find out when the Department of Motor Vehicles is open and plan to wait in line for up to 2 hours. e. If you're under 18, a parent may need to go with you. f. Be ready to have your picture taken for your license. g. You will need to complete an eye exam, so make sure you are wearing glasses or contacts if you need them.
6.	<input type="radio"/>	Go back to the Department of Motor Vehicles to take the written test. If you need the test read to you, you should ask an employee to read it to you.

If you do not pass, repeat Steps 2–6. If you pass the test, remember it is your responsibility to follow the driving laws. In most states, this includes practicing driving with an adult, taking a driver's education course or passing a driving test, and following restrictions on driving permits.

Name: _____ Date: _____

38. Looking at My Transportation Options

Directions: Answer each question by either filling in the blank or circling YES or NO.

- | | | If yes, what is the best available transportation for you? |
|---|--------|--|
| 1. Do you need help finding a way to get... | | |
| from school or home to your job? | YES NO | _____ |
| from school or your job to home? | YES NO | _____ |
| from home or your job to school? | YES NO | _____ |
| from home or school to where relatives are? | YES NO | _____ |
| from home or school to where friends are? | YES NO | _____ |
| from home to the grocery store? | YES NO | _____ |
| from home to the shopping mall? | YES NO | _____ |
2. Can you use public transportation (bus, subway, taxi, light rail, or elevated rail)? YES NO
3. What is the name and phone number of a relative or friend who can provide you with emergency transportation, if needed?
- Name: _____
- Phone: _____
4. What would you do if your transportation failed on your way to school or work?

Driving and Getting a Driver's License:

1. Do you have a car? YES NO
2. Do you have a driver's license? YES NO
3. If you answered NO to the previous question, ...
- | | |
|--|--------|
| do you plan to get a driver's license? | YES NO |
| do you know where to get a license? | YES NO |
| do you know what to do to get a license? | YES NO |
| do you know how to get the materials needed to prepare to get a license? | YES NO |

Name: _____ Date: _____

39. Public Transportation Skills Checklist

Directions: Put a mark (✓ or ✗) in front of the statements that you can do independently.

I can ...

- _____ Read public transportation schedules, either in print or online.
- _____ Identify where I want to go and how to get there.
- _____ Schedule my time so that I can arrive at my destination on time.
- _____ Manage my time so I do not miss my bus, train, or other transportation.
- _____ Bring my bus pass or enough money for fare or pass.
- _____ Bring a cell phone and phone numbers of relatives and friends in case of an emergency.
- _____ Purchase a fare or pass at a machine, fare booth, or other source.
- _____ Wait in line appropriately.
- _____ Keep myself safe and be aware of my surroundings and strangers.
- _____ Avoid others who are sick or seem to be not feeling well.
- _____ Arrange special transportation services (if I qualify).
- _____ Locate alternative transportation if my main source of transportation is not available.
- _____ Identify the best route to get to someplace new in my community.
- _____ Identify transportation methods to travel somewhere on vacation.
- _____ Identify safety concerns when traveling within my community.
- _____ Identify safety concerns when traveling outside my community.

Name: _____ Date: _____

40. Whom Can I Turn to for Help?

Fill in the blanks with an organization from the word bank that could provide support for the specific situation. If you know an organization that is not listed, go ahead and write it in.

Vocational Rehabilitation

Social Security Administration

Workforce Center

Disability Supports Office

Small Business Administration

Housing and Urban Development

Center for Independent Living

Hospital

Medicaid Office

Local Church

Free Clinic

JobCorps

Food Bank

- | | |
|-------|--|
| _____ | 1. My family is running low on food and doesn't have money to buy any. |
| _____ | 2. I keep submitting job applications, but I never get called for an interview. |
| _____ | 3. In my lecture classes, I need someone to take notes for me. |
| _____ | 4. I want to work, but I'm worried that I'll lose my SSDI check if I make money. |
| _____ | 5. I've been feeling sick for weeks, but I don't have health insurance. |
| _____ | 6. I want to start my own business. |
| _____ | 7. I want to work and learn skills at the same time. |
| _____ | 8. I don't make much money and need an apartment with low rent. |
| _____ | 9. I would like to test out some assistive technology that might help me. |
| _____ | 10. I need some on-the-job training or coaching to learn the tasks of a new job. |

41. Recreation Interests (Indoor Version)

Put a mark (✓ or ✕) in front of any activities that you like or would like to try.

Solo Indoor Activities

- ☐ Singing
- ☐ Playing computer games
- ☐ Playing video games/virtual reality
- ☐ Completing a puzzle
- ☐ Making a photo album or scrapbook
- ☐ Listening to an audiobook
- ☐ Reading a book/magazine/newspaper
- ☐ Completing a model airplane or similar project
- ☐ Doing arts and crafts
- ☐ Playing a musical instrument
- ☐ Cooking
- ☐ Sewing
- ☐ Taking a class for fun
- ☐ Playing solitary card games
- ☐ Exercising at home or a gym
- ☐ Dancing
- ☐ Writing songs, poems, or stories
- ☐ Painting/drawing/doodling
- ☐ Listening to music
- ☐ Watching television or a movie
- ☐ Writing a letter or an email
- ☐ Applying fingernail polish or makeup
- ☐ Arranging flowers
- ☐ Playing with a pet
- ☐ Going shopping alone
- ☐ Volunteering

- ☐ Talking/texting on the phone
- ☐ Social networking (e.g., Facebook)
- ☐ Other: _____

Team/Group Indoor Activities

- ☐ Playing board games
- ☐ Playing charades
- ☐ Singing together or in a choir
- ☐ Playing cards
- ☐ Cooking together
- ☐ Quilting with a group
- ☐ Bowling
- ☐ Watching a movie together
- ☐ Dancing
- ☐ Socializing (e.g., hanging out with friends)
- ☐ Playing video games together
- ☐ Taking a group fitness class
- ☐ Weight lifting
- ☐ Going shopping together
- ☐ Other: _____

Indoor Entertainment Events

- ☐ Attending a comedy club or live performance
- ☐ Attending a musical performance
- ☐ Attending an indoor sporting event
- ☐ Visiting a museum, exhibit, or art gallery
- ☐ Watching a movie in the theater
- ☐ Other: _____

42. Recreation Interests (Outdoor Version)

Put a mark (✓ or ✗) in front of any activities that you like or would like to try.

Solo Outdoor Activities

- ☐ Bird-watching
- ☐ Working on/fixing a car
- ☐ Doing yard work/mowing the yard
- ☐ Building a tree house or other structure
- ☐ Running an obstacle course
- ☐ Grilling food outside alone
- ☐ Playing an outdoor game alone
- ☐ Playing with sporting equipment (e.g., shooting hoops, kicking soccer balls)
- ☐ Exercising outdoors
- ☐ Playing water sports (e.g., surfing, kayaking)
- ☐ Skiing or sledding
- ☐ Playing with a pet
- ☐ Driving (e.g., car, motorcycle, 4-wheeler)
- ☐ Flying a kite
- ☐ Hiking/walking
- ☐ Fishing/hunting alone
- ☐ Swimming
- ☐ Bicycling
- ☐ Running
- ☐ Swinging
- ☐ Gardening
- ☐ Going to the park alone
- ☐ Sunbathing
- ☐ Other: _____

Team/Group Outdoor Activities

- ☐ Exercising together
- ☐ Playing a group swimming game
- ☐ Playing a game of baseball, golf, kickball, hide-and-seek, volleyball, etc.
- ☐ Christmas caroling
- ☐ Playing golf or miniature golf
- ☐ Fishing/hunting with a group
- ☐ Camping
- ☐ Bicycling with a group
- ☐ Taking a group car ride
- ☐ Stargazing
- ☐ Barbecuing
- ☐ Going on a picnic
- ☐ Boating, sailing, canoeing, or tubing
- ☐ Going to the park together
- ☐ Horseback riding
- ☐ Other: _____

Outdoor Entertainment Events

- ☐ Attending an outdoor sporting event
- ☐ Attending a festival or fair
- ☐ Watching an outdoor live concert
- ☐ Watching a play or musical in an outdoor arena or park
- ☐ Going to the zoo
- ☐ Visiting an amusement or water park
- ☐ Other: _____

Name: _____ Date: _____

43. Sportsmanship Reflection

For each item, choose the best response by putting a mark (✓ or ✗) in the appropriate box, and then circle YES or NO for the statements at the bottom of the page.

The activity/game I participated in was: _____

During the game/activity...	All the time	Most of the time	Some of the time	A little bit	Not at all	N/A
I was focused on the activity/game.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I followed the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took turns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I played safely and stayed in control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I took care of the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I encouraged others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participated in appropriate conversations (no intimidating or offensive trash talk).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My voice was at a good level (not too loud or too soft for the activity).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gave the other people appropriate physical space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was respectful of the shared space of the location (other games going on, people not playing the game).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If I won the game:

I said something nice to the other person/people.	YES	NO
I was happy but didn't brag.	YES	NO

If I lost the game:

I congratulated the other person.	YES	NO
I wished I had won, but I didn't get upset or mad.	YES	NO

Note. From *Sportsmanship Reflection*, by A. S. Gaumer Erickson, 2010, Lawrence, KS: University of Kansas Center for Research on Learning. Copyright 2010 by A. S. Gaumer Erickson. Available at www.rec2reality.org. Adapted with permission.

44. Facts About STDs and Pregnancy

Do you really know the truth about sex? Take this short quiz to find out. Circle T (*True*) or F (*False*) for each statement.

- | | | |
|---|---|--|
| T | F | 1. The birth control pill protects sexual partners from sexually transmitted diseases (STDs). |
| T | F | 2. Abstinence is the only 100% effective birth control method. |
| T | F | 3. There is a pill that is more than 85% effective at preventing pregnancy if it is taken within 72 hours after intercourse. |
| T | F | 4. A person can't get pregnant the first time she has sex. |
| T | F | 5. Only gay people get HIV/AIDS. |
| T | F | 6. A condom typically protects against STDs during sex. |
| T | F | 7. If you take a shower right after sex, you won't get an STD. |
| T | F | 8. Once you tell someone that you'll have sex with him or her, you can't change your mind later. |
| T | F | 9. Only girls can be raped. |
| T | F | 10. If you let someone touch you, it gives him or her permission to have sex with you. |
| T | F | 11. The pill is always effective at preventing pregnancy. |
| T | F | 12. Many teenagers need parental consent or a prescription to get the morning-after pill. |
| T | F | 13. STDs only happen to people who have lots of sexual partners. |
| T | F | 14. If your partner tested negative for HIV/AIDS on a recent test, it's possible that he or she has the HIV virus but it hasn't been detected yet. |
| T | F | 15. If the male wears two condoms, it will double the protection against STDs. |
| T | F | 16. Menstrual blood does not carry the AIDS virus, so it is safe to have unprotected sex during a girl's period. |
| T | F | 17. Gay people don't need to worry about protection during sex. |
| T | F | 18. A condom that has been in a wallet for a year may have a hole or a tear. |

Note. From *Accurate Information on Sex*, by A. S. Gaumer Erickson. Copyright 2011 by A. S. Gaumer Erickson. Available at www.transitioncoalition.org. Adapted with permission.

Name: _____ Date: _____

45. Emotional and Mental Health Care: Can I Take Care of Problems on My Own?

You may or may not have experienced any of the situations below, but what if you did? If you were living on your own, what would you do in each of the following situations? Write in your answer, or give an oral answer to someone as if it were an interview.

Situation	What would you do?	Would you need to ask for help? If so, whom, and when?
You feel your heart pounding, and you are having trouble breathing normally. This has happened twice this week.		
You realize that for some time now you have felt that you have to erase and rewrite what you have written over and over to believe your words are OK.		
For about a week, you wake up after a full night's sleep but feel tired and can't get yourself out of bed. You dread the day.		
You believe that no one cares about you or understands you. More than that, they are trying to ruin your life.		
You have lost your temper at home and school; and once this month, in the mall, you damaged property because you were so mad.		

Name: _____ Date: _____

46. Health Inventory

Rate each of the following by putting a mark (✓ or ✗) in the column that describes you.

My focus	My usual behavior	Not like me	Sometimes like me	Very much like me
	I eat a well-balanced diet.			
	My weight is about right for me.			
	I engage in a regular exercise program.			
	I have an abundance of energy.			
	I pay a lot of attention to my physical development and how my body is feeling.			
	I have specific goals related to physical fitness.			
	I get adequate rest.			
	I sleep well at night.			
	I have regular physical checkups.			
	I often have indigestion or a stomachache.			
	I often eat fast.			
	I often eat at fast food restaurants.			
	I tire easily.			
	I understand that it takes good physical health to achieve other goals in life.			
	I often experience tension in my family or social life.			
	I am in better physical shape than the average person my age.			
	I fasten my seat belt when I'm in a moving vehicle.			
	I usually follow rules of safety.			
	I have made a conscious effort to reduce sodium, fat, and sugar in my diet.			
	I am frequently sick.			

Now read through the statements again to identify 1–3 areas that you would like to improve. Put a mark in the “My focus” column for each of these items.

Name: _____ Date: _____

47. Health Quiz

Circle your answer (Yes or No) to each question. Then put a mark (✓ or ✗) next to the questions you want to learn more about.

- | | | |
|-----|----|---|
| Yes | No | Do I know what to do if I am sick or hurt? |
| Yes | No | Do I know what to do if there is an emergency? |
| Yes | No | Do I know how to get Medicaid or other health insurance? |
| Yes | No | Do I understand how to use Medicaid or other health insurance? |
| Yes | No | Do I know how to find a doctor? |
| Yes | No | Do I know how to find a dentist? |
| Yes | No | Do I know how to find a counselor or therapist? |
| Yes | No | Do I know how to call and make my own appointments? |
| Yes | No | Do I know how to use any medication that I take? |
| Yes | No | Do I know how to get my medication filled? |
| Yes | No | Do I know what I need to know about sexually transmitted diseases? |
| Yes | No | Do I know what I need to know about drugs and alcohol? |
| Yes | No | Do I know where to find help if someone I know has a problem with drugs or alcohol? |
| Yes | No | Do I exercise regularly? |
| Yes | No | Do I have a plan to stay in shape? |

Name: _____ Date: _____

48. Physical Health Care: Can I Take Care of Problems on My Own?

You may or may not have experienced any of the situations below, but what if you did? If you were living on your own, what would you do in each of the following situations? Write in your answer, or give an oral answer to someone as if it were an interview.

Situation	What would you do?	Would you need to ask for help? If so, whom, and when?
You have a bad headache that has lasted for 2 hours.		
You have not slept more than 2 hours a night for 2 weeks.		
For some unknown reason, you have been gaining (or losing) about 5 pounds a week for a month.		
You wake up in the night with chills and a fever.		
A spider bite on your leg is about the size of a bottle cap, is bright red, and is increasing in pain.		
A tooth broke apart while you were eating, and it hurts constantly.		

Name: _____ Date: _____

49. When Do I Call 911?

Directions: Read each situation below and check “Call 911!” or “Do NOT Call 911.”

If this happens when I am home alone...	What should you do?	
	Call 911!	Do NOT Call 911
1. I have a headache.		
2. I feel angry.		
3. I have a cut that won't stop bleeding.		
4. I need to visit my doctor for an annual checkup.		
5. I am coughing up blood.		
6. I see lots of smoke coming out of the house across the street.		
7. I am having difficulty breathing and can't seem to catch my breath.		
8. My finger hurts badly and I can't move it. I think it's broken.		
9. I feel a lot of pain in my chest or upper stomach area.		
10. I have a cough, a runny nose, and a sore throat.		
11. I think that I just fainted or lost consciousness.		
12. My knee has some scrapes and a bruise.		
13. I just started feeling dizzy and weak.		
14. I suddenly cannot see anything (my vision is very blurry).		
15. I have a rash from poison ivy that is very itchy on my ankle.		
16. I threw up twice in a row.		
17. A kid on a bicycle just got hit by a car on the street in front of my house.		

Note. From *When Do I Call 911?*, by P. M. Noonan, 2011, Lawrence: University of Kansas Center for Research on Learning. Copyright 2011 by P. M. Noonan. Reprinted with permission.

Name: _____ Date: _____

50. Child-Care Experiences and Skills

Read each of the statements and mark the answer that best describes your child-care experience and skills.

Experience

The number of times I have cared for children by myself:

☐ None ☐ 1–2 ☐ 4–6 ☐ 7–10 ☐ More than 10

I have cared for children in the following age categories (mark all that apply)

☐ Infant (newborn to 12 months) ☐ Toddler (1 and 2 years)
☐ Preschooler (3 and 4 years) ☐ Younger school-age child (5 to 7 years)
☐ Older school-age child (8 to 10 years) ☐ Children with disabilities (any age)

Skills and Abilities

When I'm caring for a child, I...	Not Like Me	Sometimes Like Me	Very Much Like Me
1. Make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stay calm in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate well with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Model positive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognize and respect differences among children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have expectations that match the child's age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recognize and limit safety-related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Supervise children at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Choose appropriate books, toys, and activities for different ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Recognize and act promptly in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Give appropriate care for children of different ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Diaper the child when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Choose appropriate food for different ages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pick up and hold children correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feed young children with a bottle or a spoon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Help children get rest and sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. From *Babysitter's Self-Assessment Tool*, by the American Red Cross, 2008. Copyright 2008 by the American Red Cross. Available at www.redcross.org. Adapted with permission.

51. Preventing and Dealing With Conflicts in Your Everyday Life

Conflicts may include intense arguments with someone, being bullied, physical invasion of your space, anger or threats directed at you, getting accused of something you did or did not do, or teasing meant to embarrass or disrespect you, your friends, or your family. The statements below will help you think about how you deal with conflicts in social settings. For each statement, mark (✓ or ✗) the box that reflects how well the statement describes you.

My usual behavior in conflict situations	Not like me	Sometimes like me	Very much like me
I check out a room or area before moving into it to make sure it looks calm and safe.			
I make sure to have someone with me in places where there might be trouble.			
I can tell when I am causing others to become tense or angry.			
I find a way to escape when I see a situation that could become dangerous.			
If arguments are about shared space or equipment, I give my opinion without getting upset or angry.			
If arguments are about what is “fair” or “the truth,” I give my opinion without getting upset or angry.			
If I am in an argument that is not getting settled, I walk away.			
If I am in an argument that is causing one of us to get more and more upset, I find a way to cool it down.			
I know how to settle an argument.			
I know how to avoid becoming a victim of bullying or embarrassing teasing.			
If someone is angry with me because of something I did or said, I take responsibility for it rather than blame others.			
When someone is upset with me, I usually know why that person is angry or hurt.			
I can usually figure out why people are acting the way they do and can describe their feelings.			
If I am in an argument that I can’t work out with another person, I am willing to have someone we both respect come in to help us settle it.			
After settling a conflict with someone, I can move on and not hold a grudge against him or her.			
Even if a conflict with the person who hurt me never gets worked out, I move on and do not hold a grudge against him or her.			

Draw a star next to any of the statements that you want to work on to help you handle conflicts more successfully.

52. Social and Personal Skills Inventory

Directions: Place a mark (✓ or X) next to each statement that is like you.

GENERAL SKILLS

Personal Skills:

- ☐ I tell the truth.
- ☐ I am polite with other people.
- ☐ I take turns when talking.
- ☐ I listen to what others are saying.
- ☐ I share things with other students.
- ☐ I accept responsibility for my behaviors when I make a mistake or behave inappropriately.
- ☐ I express my enthusiasm appropriately.
- ☐ I express my anger appropriately.
- ☐ I deal with embarrassment without acting out.
- ☐ I deal with frustration without acting out.
- ☐ I handle disappointment without acting out.

Interpersonal Skills:

- ☐ I enjoy being around other students.
- ☐ I like to be around adults.
- ☐ I make friends easily.
- ☐ I keep friends for a long time.
- ☐ I get along well with my family.
- ☐ I get along well with people I do not know.
- ☐ I know how to introduce myself to other people.
- ☐ I have a girlfriend or boyfriend.
- ☐ I make other people feel happy.
- ☐ I show concern for other students when they are not feeling well.
- ☐ I show concern for other students when they are unhappy.
- ☐ I handle teasing or name calling without any problems.
- ☐ I accept praise from others.
- ☐ I accept criticism from others.
- ☐ I show respect toward my parents and other adults.
- ☐ I talk to my parents when something is bothering me.

SCHOOL-FOCUSED SKILLS

Classroom Skills:

- ☐ I pay attention to the teacher during instruction.
- ☐ I can get a teacher's attention in appropriate ways.

- ☐ I answer the teacher's questions politely.
- ☐ I share materials with classmates.
- ☐ I enter the classroom without disrupting others.
- ☐ I leave the classroom without disrupting others.
- ☐ I work with other students in small groups without any problems.
- ☐ I participate appropriately in class discussions.
- ☐ I do what teachers ask me to do.
- ☐ I show respect for teachers and administrators.

School-Wide Skills:

- ☐ I get along with my classmates outside the classroom.
- ☐ I get along with other students at lunch.
- ☐ I obey the rules of the school.
- ☐ I follow the school rules for behavior in the hallways.
- ☐ I show respect for the personal space and property of other students.
- ☐ I show respect for school staff other than teachers.

COMMUNITY-FOCUSED SKILLS

Neighborhood/Non-School Skills:

- ☐ I can "hang out" with other people my age in my neighborhood without any problems.
- ☐ I can make friends with new people my age who move in to the neighborhood.
- ☐ I can show good sportsmanship when playing sports, like basketball.
- ☐ I can talk with law enforcement officers without any problems.
- ☐ I respect the property of others.
- ☐ I can ask for assistance when needed (e.g., getting directions).

Work Settings:

- ☐ I get along with people at work.
- ☐ I can ask for assistance when needed.
- ☐ I respect my supervisor.
- ☐ I can talk with my co-workers at lunch or break time.
- ☐ I can ask for time off from work appropriately.
- ☐ I can handle feedback provided by my supervisor.
- ☐ I do not let others bother me when I am working.