**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: