



INNOVATIVE PRACTICES + ASSISTIVE TOOLS = SUCCESSFUL STUDENTS

# **Teacher Resource Guide on Transition**

## Acknowledgements

The authors would like to thank the many educators and parents who provided suggestions and ideas that led to this publication. We continue to learn from each of you.

Special thanks go to the major contributors of previous transition products that are the basis of this portfolio: Linda Berg, Therese Canfield, and Penny Reed

Canfield, T. & Reed, P. (2001). *Assistive Technology and Transition*.  
Oshkosh, WI: Wisconsin Assistive Technology Initiative.

Berg, L. (2004). *Teacher and Student Transition Resource Portfolio*.  
Chippewa Falls, WI: Cooperative Educational Service Agency 10.

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## Introduction to the Teacher Portfolio

This portfolio system was developed to provide teachers and students with an easy to use filing system that can be easily updated and moved with the student through the transition years. A teacher survey found that they were more apt to file a student's transition information in a file cabinet until it was time to give the record permanently to the student. The format of this portfolio system helps teachers manage transition information in an organized manner. Teachers and students tested all items in both portfolios. Recommendations were incorporated into the development of the portfolios.

The Teacher and Student Transition Portfolio is a two-portfolio system designed to help teachers assist students in developing a personally tailored portfolio. Together, teachers and students begin preparing the student portfolio at age 14. This portfolio moves with the student year to year. The teacher houses the portfolio and adds information as it is developed. Upon graduation, the teacher wraps it up and gives it to the student for graduation to bring to their post school setting. The intent is for the student to use the portfolio as a framework for pursuing post secondary goals, adding materials under each category as needed.

As teachers attend transition-related workshops and collect information they need a place to store it. Thus the teacher portfolio was developed to mirror the student portfolio. However, supplemental information that might assist the teacher and student in developing the portfolio is included under each of the eight categories. This provides an organizational system for filing additional information. Categories could be removed or altered to fit the needs of an individual student. Not all pieces of information will fit all students, so feel free to pick and choose accordingly. Also, certain items will need to be updated on a continual basis.

The intent behind each category goes as follows:

### **Personal Information:**

This section is designed to hold basic information that students need to apply for and function in most any adult setting. These items are found in permanent records and cumulative files. This is the first section because it is the most frequently used information. It is usually used for reference or evidence documentation.

### **Transition Planning:**

This section is used as a planning section and may change frequently as the student's interest and preferences change. It is best to keep all plans in this section so the student can see the historical perspective of their interest and preferences. An example might be where a student wants to go to a four-year college for a certain degree and prepares for the college track coursework, then changes his mind to a more technical track and needs a chronological list of coursework taken. At a minimum, it is recommended that you keep the high school four-year coursework plan and personal questionnaires of interests and preferences in this section.

### **Assessment:**

This section holds all formal and informal assessment scores and reports that could benefit the student in the future. The possibilities are endless. A sample spectrum is enclosed in the teacher portfolio to help point out a few possibilities.

**Assistive Technology:**

This section is designed to hold documentation of the need for assistive technology, the assistive technology currently used, and the information a student would need to reference to obtain technical assistance. Vendor information is stored here for easy access in the event a device malfunctions and repairs or updates are required.

**Employment:**

This section holds two types of information. The first is to assist the student in obtaining an immediate job (could be school or community based, part-time or full time). It has various job logs to place all contacts in a chronological order for future reference. The second type of information is to assist the student who chooses to go directly into the workforce upon graduation. This may include information about potential careers. In the teacher portfolio there are a few reference sheets related to job spectrums and wages. Please be aware that this information may need updating periodically.

**Post High School Education:**

This section is designed to help the student successfully enroll in a post high school educational setting beginning information inquiry to securing appropriate accommodations. There are various logs to assist the student in their endeavors. It includes contact information for institutions that fit the student's interests and preference. From that the student can seek general information about the institution; the application process; entrance exams required; scholarship and/or financial aid procedures; curriculum appropriateness for the student; availability of any special housing needs; any special medical accommodations required by the student; and how to seek accommodations/modifications appropriately through the disability office on campus. Documenting each step is essential and filing it in this section helps keep that information organized and accessible. This section should be shared with parents for best coordination in planning.

**Awards and Letters of Recommendations:**

This section houses all awards and recommendations received by the student. This can go beyond formal awards and letters.

**Other Useful Items:**

The final section is for any other pertinent information that would help the student be successful as an adult.

The sections and information in these two portfolios are not meant to be an end but a means to an end for the student. Some teachers have found it best to teach the students what a portfolio is and how it is used prior to requiring the students to have one. After the initial instruction, students are encouraged to take the initiative to update and provide their own information accordingly.

Should you have any questions, comments or recommendations please feel free to contact me.

Sincerely,

Linda Berg  
CESA 10  
Lberg@cesa10.k12.wi.us

## STUDENT'S IDENTIFYING INFORMATION

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Social Security:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Student E-mail:** \_\_\_\_\_

**Parents or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

**Person Completing Report:** \_\_\_\_\_

**Medical Information**

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Hospital \_\_\_\_\_

Recurring Health Conditions \_\_\_\_\_

\_\_\_\_\_

Does the student have any allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, describe what they are and procedural instructions for dealing with reactions:

\_\_\_\_\_

Does the student have a seizure condition? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the seizures and procedural instructions for supporting the student through them:

\_\_\_\_\_

Is the student on any type of medication? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the following information:

Type of Medication	Prescribed for	Dosage (amount & time)	Side Effects

Who sets up all medical appointments? \_\_\_\_\_

\_\_\_\_\_

**Diet**

Does the student have dietary restrictions? If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education History:** \_\_\_\_\_

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**Miscellaneous Information:** \_\_\_\_\_

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# TRANSITION PLANNING CHECKLIST

## Guide for Parents, Students, Professionals

(adapted from CESA 11 & WATI, used with permission)

For Parents, Students, Professionals

IDEA transition services are designed within a results-oriented process that is focused on improving academic and functional achievement. It is a coordinated set of activities based on an individual student's needs including: strengths, preferences and interests. In Wisconsin, planning begins at age 14 by determining appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment and, where appropriate, independent living skills.

Each year provide:

- related services
- instruction
- community experiences
- employment objectives
- post-school adult living objectives and,
- when appropriate, acquisition of daily living skills and functional vocational evaluation

This checklist is a guide and was taken from the CESA #11 Transition Guide. The steps apply to most students. Ages and steps may vary slightly for different children. Parental involvement is essential.

### 13-14 Year Olds

- Transition assessment(s) (interest inventories, aptitude tests, functional vocational evaluation)
- Obtain certified birth certificate
- Obtain employment ID card
- Obtain social security card
- Continue career exploration
- Explore recreation/leisure interests
- Acquire self advocacy skills
- Participate in community services
- Identify personal style
- Assess personal health care needs
- Write measurable postsecondary goals
- Develop course of study
- Learn to use technology to assist with learning
- Review the contents of the *Functional Vocational Assessment* with the IEP team and determine any areas of concern or skills that need to be improved
- Complete the *Student Information Guide for Self Determination and Assistive Technology Management*



## **14-15 YEAR OLDS**

- Transition assessment(s)
- Access transportation options
- Explore job opportunities
- Assess time/money management skills
- Participate in recreation/leisure activities
- Evaluate future financial needs
- Perform community service
- Develop personal health plan
- Practice self advocacy
- Job shadowing
- Visit area job/career center
- Write/review measurable postsecondary goals
- Conduct functional vocational evaluation
- Develop course of study
- Learn to use Assistive Technology to assist with learning
- Integrate assistive technology into environments
- Update the *Functional Vocational Assessment*
- Update the *Student Information Guide for Self Determination and Assistive Technology Management*

## **15-16 YEAR OLDS**

- Transition assessment(s)
- Practice self advocacy
- Implement a time/money management plan
- Obtain employment experience
- Develop job seeking/keeping skills
- Practice interpersonal skills
- Practice personal health care skills
- Review measurable postsecondary goal(s)
- Practice independent living skills
- Update the *Functional Vocational Assessment*
- Update the *Student Information Guide for Self Determination and Assistive Technology Management*

## **16-17 YEAR OLDS**

- Transition assessment(s)
- Take college entrance tests
- Practice self advocacy
- Practice job seeking/keeping skills
- Explore post school living arrangements
- Reassess/update vocational plan
- Establish graduation date & plan

- Obtain paid work experience supervised by school
- Identify steps/timelines for post-secondary school training
- Investigate other skill training options
- Investigate and visit adult services
- Visit post secondary training sites
- Identify personal assistance needs
- Apply for legal representation/guardianship if necessary
- Understand adult rights/responsibilities
- Review measurable postsecondary goal(s)
- Integrate and advocate for assistive technology
- Update the *Functional Vocational Assessment*
- Update the *Student Information Guide for Self Determination and Assistive Technology Management*

### **17-18 YEAR OLDS**

- Transition assessment(s)
- Summary of Performance
- Identify/communicate accommodations
- Gather all relevant student records
- Register for voting, selective service
- Develop graduation placement
- Maintain paid, supervised employment
- Finalize independent living arrangements
- Direct personal assistance services
- Apply for skill training options
- Complete post secondary applications
- Explore legal representation
- Formally apply for all adult services
- Review measurable postsecondary goal(s)
- Integrate and advocate for assistive technology
- Update the *Functional Vocational Assessment*
- Update the *Student Information Guide for Self Determination and Assistive Technology Management*

### **18-21 YEAR OLDS**

- Summary of performance written
- Obtain regular integrated employment
- Receive appropriate services from adult agencies
- Review measurable postsecondary goals
- Integrate and advocate for assistive technology
- Update the *Functional Vocational Assessment*
- Update the *Student Information Guide for Self Determination and Assistive Technology Management*

# My Desired Post-School Outcomes

(Berg, L., CESA 10, used with permission)

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## Employment Objective:

The job I want is \_\_\_\_\_

## Community Participation Objective

Community activities I would like to be involved in:

Area	Specific interest:
Shopping	
Transportation	
Healthcare	
Banking	
Civic activities	
Agency support	
Clubs and organizations	
Other	

## Independent Living

I want to live:

Area	Specific interest:
In an apartment with a friend	
In a dorm while I attend a university	
With my family	
In my own home I bought	
Other	

**Recreation and Leisure I enjoy:**

<b>Area</b>	<b>Specific interest</b>
<b>Cultural activities</b>	
<b>Social activities</b>	
<b>Hobbies</b>	
<b>Participatory sports</b>	
<b>Spectator sports</b>	
<b>Rest and relaxation</b>	
<b>Vacations and travel</b>	
<b>Physical fitness</b>	
<b>Other</b>	

**Activities I would like to try:**

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**Post Secondary Education**

I want to attend:

<b>Area</b>	<b>Specific interest:</b>
<b>Technical school</b>	
<b>University</b>	
<b>Other</b>	

# High School Coursework and Activities

(Berg, L., CESA 10, used with permission)

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## My four year plan of courses:

9 <sup>th</sup> grade	10 <sup>th</sup> grade
11 <sup>th</sup> grade	12 <sup>th</sup> grade

12+

Total Credits: \_\_\_\_\_ Credits needed to graduate: \_\_\_\_\_

My best subjects in school have been:

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Extra curricular activities (in and out of school):

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## Summary of Performance (SOP)

School District, \_\_\_\_\_

High School

The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency “shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals” 20 USC 1414©(5)(B)(ii). The information about the student’s current level of functioning is intended to help postsecondary institutions consider accommodations for access. *These recommendations should not imply that any individual who qualified for special education in high school with automatically qualify for services in the postsecondary education or the employment setting. Postsecondary settings will continue to make eligibility decisions on a case-by-case basis.*

The Summary of Performance is best completed during the final year of a student’s high school education. The timing of completion of the Summary of Performance may vary depending on the student’s postsecondary goals. If a student is transitioning to high education, the SOP, with additional documentation, may be necessary after the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer the most updated information on the performance of the student. The Summary of Performance is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document.

### Background Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year of Graduation/Exit: \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Street) (Town, State) (Zip Code)

Student’s Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Primary Language: \_\_\_\_\_ If English is not the student’s primary language, what services were provided for this student as an English language learner? \_\_\_\_\_

**Assessment Reports:** Check and include the most recent copy of assessment reports attached that clearly identify the student’s disability of functional limitations and that will assist in postsecondary planning:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Psychological/cognitive                       | <input type="checkbox"/> Response to Intervention (RTI) | <input type="checkbox"/> Adaptive behavior/FBA       | <input type="checkbox"/> Behavioral analysis          |
| <input type="checkbox"/> Neuropsychological                            | <input type="checkbox"/> Language/proficiency           | <input type="checkbox"/> Social/interpersonal skills | <input type="checkbox"/> Classroom observations       |
| <input type="checkbox"/> Medical/physical                              | <input type="checkbox"/> Reading assessments            | <input type="checkbox"/> Community-based assessment  | <input type="checkbox"/> Assistive technology         |
| <input type="checkbox"/> Achievement/academics                         | <input type="checkbox"/> Communication                  | <input type="checkbox"/> Self-determination          | <input type="checkbox"/> Career/vocational assessment |
| <input type="checkbox"/> Informal assessment ( <i>specify</i> ): _____ |   |  |   |
| <input type="checkbox"/> Other ( <i>specify</i> ): _____               |   |  |   |

### DEFINITIONS

**Accommodations** = a support or service that is provided to help a student fully access the general education curriculum or subject matter. An accommodation *does not change the content* of what is being taught or the expectation that the student meet a performance standard applied for all students.

**Modification** = a change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or expectations of what the student will master are changed.

**Assistive Technology (AT)** = any device that helps a student with a disability function in a given environment. AT can include simple devices such as laminated pictures for communication, removable highlighter tapes, Velcro and other “low-tech” devices.

**Supports** = Connections or coordination with outside agencies, personnel or other services or supports used in high school.

**Part 1: Measurable Postsecondary goals** – This section states the student’s specific measurable postsecondary goal(s).

Measurable Postsecondary Area	NA	Measurable Postsecondary Goal
Training		
Education		
Employment		
Independent living, if appropriate		

**Part 2: Summary of Performance:** This section includes information on academic achievement and functional levels of performance. Next to each specified area, complete the student’s present level of performance and the accommodations, assistive technology and supports that were effective in high school to assist the student in achieving progress.

Academic Achievement and Functional Performance	Present Level of Performance (grade level, strengths, preferences, interest)	Effective Accommodations, Assistive Technology and Supports
Reading (basic reading/decoding, comprehension and speed)		
Math (calculation, algebraic problem solving, quantitative reasoning)		
Written Language (written expression, spelling)		
Functional Performance* (e.g. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)		

\*Present Level of Functional Performance is information that is considered in making decisions about disability determination and needed accommodations.

**Part 3: Recommendations to assist the student in meeting measurable postsecondary goal(s) (Part 1)** – This section presents recommendations for accommodations, adaptive devices, assistive services, assistive services, compensatory strategies, and/or support services, to enhance access and participation in measurable postsecondary goals.

Measurable Postsecondary Area	NA	Recommendations to Assist the Student in Meeting Measurable Postsecondary Goals	Contact Information – name and/or title, phone number, Address, e-mail of person of agency
Training			
Education			
Employment			



<i>Independent Living</i>			
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*For further information regarding regional and state resources, visit the Point of Entry Manual at [www.wsti.org](http://www.wsti.org)*

# Student Transition Planning Guide

(Berg, L., CESA 10, used with permission)

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## Affirmation Statement:

The information on this form will help me prepare for my transition IEP meetings. I will share this information with my IEP team members to help with the planning process. I will use this form to develop my transition plans until I graduate from high school.

(Check when completed)

\_\_\_\_\_ 1. Talk with my special education teachers about my transition IEP meeting to understand my responsibilities. \_\_\_\_\_ (Teacher initials and date)

\_\_\_\_\_ 2. My strengths are: (Examples: dependable, honest, hard-working, fast-learner, realistic)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 3. I have been proficient with: (Examples: high job ratings, pay raise, doing my job by myself, having the boss congratulate me, using assistive devices or programs, etc.)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 4. My greatest challenges: (Examples: reading, math, remembering, controlling my temper, finding help with jobs or living on my own, using a computer, getting from place to place, etc.)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 5. Goals I want to work toward while in school: (Examples: increase reading or math skill, get new friends, learn to type, learn woodworking, learning assistive devices and programs, etc.)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 6. Words I use to describe myself: (Examples: confident, strong, happy, good self-esteem, shy, quiet, sad, etc.)

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 7. I can prepare myself to assist in my transition IEP development by providing the following input:

A. Jobs or career path:

1. Past job(s) \_\_\_\_\_  
\_\_\_\_\_

2. Present job(s) \_\_\_\_\_  
\_\_\_\_\_

3. Future job(s) \_\_\_\_\_  
\_\_\_\_\_

B. Ideas to help reach my job goals:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

C. Living Situations: After graduation, I plan to live \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Examples: with parents, on my own, in a group home, share an apartment, etc.)

D. Ideas to help reach my living goals:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_ 8. The following supports will help me reach my goals: (IEP objectives)

School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Examples: talk with counselors, take vocational classes, get extra tutoring, volunteer, get my school work, use an assignment notebook)

Job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Examples: volunteer, take tours, take school courses, talk with employers, apply for jobs, practice interviewing, job shadow work places)

Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Examples: learn how to pay bills, have a checkbook, do chores at home, learn how to budget my money, watch my parents)

\_\_\_\_\_ 9. Assistive Technology that works best for me: (examples: wheelchairs, talking computers, special keyboards and/or mouse, Braille and other special format materials, etc.)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_ 10. My dreams for myself by age 21 are: (examples: related to jobs, living, money, family, friends, school, etc.)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

# Assistive Technology Planning Guide for Transition

(Wisconsin Assistive Technology Initiative)

## PROBLEM IDENTIFICATION

<b>Student's Abilities/Difficulties</b> Related to Tasks	<b>Environmental Considerations</b>	<b>Tasks</b> What does the student need to be able to do?
Writing/Use of Hands Communication Reading/Cognition Mobility Vision Hearing Behavior Self Determination in AT Use Other	e.g. Classroom Home Work Site Higher Ed. Campus Type of Computer (used/available) Computer Peripherals/software needed/available Distance to be traveled	e.g. Produce legible written material Produce audible speech Read text Access transportation Complete activities of daily living (shop, cook, do laundry, etc.) Complete specific vocational tasks
		<b>Reframed Question</b>
		i.e. Specific task identified for solution generation
<b>SOLUTION GENERATION</b>	<b>Solution Selection</b>	<b>Implementation Plan</b>
Brainstorming Only No Decision	Discuss & Select Idea from Solution Generation	AT Trials/Services Needed: Work / study or job hardening experience How long, when, person(s) responsible
		<b>Follow-Up Plan</b>
		Who & When Set specific date now.

Note: It is not intended that you write on this page. Each topic should be written where everyone can see them, i.e. on a flip chart, board or overhead projector – information should then be copied on paper for file or future reference.

## Thematic Groupings of

### ESTR III Items

Severson, S., Enderle, J., & Hoover, J. (2003). Transition planning in the schools (3rd. Ed). Moorhead, MN: ESTR Publications (Used with permission.)

#### EMPLOYMENT

##### Vocational Knowledge

- 11 recognizes need to support him/herself
- 13 understands levels of training for different jobs
- 30 has realistic expectation of vocational potential

##### Responsibility

- 4 demonstrates good attendance
- 6 demonstrates appropriate hygiene and grooming
- 16 understands factors which influence job retention, dismissal, and promotion

##### Social - Work/Behavior

- 12 responds appropriately to authority figures
- 18 responds to verbal correction
- 20 demonstrates interpersonal skills to be successful in a job
- 22 follows given directions without complaint

##### Time

- 3 demonstrates awareness of time as it relates to events in a day
- 7 adapts to changes in schedules and routines
- 8 understands how much time is needed
- 9 is punctual
- 14 understands how to use timecard
- 15 responds to time-related events over the course of a month

##### Work Skills/Habits

- 1 exhibits fine motor skills
- 2 exhibits large motor skills
- 10 initiates tasks
- 19 makes effort to do best

- 21 maintains a productive work rate
- 23 maintains appropriate work habits- when supervisor is not present
- 24 demonstrates organization in work behavior
- 25 makes appropriate decisions regarding work related tasks
- 26 completes tasks within allotted time

##### Experience

- 5 has earned money doing part-time jobs
- 28 understands information on a paycheck
- 31 has had a variety of community-based work experiences

##### Job Search Skills

- 17 accesses resources for assistance in job searching
- 27 demonstrates job interview skills
- 29 completes job application

#### RECREATION AND LEISURE

##### Social/Behavioral

- 4 initiates interactions with adults
- 6 initiates interactions with peers
- 8 interacts with peers in non-academic school situations
- 9 acts appropriately in public
- 10 exhibits appropriate social behaviors in recreation/leisure activities
- 11 demonstrates cooperative skills in routine situations
- 14 makes friends
- 18 converses with others appropriately
- 19 modifies behaviors to fit specific situations

## **Activities**

- 1 shows interest in environment
- 2 chooses television and/or radio, and/or music for entertainment
- 3 takes part in simple interactive games
- 5 participates in age-appropriate individual activities
- 7 chooses appropriate free time activities
- 12 goes places with friends during non-school hours
- 13 initiates involvement in recreation/leisure activities
- 15 makes plans to attend activities outside the home
- 16 takes part in a variety of integrated activities during non-school hours
- 17 is involved in physical activities regularly
- 20 uses television/radio/internet for information purposes
- 21 entertains friends in the home
- 22 shows interest in current events
- 23 takes part in extracurricular activities

## **HOME LIVING**

### **Grooming & Hygiene**

- 1 cares for toileting needs
- 16 maintains neatness
- 17 maintains cleanliness

### **Self Care**

- 2 dresses and undresses self
- 5 demonstrates acceptable eating behaviors
- 7 dresses appropriate to situation
- 10 chooses and wears appropriate size, color, pattern
- 12 recognizes clothing repair
- 13 demonstrates understanding of words found in home
- 28 develops a shopping list

### **Health/Safety**

- 11 demonstrates safety precautions
- 19 determines temperature

- 22 seeks medical assistance
- 23 treats minor illnesses
- 27 takes medications
- 29 understands sexual awareness
- 31 performs first aid
- 36 practices preventive health care
- 37 knows how to respond to household emergencies

### **Communication**

- 3-communicates personal information
- 6-makes local calls
- 34-demonstrates advanced phone skills
- 35-performs written correspondence

### **Cleaning/Maintenance**

- 8 performs household cleaning skills
- 9 maintains room temperature
- 18 recognizes cleaning needs
- 24 maintains bedroom
- 25 performs light household maintenance
- 30 performs laundry skills
- 33 understands measurement

### **Cooking**

- 4 prepares/serves food requiring little or no cooking
- 15 prepares/serves simple foods which require cooking
- 20 prepares/serves simple meals
- 21 demonstrates food storage
- 38 understands nutrition/planning balanced meals
- 45 prepares/serves complex meals

### **Financial**

- 32 understands savings accounts
- 39 pays bills
- 40 manages money
- 41 manages checking account
- 43 understands the process of relocating
- 44 plans simple budget

### **Responsibility**

- 14 cares for property
- 26 demonstrates citizenship
- 42 understands parenting



## **COMMUNITY PARTICIPATION**

### **Access/Use**

- 1 finds specified areas in school and neighborhood
- 2 understands community signs
- 3 accesses services and items which have constant location
- 4 orders food in restaurants
- 5 crosses streets with traffic lights
- 6 locates items in grocery stores
- 9 uses pay telephone
- 11 gets to community resources
- 12 uses community resources
- 13 demonstrates appropriate social behaviors
- 15 makes appointments and keeps them
- 16 has means of transportation
- 17 locates unfamiliar destinations - asking directions or using map
- 20 identifies locations of and gets to social service agencies

### **Safety**

- 8 knows dangers of accepting assistance or good from strangers
- 10 responds to emergency situations

### **Financial**

- 7 recognizes cost and pays for small purchases
- 14 understands cost saving techniques
- 18 practices comparative shopping skills
- 21 pays for large purposes

### **Housing**

- 19 has realistic plan for post secondary housing
- 22 understands criteria influencing housing choice
- 23 understands basic insurance

## **POST SECONDARY EDUCATION**

### **Personal**

1. guardianship/conservatorship addressed
6. demonstrates self awareness
14. demonstrates self confidence

### **Training/Learning**

- 2 relevant supports included in transition plan
- 3 expresses aspirations for career
- 4 has career aspirations that match interest/aptitudes
- 5 identifies post secondary training/learning options
- 7 vocational assessment completed
- 10 application to post secondary training/learning option completed
- 12 has a workable plan for accessing post secondary training/learning option

### **Housing**

- 8 housing options identified
- 9 application made for housing options

### **Financial**

- 11 application made for financial assistance
- 13 obtained financial resources

## Sample Assessment Continuum

Grade assessment would be given	Name of assessment given
Age 14 years or 8 <sup>th</sup> grade	<ul style="list-style-type: none"> <li>• Enderle Severson Transition Rating Scales</li> <li>• WKCE</li> </ul>
9 <sup>th</sup> grade	<ul style="list-style-type: none"> <li>• Career Inventory for the Learning Disabled or</li> <li>• COPS/COPES/CAPS</li> </ul>
10 <sup>th</sup> Grade	<ul style="list-style-type: none"> <li>• WKCE</li> <li>• Enderle Severson Transition Rating Scales</li> <li>• PSAT (post secondary bound)</li> <li>• PLAN (post secondary bound)</li> </ul>
11 <sup>th</sup> grade and 12 <sup>th</sup> grade	<ul style="list-style-type: none"> <li>• COPS/COPES/CAPS (if uncertain on interest)</li> <li>• ASVAB (good measure of aptitude)</li> <li>• ACT/SAT (post secondary bound)</li> <li>• Other post secondary entrance exam</li> <li>• CDL exam (if appropriate)</li> <li>• Other pre-qualifying exams for post programs and/or vocations</li> <li>• Compass Test</li> <li>• PASS</li> </ul>

Be sure to measure student's interest with ability and capability.

Some less formal assessments for assistive technology include:

- ASNAT (Assessing Students Needs for Assistive Technology)
- Hey! Can I Try That? – Free download from [www.wati.org](http://www.wati.org) – click on 'Products'
- Career Cluster Interest Survey – Free download from [www.careercluster.org](http://www.careercluster.org)

## Functional Vocational Assessment

(adapted from Berg, L., CESA 10 and Canfield, T., Noll, A., and Schwartz 2004)

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Mobility

1. Requires assistance from others to travel in community.  
 Yes             No             Disability Related
  
2. Has physical, mental, or emotional limitations that significantly reduce range of travel.  
 Yes             No             Disability Related
  
3. Navigates at a reasonable pace.  
 Yes             No             Disability Related
  
4. Navigates outside on varied terrain. (i.e. college campus)  
 Yes             No             Disability Related
  
5. Tolerates and maintains this pace for up to 3 city blocks.  
 Yes             No             Disability Related
  
6. Environmentally tolerates full day school / work.  
 Yes             No             Disability Related
  
7. Carries a 5-pound backpack while being mobile.  
 Yes             No             Disability Related
  
8. Operates controls to activate community building access devices. (i.e. electronic doors, elevator, walk light)  
 Yes             No             Disability Related

<b>MOBILITY ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Power Wheelchair				
Manual Wheelchair				
Powered Scooter				
Walker				
Cane / Crutches				
Grab Rails				
Environment Controls				
Other				
Additional information:				

## Transportation

1. Get in/out of any vehicle to be a passenger.  
 Yes             No             Disability Related
  2. Transfer into vehicle and load mobility device.  
 Yes             No             Disability Related
  3. Get into vehicle with ramp or lift.  
 Yes             No             Disability Related
  4. Uses public transportation if available.  
 Yes             No             Disability Related
  5. Possesses valid driver's license.  
 Yes             No             Disability Related
  6. Can follow route to familiar locations (example: work, store).  
 Yes             No             Disability Related
  7. Can determine route to new location.  
 Yes             No             Disability Related
  8. Initiates plans to and follows route to new location.  
 Yes             No             Disability Related
  9. Primary mode and provider of transportation.
- 
10. Uses wheelchair or mobility device independently?  
 Yes             No             N/A

<b>TRANSPORTATION ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Driving Equipment				
Car Top or Bumper Carrier for Mobility Device				
Van with Ramp or Lift				
Other				
Additional information:				

## Communication

1. Communicate wants & needs to non-familiar communication partner?  
 Yes             No             Disability Related
2. Can explain how he/she learns best.  
 Yes             No             Disability Related
3. Speech is a viable form of communication, including the use of an augmentative communication device.  
 Yes             No             Disability Related
4. Can hear environmental sounds as it relates to safety and reacts appropriately.  
 Yes             No             Disability Related
5. Can hear spoken language.  
 Yes             No             Disability Related
6. Can understand spoken language.  
 Yes             No             Disability Related
7. Can follow verbal and written directions.  
 Yes             No             Disability Related
8. Can follow directions from simple to complex.  
 Yes             No             Disability Related
9. Exhibits short or long-term memory deficits.  
 Yes             No             Disability Related
10. Can use telephone as a means of communication.  
 Yes             No             Disability Related

<b>COMMUNICATION ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Eye-Gaze Board				
Picture or Spelling Board				
Electronic Voice Output Device				
Computer-Based Speech Device				
Adaptive Telephone				
Adaptive Writing Device				
Laptop Computer				
TTY				

<b>COMMUNICATION ADAPTATIONS</b> (continued)	Not applicable	Possibly could use	Using but could be improved	Using independently
Relay System				
Voice Output Reminders				
Electronic Organizers				
Other				
Additional information:				

### Reading

1. Can read, understand and interpret a single sentence, statement, and question.

Yes       No       Disability Related

2. Can read, understand and interpret a paragraph length statement/question.

Yes       No       Disability Related

3. Can read, understand job application.

Yes       No       Disability Related

4. Can read and understand newspaper articles.

Yes       No       Disability Related

5. Can understand written materials when presented auditorily.

Yes       No       Disability Related

<b>READING ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Page Turner / Book Holder				
Scanning / Optical Character Recognition				
Picture Texts and Instructions				
Voice Output				
Highlighted Text / Enlarged Text				
Recorded Materials				
Computerized Text Adaptations				
Hand-Held Text Readers & Scanners				
Other				
Additional information:				

## Writing

1. Can print or write legibly.

Yes                       No                       Disability Related

2. Complete application form.

Yes                       No                       Disability Related

3. Can write in a confined space, i.e., application form, time cards, etc.

Yes                       No                       Disability Related

4. Can write a message accurately.

Yes                       No                       Disability Related

5. Can write with the assistance of low/high tech devices.

Yes                       No                       Disability Related

	Not applicable	Possibly could use	Using but could be improved	Using independently
<b>WRITING ADAPTATIONS</b>				
Organization Aids				
Talking Word Processor				
Signature Stamp				
Productivity Enhancement Software				
Other				
Additional information:				

## Math

1. Can make correct change for purchase under \$20.00.

Yes                       No                       Disability Related

2. Counts to 100 accurately.

Yes                       No                       Disability Related

3. Ability to add, subtract, multiply and divide whole numbers with or without a calculator.

Yes                       No                       Disability Related

	Not applicable	Possibly could use	Using but could be improved	Using independently
<b>MATH ADAPTATIONS</b>				
Other				
Additional information:				

## Learning

<b>LEARNING ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Extended time for completion of tasks.				
Alternative testing.				
Alternative media				
Specialized tutoring.				
Interpreter services.				
Environmental accommodations.				
Electronic Organizers (i.e. palm computers)				
Assistive devices.				
Other				
Additional information:				

## Self-Care

1. Personal grooming and hygiene adequate for most jobs.

Yes       No       Disability Related

2. Implements good health practices in the following areas:

Balanced diet       Yes       No       Disability Related

Exercise       Yes       No       Disability Related

Medical checkups       Yes       No       Disability Related

Dental checkups       Yes       No       Disability Related

3. Needs personal assistance or accommodations to perform activities of daily living such as:

Eating       Yes       No       Disability Related

Toileting       Yes       No       Disability Related

Grooming       Yes       No       Disability Related

Dressing       Yes       No       Disability Related

4. Needs personal assistance or accommodations to perform activities of daily living such as:

Cooking       Yes       No       Disability Related

Shopping       Yes       No       Disability Related

Washing/laundry       Yes       No       Disability Related

Housekeeping       Yes       No       Disability Related

Money management       Yes       No       Disability Related



<b>SELF CARE ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Clothing				
Adaptive Kitchen Utensils and Dishes				
Roll-in Shower				
Adaptive Hygiene Devices				
Environmental Controls				
Adaptive Grooming Tools				
Adaptive Appliances				
Reachers/Grabbers/Low Tech Aids				
Assistive Time Devices				
Assistive Memory Devices				
Electronic Organizers/Day Planners				
Emergency Response Systems				
Alarm System				
Adaptive Positioning & Seating Devices				
Adaptive Mobility Devices				
Adaptive Bathing Devices				
Color Coded Items (easier locating & identifying)				
Other				
Additional information:				

**Self Direction**

1. Prepares and follows own schedule.
 

Yes             No             Disability Related
2. Follows a schedule if prepared by another individual.
 

Yes             No             Disability Related
3. Will need support to arrange and complete interviews with DVR counselor or other agency staff.
 

Yes             No             Disability Related
4. Can identify tasks that need to be done; takes actions to initiate.
 

Yes             No             Disability Related
5. Demonstrates an understanding of the consequences of behavior.
 

Yes             No             Disability Related
6. Can adjust from one task to another.
 

Yes             No             Disability Related

7. Advocates for self.  
 Yes             No             Disability Related
8. Actively participates in setting goals.  
 Yes             No             Disability Related
9. Follows through with established goals.  
 Yes             No             Disability Related
10. Sets realistic job goals  
 Yes             No             Disability Related
11. Motivated to work  
 Yes             No             Disability Related

<b>SELF DIRECTION ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Electronic Organizers (i.e. palm computers)				
Other				
Additional information:				

**Interpersonal Skills/Acceptance**

1. Can express concerns in acceptable manner.  
 Yes             No             Disability Related
2. Interacts with others appropriately in work situations.  
 Yes             No             Disability Related
3. Can work with minimal supervision for a period of 2-3 hours.  
 Yes             No             Disability Related
4. Interpersonal skills are acceptable during lunch and breaks.  
 Yes             No             Disability Related
5. Can accept constructive criticism.  
 Yes             No             Disability Related
6. Attends to personal issues outside work.  
 Yes             No             Disability Related

7. Able to establish/maintain relationships with others.

- Yes                       No                       Disability Related

8. Anticipates consequences of personal actions.

- Yes                       No                       Disability Related

9. Experiences social rejection due to disfigurement or atypical behavior.

- Yes                       No                       Disability Related

10. Adjusts easily to new situations and changes.

- Yes                       No                       Disability Related

<b><i>INTERPERSONAL SKILLS / ACCEPTANCE ADAPTATIONS</i></b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Other				
Additional information:				

### **Work Tolerance**

1. Physically, medically, and emotionally able to maintain an 8-hour day.

- Yes                       No                       Disability Related

2. Physically, medically, and emotionally able to maintain a 4-hour day.

- Yes                       No                       Disability Related

3. Can stand for extended periods of time.

- Yes                       No                       Disability Related

4. Able to sit for extended periods of time.

- Yes                       No                       Disability Related

5. Can tolerate extreme cold.

- Yes                       No                       Disability Related

6. Can tolerate extreme heat.

- Yes                       No                       Disability Related

7. Can tolerate environmental extremes of dust, noise, and fumes.

- Yes                       No                       Disability Related

8. Frequent absences.

Yes             No             Disability Related

<b>WORK TOLERANCE ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Distance Learning				
Adaptive Seating and Positioning				
Electronic Communication				
Organizers / Day Planners				
Other				
Additional information:				

### Work Skills

#### Pre-Employment

1. Can use telephone directory to obtain addresses and phone numbers of potential employers, social service agencies, and job leads.

Yes             No             Disability Related

2. Will need assistance and encouragement to arrange and complete successful job interviews.

Yes             No             Disability Related

3. Can accurately describe duties performed on jobs either verbally or written.

Yes             No             Disability Related

4. Inquires about job or related work.

Yes             No             Disability Related

5. Can perform computer-related manipulative tasks. (operating computer & mouse, handling paper in an efficient manner)

Yes             No             Disability Related

6. Accesses the Internet.

Yes             No             Disability Related

7. Can control the computer's cursor.

Yes             No             Disability Related

8. Can see the computer screen.

Yes             No             Disability Related

9. Functionally uses a keyboard.

- Yes       No       Disability Related

<b>WORK SKILLS ADAPTATIONS</b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Keyboard / Built-in Adjustments				
Alternate Keyboard				
On-Screen Keyboard				
Arm Rests / Adjustable Work Station				
Alternate Mouse Function				
Productivity Enhancement Software				
Voice Input				
Voice Output				
Morse Code				
Switch Operator / Scanning				
Braille Writer				
Screen Adaptations				
Other				
Additional information:				

### **Employment**

1. Determines appropriate time to arrive at work or other scheduled events and follows through.

- Yes       No       Disability Related

2. Demonstrated decision making/problem solving and judgment skills.

- Yes       No       Disability Related

3. Asks for clarification when necessary.

- Yes       No       Disability Related

4. Accepts changes in work assignment.

- Yes       No       Disability Related

5. Can identify and follow safety procedures.

- Yes       No       Disability Related

6. Seeks additional work when tasks are completed.

- Yes       No       Disability Related

7. Completes all tasks assigned.

- Yes       No       Disability Related

8. Ability to maintain quality of work - correct own errors.

- Yes       No       Disability Related

9. Ability to maintain adequate productivity/pace.

- Yes                       No                       Disability Related

10. Adjusts work speed to work demand

- Yes                       No                       Disability Related

<b><i>EMPLOYMENT ADAPTATIONS</i></b>	Not applicable	Possibly could use	Using but could be improved	Using independently
Other				
Additional information:				

## Student Information Guide for Self Determination and Assistive Technology Management

(Canfield, T. & Reed, P. (2001). Wisconsin Assistive Technology Initiative)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assistive Technology Currently Being Used: \_\_\_\_\_

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

<b>PROBLEM SOLVING SKILLS Student is able to:</b>	<b>Never</b>	<b>With Assistance</b>	<b>Independent</b>	<b>N/A</b>
Understand and explain strengths and weaknesses				
Differentiate wants and needs				
Make choices				
Consider multiple options and consequences				
Identify and contact resources such as social services, consultants and therapists				
Understand legal rights and how and when to obtain those rights				
Persevere when others don't follow through				

<b>COMMUNICATION SKILLS Student is able to:</b>	<b>Never</b>	<b>With Assistance</b>	<b>Independent</b>	<b>N/A</b>
Initiate communication				
Request clarification and information				
Ask for assistance (when, where, who, and what to say)				
Communicate clear messages				
Explain the disability, and needed accommodations				
Check for listener's understanding				
Successfully repair communication breakdowns				
Access and use phone				
Access and use internet/written communication				

<b>AT DEVICE SPECIFIC SKILLS</b> <b>Student is able to:</b>	<b>Never</b>	<b>With Assistance</b>	<b>Independent</b>	<b>N/A</b>
Set up the AT hardware or software				
Tell another how to set up the AT				
Identify environmental accommodations needed to use the device				
Turn on / off options as needed				
Program the device and back up, if needed				
Request new features, set ups, options, messages, etc.				
Determine when usage of AT is not appropriate or needed				
Determine when different AT may be needed				
Obtain supplies needed for AT device (batteries, tapes, etc.)				
Utilize low tech/ no tech back up for AT				

<b>AT MANAGEMENT SKILLS</b> <b>Student is able to:</b>	<b>Never</b>	<b>With Assistance</b>	<b>Independent</b>	<b>N/A</b>
Recognize when AT is malfunctioning				
Trouble shoot simple problems				
Identify sources of technical assistance / repair				
Contact sources of technical assistance / repair				
Ship / take AT to source of repair				
Identify sources of funding for repair				
Apply for / request funding assistance				
Request / obtain back up for AT during repair				
Access and use emergency backup plan when device is not available				

<b>GOAL SETTING SKILLS</b> <b>Student is able to:</b>	<b>Never</b>	<b>With Assistance</b>	<b>Independent</b>	<b>N/A</b>
Set realistic goals for himself / herself in general				
Set realistic goals for use of assistive technology				
Follow through on goals when set				
Monitor progress toward goal(s)				
Reflect on and evaluate progress toward goal(s)				
Lead a discussion about goals				



# Assistive Technology Assessment Checklist

(Wisconsin Assistive Technology Initiative, 2004)

## COMPUTER ACCESS

- Keyboard using accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyguard
- Arm support
- Track ball/track pad/joystick with on-screen keyboard
- Alternate keyboard
- Mouth stick/head mouse with on-screen keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition software
- Other: \_\_\_\_\_

## WRITING

### Motor Aspects of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Adapted paper (e.g. raised line, highlighted lines)
- Slantboard
- Use of prewritten words/phrases
- Portable word processor to keyboard instead of write
- Computer with word processing software
- Portable scanner with word processing software
- Voice recognition software to word process
- Other: \_\_\_\_\_

### Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/thesaurus
- Writing templates
- Electronic/talking electronic dictionary/thesaurus/spell checker
- Word processing with spell checker/grammar checker
- Talking word processing
- Abbreviation/expansion
- Word processing with writing supports
- Multimedia software
- Voice recognition software
- Other: \_\_\_\_\_

## COMMUNICATION

- Communication board/book with pictures/objects/letters/words
- Eye gaze board/frame communication system
- Simple voice output device
- Voice output device w/levels
- Voice output device w/icon sequencing
- Voice output device w/dynamic display
- Device w/speech synthesis for typing
- Other: \_\_\_\_\_

## READING, STUDYING, AND MATH

### Reading

- Standard text
- Predictable books
- Changes in text size, spacing, color, background color
- Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- Use of pictures/symbols with text
- Talking electronic device/software to pronounce challenging words
- Single word scanners
- Scanner w/OCR and text to speech software
- Software to read websites and emails
- Other: \_\_\_\_\_

### Learning/Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlight text (e.g. markers, highlight tape, ruler, etc.)
- Recorded material (books on tape, taped lectures with number coded index, etc.)
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Single word scanners
- Hand-held scanners
- Software for concept development/manipulation of objects – may use alternate input device, e.g. switch, Touch Window
- Software for organization of ideas and studying
- Palm computers
- Other: \_\_\_\_\_

### Math

- Abacus/Math Line
- Enlarged math worksheets
- Low tech alternatives for answering
- Math “Smart Chart”
- Money calculator and Coinulator
- Tactile/voice output measuring devices
- Talking watches/clocks
- Calculator/calculator with printout
- Calculator with large keys and/or large display
- Talking calculator
- Calculator with special features (e.g. fraction translation)
- On-screen/scanning calculator
- Alternative keyboard
- Software with cueing for math computation (may use adapted input methods)
- Voice recognition software
- Other: \_\_\_\_\_

## RECREATION AND LEISURE

- Toys adapted with Velcro, magnets, handles, etc.
- Toys adapted for single switch operation
- Adaptive sporting equipment (e.g. lighted or beeping ball)
- Universal cuff/strap to hold crayons, markers, etc.
- Modified utensils (e.g. rubber stamps, brushes, etc.)
- Ergo Rest or other arm support for drawing/painting
- Electronic aids to control/operate TV, VCR, CD player, etc.
- Software
- Completion of art activities
- Games on the computer
- Other computer software
- Other: \_\_\_\_\_

## ACTIVITIES OF DAILY LIVING (ADLS)

- Non slip materials to hold things in place
- Universal cuff/strap to hold items in hand
- Color coded items for easier locating and identifying
- Adaptive eating utensils (e.g. foam handles, deep sides)
- Adaptive drinking devices (e.g. cup with cut-out rim)
- Adaptive dressing equipment (e.g. button hook, elastic shoelaces, Velcro instead of buttons, etc.)
- Adaptive devices for hygiene (e.g. adapted toothbrush, raised toilet seat, etc.)
- Adaptive bathing devices
- Adaptive equipment for cooking
- Other: \_\_\_\_\_

## MOBILITY

- Walker
- Grab bars and rails
- Manual wheelchair including sports chair
- Powered mobility toy (e.g. Cooper Car, GoBot)
- Powered scooter or cart
- Powered wheelchair w/ joystick or other control
- Adapted vehicle for driving
- Other: \_\_\_\_\_

## POSITIONING AND SEATING

- Non-slip surface on chair to prevent slipping (e.g. Dycem)
- Bolster, rolled towel, blocks for feet
- Adapted/alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
- Other: \_\_\_\_\_

## VISION

- Eye glasses
- Optical aids
- Large print materials
- Auditory materials
- Dictation software (voice input)
- CCTV (closed circuit television)
- Screen magnifier (mounted over screen)
- Screen magnification software
- Screen color contrast
- Screen reader, text reader
- Braille notetaker
- Braille translation software
- Braille embosser
- Enlarged or Braille/tactile labels for keyboard
- Alternate keyboard
- Other: \_\_\_\_\_

## HEARING

- Pen and paper
- Computer/portable word processor
- TDD for phone access with or without relay
- Signaling device (e.g. flashing light or vibrating pager)
- Closed captioning
- Real Time captioning
- Computer aided note taking
- Screen flash for alert signals on computer
- Phone amplifier
- Personal amplification system/hearing aid
- FM or loop system
- Infrared system
- Other: \_\_\_\_\_

## COMMENTS

# ASSISTIVE TECHNOLOGY EMERGENCY PLAN

(Wisconsin Assistive Technology Initiative, 2001)

**Device:** \_\_\_\_\_

## Basic Maintenance Required:

\_\_\_\_\_  
\_\_\_\_\_

## Vendor/Source of Maintenance:

Name/Company \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Technical Assistance phone number \_\_\_\_\_

Technical Assistance email \_\_\_\_\_

## Case Manager or AT Consultant that can help with arrangements:

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Source for loaner equipment:

Agency \_\_\_\_\_

Phone \_\_\_\_\_

## Things I can do until my AT is repaired or replaced:

(e.g. use old AT I still have stored away, use low tech substitute (describe),

have someone create/make low tech substitute (name who could do that), etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ASSISTIVE TECHNOLOGY INFORMATION

(Wisconsin Assistive Technology Initiative, 2001)

**Device:** \_\_\_\_\_

**Purpose of device:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vendor obtained from:** \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_

Vendor e-mail: \_\_\_\_\_

**Cost:** \_\_\_\_\_

How was device paid for? \_\_\_\_\_

**Maintenance Requirements/Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Source of training:** \_\_\_\_\_

\_\_\_\_\_

## Sample Employment Spectrum

(Berg, L., CESA 10 (2006) used with permission)

<b>Type of Work</b>	<b>Paid/ Unpaid</b>	<b>Related Classroom Instruction</b>	<b>Supervision</b>	<b>Credit</b>	<b>Suggested Hours</b>	<b>Content Area</b>	<b>Age to Begin</b> (Varies based on individual needs of the student.)	<b>Duration of Placement</b> (Varies based on individual needs of the student.)
Career Exploration (this is where the student researches, observes, meets, interviews and/or evaluates interest in several careers using the SCANS clusters)	Unpaid	Career unit	Teacher	No	A few hours to a few days	Any content area	14 years	Short periods of time- few hours to a few days
Job Shadow (this is where the student watches and follows an employee to learn the what the job is about)	Unpaid	Career unit	Teacher	No	A few hours to a few days	Any content area	14 years	Each shadow minimum visit 15 minutes to be rotated among several different sites
In school job training without pay	Unpaid	Career unit	Teacher	No	A few hours to a few days	Any content area	14 years	Set agreed upon amount of time to evaluate readiness
In school on the job with pay and/or incentive	Paid	Cross discipline	Teacher	Yes	1 year	Any content area	15 years	Indefinite
Out of school job training without pay	Unpaid	Career unit	Teacher	No	A few hours to a few days	Any content area	15 years	Set agreed upon amount of time to evaluate readiness
Out of school on the job with pay part time	Paid	Career unit	Teacher	Yes	A few hours to a few days	Any content area	16 years	Indefinite
Out of school on the job with pay full time	Paid	Career unit	Teacher	Yes	A few hours to a few days	Any content area	16 years	Indefinite
Service Learning	Unpaid	Career unit	Teacher	No	A few hours to a few days	Any content area	16 years	Indefinite
Youth Apprenticeship	Paid	4 semester curriculum	Youth Apprenticeship Coordinator	Yes	2 years	Specific content area among approved list	14 years	Short periods of time- few hours to a few days

## **Hours and Times of Day Minors May Work in Wisconsin (ERD-9212-P (R. 06/2006))**

State and federal laws permit minors to work up to seven days per week in agriculture and newspaper delivery. In most other types of labor, minors may only work six days a week.

	After Labor Day through May 31				June 1 through Labor Day			
	14 -15 years olds		16-17 year olds		14 -15 year olds		16 -17 year olds	
	Federal	State	Federal	State	Federal	State	Federal	State
Maximum Hours of Work								
Daily Hours								
Days in Non-School Week	8 hours	8 hours	Unlimited	Unlimited*	8 hours	8 hours	Unlimited	Unlimited*
Non-School Days in School Week	8 hours	8 hours	Unlimited	8 hours	8 hours	8 hours	Unlimited	8 hours
School Days except Last School Day of Week	3 hours	4 hours	Unlimited	5 hours	3 hours	4 hours	Unlimited	5 hours
Last School Day of the Week	3 hours	8 hours	Unlimited	8 hours	3 hours	8 hours	Unlimited	8 hours
Weekly								
Non-School Week	40 hours	40 hours	Unlimited	50 hours	40 hours	40 hours	Unlimited	50 hours
Full School Week	18 hours	18 hours	Unlimited	26 hours*	18 hours	18 hours	Unlimited	26 hours*
Partial School Week	18 hours	24 hours	Unlimited	32 hours*	18 hours	24 hours	Unlimited	32 hours*
Permitted Time of Day								
Days in Non-School Week	7am-7pm	7am-11pm	Unlimited	Unlimited*	7am-9pm	7am-11pm	Unlimited	Unlimited*
Non-School Days in School Week	7am-7pm	7am-11 pm	Unlimited	5am-12:30am*	7am-9pm	7am-11pm	Unlimited	5am-
Non-School Day that Precedes a School Day	7am-7pm	7am-8pm	Unlimited	5am-11 pm	7am-9pm	7am-8pm	Unlimited	5am-11pm
School Day except Last School Day of Week	7am-7pm	7am-8pm	Unlimited	7am-11 pm	7am-9pm	7am-8pm	Unlimited	7am-11 pm*
Last School Day of Week	7am-7pm	7am-11 pm	Unlimited	7am-12:30am*	7am-9pm	7am-11pm	Unlimited	7am-

Employers subject to both federal and state laws must comply with the more stringent section of the two laws.

State child labor laws prohibit work during times that minors are required to be in school, except for students participating in work experience and career exploration programs operated by the school.

Minors are limited to the maximum hours and time of day restrictions even though they may work for more than one employer during the same day or week.

For further information about the Federal child labor laws call (608) 441-5221, or write to U.S. D.O.L, Wage & Hour, 740 Regent St, Suite 102, Madison, WI 53715. For further information about the State child labor laws, call Madison (608) 266-6860 or Milwaukee (414) 227-4384

\* Ages 16 & 17 must be paid time and one-half for work in excess of 10 hours per day or 40 hours per week, whichever is greater. Minors 14-17 working in agriculture, must be paid time and one-half for work over 50 hours per week during peak periods.

\* Following the end of work, 8 hours of rest is required before the start of work the next day. Work must be directly supervised by an adult between the hours of 12:30am -5am.

\* Minors age 16 & 17 who are Emancipated, Living Independently, Head of Household, Enrolled in a GED Program at a Vocational or Technical College, may work 40 hours per week when public schools are in session, and up to 50 hours per week during non-school weeks. The daily hours and time of day restrictions do not apply.

\* Minors age 16 & 17 who are enrolled in Home School may only work 26 hours per week when public schools are in session, 32 hours if less than 5 days of school, and up to 50 hours per week during non-school weeks. The daily hours and time of day restrictions do not apply.

STATE OF WISCONSIN - DEPARTMENT OF WORKFORCE DEVELOPMENT - EQUAL RIGHTS DIVISION PO BOX

8928 MADISON WI 53708

Telephone: (608) 266-6860 TTY: (608) 264-8752

Website: <http://dwd.wisconsin.gov/er/>

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.

## Sample Resume

- Be sure to keep it brief
- Use light colored paper
- Use quality printer
- Use easy to read font and font size
- Make it simple to read and no grammar or spelling mistakes

**Your Full Name**  
**Street (Number and Name)**  
**City, State and Zip Code**  
**(Area Code) Telephone Number**  
**Email Address**

<b>Objective</b>	What do you want to do?
<b>Work Experience</b> (dates of start and finish)	Company Name Street Number and Name City, State and Zip Code <b>Job Title</b> <ul style="list-style-type: none"><li>• Duties or Achievements</li><li>• Duties or Achievements</li></ul>
<b>Education</b> (dates attended: from date – present)	Name of High School Street Number and Name City, State and Zip Code)
<b>Activities</b>	List activities in which you have participated such as scouting, sports teams, church groups, etc.
<b>Accomplishments</b>	List one or more things that you have done or a special skill you may have.

## Sample Cover Letter

- Cover letter should be single page
- It should be printed on the same kind of paper as the resume
- Letter should be short and concise
- Address the letter to a specific person
- The basic format of a cover letter should include:
  1. The first paragraph answering the question of why you are writing
  2. The middle paragraph stating qualifications
  3. The closing paragraph, asking the employer to consider and interview you for the position

**Your Full Name**  
**Street (Number and Name)**  
**City, State and Zip Code**  
**(Area Code) Telephone Number**  
**Email Address**

Date

Name of person in advertisement or direct to Human Resources if unknown

Name of company

Address of the company

Dear Ms. Berg; (or Human Resources)

The accompanying resume is in response to your listing in the Leader Telegram that Fazoli's is in need of a waitress. My experience and skills make me an excellent candidate for this position.

As you can see from my resume, I have been a waitress at Perkins for the last two years. While in that position I have been responsible for taking orders, table busing and food preparation.

I would appreciate an opportunity to meet with you to discuss how my experience will best meet your needs. My references are available upon request.

Sincerely,

*(handwrite your name here)*

Type your name here

- make sure to take your list of references to the interview.



## Sample Reference Listing

**Your Full Name**  
**Street (Number and Name)**  
**City, State and Zip Code**  
**(Area Code) Telephone Number**  
**Email Address**

### References

Reference Name  
Your relationship with this reference, for example, "Fazoli's Manager"  
Company Name  
Address  
Telephone Number  
Email

Reference Name  
Your relationship with this reference  
Company Name  
Address  
Telephone Number  
Email

Reference Name  
Your relationship with this reference  
Company Name  
Address  
Telephone Number  
Email

## Sample Thank You Note

- A simple one page thank you after you have interviewed
- Address it to a specific person

## Interview Tips

- Before interview research the company (what do they do? What does it make?)
- Before interview review your personal information
- Bring a copy of your resume and reference listings
- Make sure you know the details of the job you are interviewing
- Be well groomed
- Dress nice, no holes in clothes
- Be on time
- Don't bring a friend or family member into the interview with you
- Never chew gum during the interview
- Maintain good posture and eye contact
- Be polite and use proper grammar
- Don't interrupt the interviewer
- Remain standing until asked to sit down
- Be honest in answering questions and say "I don't know" if you don't know
- Say positive things whenever possible
- Shake hands and thank them for the interview

# Job Log

**This is a log of my job experiences.**

Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the job:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the job:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the job:	

## Job Shadowing

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of person you shadowed: \_\_\_\_\_

Length of time observing: \_\_\_\_\_

Skills needed for this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you possess these skills?     Yes             No             Some

Are you interested in learning more about his job?     Yes             No

## Job Shadowing

Your name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of person you shadowed: \_\_\_\_\_

Length of time observing: \_\_\_\_\_

Skills needed for this job: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you possess these skills?     Yes             No             Some

Are you interested in learning more about his job?     Yes             No

## Agency Interaction Log

**This is a log of the agencies I have contacted to help me.**

Date:	
Name of agency:	
Contact Person:	
Telephone number:	
Email:	
Notes:	
<hr/>	
Date:	
Name of agency:	
Contact Person:	
Telephone number:	
Email:	
Notes:	
<hr/>	
Date:	
Name of agency:	
Contact Person:	
Telephone number:	
Email:	
Notes:	

Suggested agencies to contact:

- DVR
- DHFS
- Supported Employment
- University Disability Coordinator
- Technical School

## Community Experiences Log

**This is a log of my volunteer experiences.**

Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	



# **A WISCONSIN POST-SECONDARY GUIDE TO DISABILITY DOCUMENTATION**

***2006***

<http://systemattic.wtcsystem.edu/Studentserv/virtualresource/disability-guide.pdf>

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For an electronic copy of the whole Wisconsin Post-Secondary Guide to Disability Documentation, please visit the following website:

<http://systemattic.wtcsystem.edu/Studentserv/virtualresource/disability-guide.pdf>

Thomas Heffron  
Wisconsin Technical College System Office  
345 W. Washington Avenue  
PO Box 7874  
Madison, WI 53707-7874  
Phone: 608-266-3738  
Fax: 608-266-1690  
TTY: 608-267-2483  
Email: [tom.heffron@wtcsystem.edu](mailto:tom.heffron@wtcsystem.edu)



# Postsecondary Education and Training Log

(Berg, L., CESA 10 (2006) used with permission)

<b>Schools I have visited:</b>		
Date	Name of school	What I learned

  

<b>Schools I have applied to attend:</b>		
Date	Name of school	Status of Application

  

<b>Entrance Exams I have taken:</b>		
Date	Name of Test	Score/Rank

  

<b>Financial Aid I have applied for:</b>		
Date	Name of Aid	Status of Application

  

<b>Scholarships and Grants I have applied for:</b>		
Date	Name of Aid	Status of Application

## On Being 18: Your Legal Rights & Responsibilities

To get a free download version:

- Go to the State Bar of Wisconsin website: [www.wisbar.org](http://www.wisbar.org)
- Click on the 'Seminars, Books, & Products' tab
- Type 'On Being 18' in the search bar
- Click on the booklet title
- Near the bottom you will see 'You may also download the PDF version of this document (PDF, 773KB).' Click on it to download the booklet.

OR

Type in the address:

[http://www.wisbar.org/AM/Template.cfm?Section=CLE\\_Books1&template=/Ecommerce/ProductDisplay.cfm&ProductID=1579](http://www.wisbar.org/AM/Template.cfm?Section=CLE_Books1&template=/Ecommerce/ProductDisplay.cfm&ProductID=1579)