

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

GENERAL AREAS OF NEED

A) 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

B) 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.

C) 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.

D) 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?

E) 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: _____

2. MOBILITY

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | go up and down stairs independently, using ramps, elevators and escalators |
| <input type="checkbox"/> | <input type="checkbox"/> | walk from room to room |
| <input type="checkbox"/> | <input type="checkbox"/> | bend to pick things off the floor |
| <input type="checkbox"/> | <input type="checkbox"/> | kneel and get up from a kneeling position |
| <input type="checkbox"/> | <input type="checkbox"/> | access all areas of home |
| <input type="checkbox"/> | <input type="checkbox"/> | access all areas of the homes of friends and family |
| <input type="checkbox"/> | <input type="checkbox"/> | walk on flat ground |
| <input type="checkbox"/> | <input type="checkbox"/> | walk on uneven ground |
| <input type="checkbox"/> | <input type="checkbox"/> | go up or down stairs or ramps |
| <input type="checkbox"/> | <input type="checkbox"/> | go of my home in rainy or snowy weather |
| <input type="checkbox"/> | <input type="checkbox"/> | go out of my home without feeling anxious or scared |

Notes: _____

3. SOCIALIZATION

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | interact well with family members |
| <input type="checkbox"/> | <input type="checkbox"/> | interact well with people at work |
| <input type="checkbox"/> | <input type="checkbox"/> | interact well with my partner |
| <input type="checkbox"/> | <input type="checkbox"/> | establish and maintain relationships with people |
| <input type="checkbox"/> | <input type="checkbox"/> | control my emotional responses |
| <input type="checkbox"/> | <input type="checkbox"/> | control my sexual feelings |

I have a good understanding of:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the importance of privacy, touch, affection, and social distance (boundaries) |
| <input type="checkbox"/> | <input type="checkbox"/> | what it means to be intimate |
| <input type="checkbox"/> | <input type="checkbox"/> | dating |
| <input type="checkbox"/> | <input type="checkbox"/> | reproductive health |
| <input type="checkbox"/> | <input type="checkbox"/> | private versus public |
| <input type="checkbox"/> | <input type="checkbox"/> | my personal rights |
| <input type="checkbox"/> | <input type="checkbox"/> | who to go to for support |

Notes: _____

4. DAILY LIVING SKILLS

a) Shopping for Personal Needs

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>read labels</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>compare costs</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>walk around stores, make choices, and manage line-ups</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>pick out items from shelves, load them into the basket, take them out of the basket and put them onto the cashier's desk</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>take the groceries home by bus</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>take the groceries home by car</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>not get anxious, scared, frustrated or angry while I am in stores</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>pay for items, including giving the correct amount of money and receiving the correct change</i> |

Notes: _____

b) Public Transport / Community Navigation

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>walk to the correct bus or train stop</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>wait at the correct bus or train stop</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>get on and off the bus or train</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>stand, get in/out of the seat on the bus or train</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>get off at the correct bus or train stop</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>understand bus or train schedules</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>read a map</i> |

Notes: _____

c) Personal Finances

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>understand my bill statements</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>remember to pay my bills on time</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>budget for groceries and other things that I need</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>stop myself from buying things that I do not need</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>save money for important "big" purchases</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>perform a bank transaction with a bank teller</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>perform a bank transaction at a bank machine</i> |

Notes: _____

d) Preparing and Eating Meals

I am usually able to:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <i>stand at the sink, counter, and stove, while someone else is cooking</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>move food from shelves/fridge/counters to stove/oven/table</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>chop, peel, mix or stir food while someone else is overseeing the cooking</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>open cans with a can opener</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>open jars</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>open and reseal storage bags</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>understand recipes and labels</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>remember to take food off the stove/out of the oven and to turn the stove on and off</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>remember to eat regular meals and healthy foods</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>use utensils to eat</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>sit at the table in a regular chair</i> |

Notes: _____

e) 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: _____

f) 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: _____

g) Personal Hygiene / Self-Care

I am usually able to:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<i>sit on, and stand from the toilet</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>be continent of bladder</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>be continent of bowel</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>get in and out of the bathtub/shower</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>reach up and down to wash my body and/or apply cream</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>shave</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>brush my teeth</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>brush my hair</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>wash my face</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>trim my fingernails</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>trim my toenails</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>get dressed and undressed (including buttons and zippers)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>tie and untie my shoe laces</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>sit in and get out of a chair</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>get in and out of bed</i>

Notes: _____

5. OTHER

a) Thinking and Memory

I am usually able to:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember information that I hear</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember what I see</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember information that I read</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember information that people tell me</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember things that I have done</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember what I have to do (e.g., appointments)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>remember people's names</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>make logical (appropriate) choices</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>make decisions and plan ahead</i>

b) 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: _____
