**WHAT YOU NEED TO KNOW ABOUT ME WHEN WORKING WITH ME TO CREATE MY TRANSITION PLAN**

**GENERAL AREAS OF NEED**

1. **Communication**
* ***Receptive:*** *How I listens and pays attention and what I understand.*
* ***Expressive:*** *What I say, how I use words and sentences to gather and provide information.*
* ***Written:*** *What I understand about how letters make words, and what I write.*
* ***Reading:***  *What I am able to read - what I decode, as well as what I comprehend*
1. **Motor Skills**
* ***Gross Motor:***  *How I use my arms and legs for movement and coordination.*
* ***Fine Motor:***  *How I use my hands and fingers to manipulate objects.*
1. **Socialization**
* ***Social skills:***  *How I interact with others*
* ***Interpersonal Relationships:*** *What I know about personal boundaries in relationships and dating, sexuality, reproductive health.*
* ***Play and Leisure Time Activities:*** *How I use my spare time.*
* ***Coping skills:*** *How I deal with challenges. How responsible I am. How I respond to others. How aware I am about others’ feelings.*
1. **Daily Living Skills**
* ***Personal:***  *How I am able to look after myself (e.g., Eating, dressing, personal hygiene, taking medication).*
* ***Domestic:***  *What household tasks I am able to performs (e.g., preparing meals, cleaning, vacuuming).*
* ***Community:***  *What I know about time and money. What I know about using the telephone and the computer (including internet safety), and accessing public transportation. What are my abilities to access education, and my employment skills?*
1. **Other**

*Utilize this planning document in conjunction with other self-determination/personal planning resources to develop transition related goals for IEP programming.*

**WHAT I CAN DO**

Completed by:

Date(s):

1. **COMMUNICATION - RECEPTIVE**

 *I usually understand what others say to me:*

**Yes No**

[ ]  [ ]  *in person*

[ ]  [ ]  *when I am on the phone*

 **READING COMPREHENSION**

*I usually understand what:*

**Yes No**

[ ]  [ ]  *others read*

[ ]  [ ]  *I read*

 **COMMUNICATION - ORAL EXPRESSION**

*When I am speaking:*

**Yes No**

[ ]  [ ]  *with others close to me, they usually understand me*

[ ]  [ ]  *with others who do not know me, they usually understand me*

[ ]  [ ]  *on the phone, others usually understand me*

 **COMMUNICATION - WRITTEN EXPRESSION**

Yes No

[ ]  [ ]  *Others close to me usually understand my writing*

[ ]  [ ]  *Others who do not know me, usually understand my writing*

Notes:

1. **MOBILITY**

*I am usually able to:*

**Yes No**

[ ]  [ ]  *go up and down stairs independently, using ramps, elevators and escalators*

[ ]  [ ]  *walk from room to room*

[ ]  [ ]  *bend to pick things off the floor*

[ ]  [ ]  *kneel and get up from a kneeling position*

[ ]  [ ]  *access all areas of home*

[ ]  [ ]  *access all areas of the homes of friends and family*

[ ]  [ ]  *walk on flat ground*

[ ]  [ ]  *walk on uneven ground*

[ ]  [ ]  *go up or down stairs or ramps*

[ ]  [ ]  *go of my home in rainy or snowy weather*

[ ]  [ ]  *go out of my home without feeling anxious or scared*

Notes:

1. **SOCIALIZATION**

*I am usually able to:*

**Yes No**

[ ]  [ ]  *interact well with family members*

[ ]  [ ]  *interact well with people at work*

[ ]  [ ]  *interact well with my partner*

[ ]  [ ]  *establish and maintain relationships with people*

[ ]  [ ]  *control my emotional responses*

[ ]  [ ]  *control my sexual feelings*

*I have a good understanding of:*

**Yes No**

[ ]  [ ]  *the importance of privacy, touch, affection, and social distance (boundaries)*

[ ]  [ ]  *what it means to be intimate*

[ ]  [ ]  *dating*

[ ]  [ ]  *reproductive health*

[ ]  [ ]  *private versus public*

[ ]  [ ]  *my personal rights*

[ ]  [ ]  *who to go to for support*

Notes:

1. **DAILY LIVING SKILLS**
2. **Shopping for Personal Needs**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *read labels*

[ ]  [ ]  *compare costs*

[ ]  [ ]  *walk around stores, make choices, and manage line-ups*

[ ]  [ ]  *pick out items from shelves, load them into the basket, take them out of the basket and put them onto the cashier’s desk*

[ ]  [ ]  *take the groceries home by bus*

[ ]  [ ]  *take the groceries home by car*

[ ]  [ ]  *not get anxious, scared, frustrated or angry while I am in stores*

[ ]  [ ]  *pay for items, including giving the correct amount of money and receiving the correct change*

Notes:

1. **Public Transport / Community Navigation**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *walk to the correct bus or train stop*

[ ]  [ ]  *wait at the correct bus or train stop*

[ ]  [ ]  *get on and off the bus or train*

[ ]  [ ]  *stand, get in/out of the seat on the bus or train*

[ ]  [ ]  *get off at the correct bus or train stop*

[ ]  [ ]  *understand bus or train schedules*

[ ]  [ ]  *read a map*

Notes:

1. **Personal Finances**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *understand my bill statements*

[ ]  [ ]  *remember to pay my bills on time*

[ ]  [ ]  *budget for groceries and other things that I need*

[ ]  [ ]  *stop myself from buying things that I do not need*

[ ]  [ ]  *save money for important “big” purchases*

[ ]  [ ]  *perform a bank transaction with a bank teller*

[ ]  [ ]  *perform a bank transaction at a bank machine*

Notes:

1. **Preparing and Eating Meals**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *stand at the sink, counter, and stove, while someone else is cooking*

[ ]  [ ]  *move food from shelves/fridge/counters to stove/oven/table*

[ ]  [ ]  *chop, peel, mix or stir food while someone else is overseeing the cooking*

[ ]  [ ]  *open cans with a can opener*

[ ]  [ ]  *open jars*

[ ]  [ ]  *open and reseal storage bags*

[ ]  [ ]  *understand recipes and labels*

[ ]  [ ]  *remember to take food off the stove/out of the oven and to turn the stove on and off*

[ ]  [ ]  *remember to eat regular meals and healthy foods*

[ ]  [ ]  *use utensils to eat*

[ ]  [ ]  *sit at the table in a regular chair*

Notes:

1. **Health**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *remember to take the right medications/right dose at the right time*

[ ]  [ ]  *get prescriptions filled*

[ ]  [ ]  *remember to get prescriptions re-filled*

[ ]  [ ]  *state the reason for taking the medication(s)*

Notes:

1. **Domestic / Cleaning**

 *I am usually able to:*

 **Yes No**

[ ]  [ ]  *wash and dry dishes and eating utensils and put them away*

[ ]  [ ]  *wipe down counters and the sink*

[ ]  [ ]  *sweep the floor*

[ ]  [ ]  *vacuum the floor*

[ ]  [ ]  *wash the floor*

[ ]  [ ]  *clean my bathtub toilet, and bathroom sink*

[ ]  [ ]  *dust*

[ ]  [ ]  *clean the windows*

[ ]  [ ]  *carry laundry, wash and dry laundry, fold my laundry and put it away*

Notes:

1. **Personal Hygiene / Self-Care**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *sit on, and stand from the toilet*

[ ]  [ ]  *be continent of bladder*

[ ]  [ ]  *be continent of bowel*

[ ]  [ ]  *get in and out of the bathtub/shower*

[ ]  [ ]  *reach up and down to wash my body and/or apply cream*

[ ]  [ ]  *shave*

[ ]  [ ]  *brush my teeth*

[ ]  [ ]  *brush my hair*

[ ]  [ ]  *wash my face*

[ ]  [ ]  *trim my fingernails*

[ ]  [ ]  *trim my toenails*

[ ]  [ ]  *get dressed and undressed (including buttons and zippers)*

[ ]  [ ]  *tie and untie my shoe laces*

[ ]  [ ]  *sit in and get out of a chair*

[ ]  [ ]  *get in and out of bed*

Notes:

1. **OTHER**
2. **Thinking and Memory**

 *I am usually able to:*

**Yes No**

[ ]  [ ]  *remember information that I hear*

[ ]  [ ]  *remember what I see*

[ ]  [ ]  *remember information that I read*

[ ]  [ ]  *remember information that people tell me*

[ ]  [ ]  *remember things that I have done*

[ ]  [ ]  *remember what I have to do (e.g., appointments)*

[ ]  [ ]  *remember people’s names*

[ ]  [ ]  *make logical (appropriate) choices*

[ ]  [ ]  *make decisions and plan ahead*

1. **Emotional Well-Being**

*I am usually able to:*

**Yes No**

[ ]  [ ]  *settle to sleep at night*

[ ]  [ ]  *sleep through the night*

[ ]  [ ]  *have a positive outlook on life (e.g., I do not usually get stressed, anxious, or agitated)*

[ ]  [ ]  *feel happy (e.g., I do not usually feel unhappy or sad)*

[ ]  [ ]  *socialize without becoming anxious and scared*

Notes: