

## Transition Assessment Tools

### **Transition Skills Assessment**

Created to help young people progress for their transition from high school to adult life.

Student Name:

Date:

Rating Scale: I do (or \_\_\_\_does) this:

0=no, or no experience in this area

1=yes, with help or modifications

2=yes, no problem

### **EMPLOYMENT**

#### **Knowing about jobs**

**Student**

**Parent**

**Teacher**

**Average**

1. Can you describe the different kinds of jobs that are available to young people in your community or state?
2. Can you describe several different possible jobs that fit well with your skills and interests?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Finding a job**

3. Do you use different ways to hunt for jobs, like reading want ads and asking friends or family members for leads?
4. Do you prepare a good resume, with the right kinds of information on it?
5. Do you complete job applications properly and perform well in a job interview?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Skills on the Job**

6. Is your attendance at work acceptable?
7. Do you arrive to work and leave the job on time?
8. Is your employer satisfied with the amount of work you do and how well you do it?
9. Do you get along well with the other workers?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LIFELONG EDUCATION AND TRAINING

<b>Reading</b>	<b>Student</b>	<b>Parent</b>	<b>Teacher</b>	<b>Average</b>
10. Do you accurately read short phrases and sentences? Some examples are (1) short questions on a test, (2) restaurant menus, and (3) newspaper headlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you accurately read short paragraphs? Some examples are (1) directions for cooking food, and (2) instructions for doing homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you accurately read lengthy materials? Some examples are: (1) newspaper and magazine articles, and (2) novels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you accurately read difficult materials? Some examples are: (1) textbooks, and (2) manuals for operating a dishwasher or stereo system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Writing**

14. Do you accurately write short sentences? Some examples are (1) grocery lists, and (2) short answers to questions on a test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you accurately write short paragraphs? Some examples are (1) a short letter to a friend, and (2) written directions on how to go some place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you accurately write lengthy materials? Some examples are (1) an essay for an English class, and (2) a job application including a letter describing your qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Math**

	<b>Student</b>	<b>Parent</b>	<b>Teacher</b>	<b>Average</b>
17. Do you add, subtract, multiply and divide whole numbers, either with or without a calculator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you use basic units of measure accurately? Some examples include measuring (1) weight, (2) length, and (3) time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you use math skills to help solve problems in school or in the community? Examples include (1) the length of a trip, and (2) developing a budget.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Student</b>	<b>Parent</b>	<b>Teacher</b>	<b>Average</b>

### **Post-Secondary Education**

20. Has the support you need been identified and included in your transition plan, e.g., a) rehab services, b) higher education support, c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

county social services, d) other adult services,  
e) financial assistance.

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Can you identify a variety of post-secondary training/learning options that match your career goal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. If you have a disability, do you ask for accommodations (when needed)?                              |                          |                          |                          |                          |

**HOME LIVING**

**Self Care**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. Do you have good sleeping habits?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. When you are having personal problems, do you go to friends or family members for help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you have good health habits?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Nutrition and Fitness**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 26. Do you eat well balanced, healthy meals each day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Do you maintain your weight at a good level?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you exercise at least three times a week?      |                          |                          |                          |                          |

**Personal Management**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 29. Do you get yourself up in the morning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you prepare meals for yourself?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Do you manage money effectively?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Do you manage time effectively?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Money Management**

**Student    Parent    Teacher    Average**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 33. Do you pay for things in stores without making mistakes? Some examples include (1) knowing if you have enough money to buy what you want, and (2) knowing if you get the correct change. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you shop carefully and get things for good prices?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you use a checking or savings account to manage your money?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do you budget your money well enough to pay for the things you want and need?  |                          |                          |                          |                          |

**Medical**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. Do you know what to do in emergency situations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Do you independently take medication?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Do you make doctor's appointments?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. Do you know the difference between serious and minor illnesses?
41. If you have a disability, can you explain it to medical personnel?

### COMMUNITY PARTICIPATION

42. Do you use the telephone to get information about things that you need?
43. Do you know how to find transportation when needed?
44. Do you have a driver's license?
45. Do you use relevant community resources (e.g., health care facilities, bank, library, laundromat, postal services, church, restaurant, hair stylists)?
46. Do you make appointments in the community and keep them?
47. Do you locate unfamiliar destinations by asking for directions and/or using a map?

### RECREATION/LEISURE

<b>Socialization/Friends</b>	<b>Student</b>	<b>Parent</b>	<b>Teacher</b>	<b>Average</b>
48. Do you have friends your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you have different kinds of personal relationship (intimate friends, close friends, acquaintances)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Leisure/Recreation Activities**

50. Do you have a hobby? Some examples are (1) using, a computer (2) playing an instrument and (3) painting.
51. Do you participate in school activities?
52. Do you participate in community activities?
53. Do you find information on leisure activities of interest to you?

### PERSONAL LIFE (crosses all transition areas)

<b>Communicating With Other People</b>	<b>Student</b>	<b>Parent</b>	<b>Teacher</b>	<b>Average</b>
54. Do you look people right in the eye when you talk to them or they talk to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you listen carefully to other people when they talk to you and try to understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Relating to Authorities**

- 56. If you don't understand what a teacher or employer wants you to do, do you ask questions?
- 57. If teachers or employers try to correct something you are doing, do you accept their help?
- 58. If you think that a teacher or employer isn't treating you fairly, do you stand up for your rights?

**Relating to Peers**

- 59. Do you get along well with people your own age?
- 60. If something isn't going well with your friends, do you work it out?
- 61. If you need something from a friend, do you ask for help?
- 62. If somebody tries to take advantage of you, do you stand up for yourself and stop this from happening?

**Self Awareness**

- 63. Do you participate in your IEP/transition planning?
- 64. Do you understand and effectively talk about your limitations/needs as well as strengths?

**Responsibility**

- 65. Do you complete your school assignments on time?
- 66. Do you come to classes regularly and on time?
- 67. Do you follow through on things that you tell people you will do?

**Solving Problems**

**Student    Parent    Teacher    Average**

68. When you have a problem, do you think of several ways of solving it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. When you can't think of a good way of solving a problem, do you ask other people for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. After you make a decision, do you follow through on doing what you have decided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>