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


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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 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
L.berg@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:

<table>
<thead>
<tr>
<th>Type of Medication</th>
<th>Prescribed for</th>
<th>Dosage (amount &amp; time)</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who sets up all medical appointments? ____________________________

Diet
Does the student have dietary restrictions? If so, describe: ____________________________
Education History: 

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Miscellaneous Information: 

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________
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:

<table>
<thead>
<tr>
<th>Area</th>
<th>Specific interest:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td></td>
</tr>
<tr>
<td>Banking</td>
<td></td>
</tr>
<tr>
<td>Civic activities</td>
<td></td>
</tr>
<tr>
<td>Agency support</td>
<td></td>
</tr>
<tr>
<td>Clubs and organizations</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Independent Living
I want to live:

<table>
<thead>
<tr>
<th>Area</th>
<th>Specific interest:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In an apartment with a friend</td>
<td></td>
</tr>
<tr>
<td>In a dorm while I attend a university</td>
<td></td>
</tr>
<tr>
<td>With my family</td>
<td></td>
</tr>
<tr>
<td>In my own home I bought</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
**Recreation and Leisure I enjoy:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Specific interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural activities</td>
<td></td>
</tr>
<tr>
<td>Social activities</td>
<td></td>
</tr>
<tr>
<td>Hobbies</td>
<td></td>
</tr>
<tr>
<td>Participatory sports</td>
<td></td>
</tr>
<tr>
<td>Spectator sports</td>
<td></td>
</tr>
<tr>
<td>Rest and relaxation</td>
<td></td>
</tr>
<tr>
<td>Vacations and travel</td>
<td></td>
</tr>
<tr>
<td>Physical fitness</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Activities I would like to try:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Post Secondary Education**

I want to attend:

<table>
<thead>
<tr>
<th>Area</th>
<th>Specific interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical school</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
High School Coursework and Activities  
(Berg, L., CESA 10, used with permission)

Name: ____________________________  Graduation Date: __________________

My four year plan of courses:

<table>
<thead>
<tr>
<th>9th grade</th>
<th>10th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11th grade</th>
<th>12th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Total Credits: ________________  Credits needed to graduate: ________________

My best subjects in school have been:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Extra curricular activities (in and out of 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)(i). 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:

- [ ] Psychological/cognitive
- [ ] Neuropsychological
- [ ] Medical/physical
- [ ] Achievement/academics
- [ ] Informal assessment (specify):
- [ ] Other (specify):

- [ ] Response to Intervention (RTI)
- [ ] Language/proficiency
- [ ] Reading assessments
- [ ] Communication
- [ ] Adaptive behavior/FBA
- [ ] Social/interpersonal skills
- [ ] Community-based assessment
- [ ] Self-determination
- [ ] Behavioral analysis
- [ ] Classroom observations
- [ ] Assistive technology
- [ ] Career/vocational assessment

**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).

<table>
<thead>
<tr>
<th>Measurable Postsecondary Area</th>
<th>NA</th>
<th>Measurable Postsecondary Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent living, if appropriate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

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

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, compensatory strategies, and/or support services, to enhance access and participation in measurable postsecondary goals.

<table>
<thead>
<tr>
<th>Measurable Postsecondary Area</th>
<th>NA</th>
<th>Recommendations to Assist the Student in Meeting Measurable Postsecondary Goals</th>
<th>Contact Information – name and/or title, phone number, Address, e-mail of person of agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For further information regarding regional and state resources, visit the Point of Entry Manual at [www.wsti.org](http://www.wsti.org)
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. ____________________________________________
## PROBLEM IDENTIFICATION

<table>
<thead>
<tr>
<th>Student’s Abilities/Difficulties Related to Tasks</th>
<th>Environmental Considerations</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing/Use of Hands Communication Reading/Cognition Mobility Vision Hearing Behavior Self Determination in AT Use Other</td>
<td>e.g. Classroom Home Work Site Higher Ed. Campus Type of Computer (used/available) Computer Peripherals/software needed/available Distance to be traveled</td>
<td>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</td>
</tr>
</tbody>
</table>

### Reframed Question

i.e. Specific task identified for solution generation

### SOLUTION GENERATION

<table>
<thead>
<tr>
<th>Solution Selection</th>
<th>Implementation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainstorming Only No Decision</td>
<td>AT Trials/Services Needed: Work / study or job hardening experience How long, when, person(s) responsible</td>
</tr>
<tr>
<td>Discuss &amp; Select Idea from Solution Generation</td>
<td>Who &amp; When Set specific date now.</td>
</tr>
</tbody>
</table>

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


**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
- 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

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

**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
- 17 accesses resources for assistance in job searching

**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
- 22 follows given directions without complaint

**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

**Work Skills/Habits**
- 1 exhibits fine motor skills
- 2 exhibits large motor skills
- 10 initiates tasks
- 19 makes effort to do best

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**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

<table>
<thead>
<tr>
<th>Grade assessment would be given</th>
<th>Name of assessment given</th>
</tr>
</thead>
</table>
| Age 14 years or 8th grade      | • Enderle Severson Transition Rating Scales  
|                                | • WKCE                   |
| 9th grade                      | • Career Inventory for the Learning Disabled or  
|                                | • COPS/COPES/CAPS        |
| 10th Grade                     | • WKCE                   
|                                | • Enderle Severson Transition Rating Scales  
|                                | • PSAT (post secondary bound)  
|                                | • PLAN (post secondary bound) |
| 11th grade and 12th grade      | • COPS/COPES/CAPS (if uncertain on interest)  
|                                | • ASVAB (good measure of aptitude)  
|                                | • ACT/SAT (post secondary bound)  
|                                | • Other post secondary entrance exam  
|                                | • CDL exam (if appropriate)  
|                                | • Other pre-qualifying exams for post programs and/or vocations  
|                                | • Compass Test  
|                                | • PASS                   |

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

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

<table>
<thead>
<tr>
<th>MOBILITY ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Power Wheelchair</td>
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<tr>
<td>Manual Wheelchair</td>
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<tr>
<td>Powered Scooter</td>
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<tr>
<td>Walker</td>
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<tr>
<td>Cane / Crutches</td>
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<tr>
<td>Grab Rails</td>
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<tr>
<td>Environment Controls</td>
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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

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

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

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<tr>
<th>(continued)</th>
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<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Relay System</td>
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<tr>
<td>Voice Output Reminders</td>
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<tr>
<td>Electronic Organizers</td>
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<td>Other</td>
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<td>Additional information:</td>
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</table>

### 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

### READING ADAPTATIONS

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Page Turner / Book Holder</td>
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<tr>
<td>Scanning / Optical Character Recognition</td>
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<tr>
<td>Picture Texts and Instructions</td>
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<tr>
<td>Voice Output</td>
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<tr>
<td>Highlighted Text / Enlarged Text</td>
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<td>Recorded Materials</td>
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<tr>
<td>Computerized Text Adaptations</td>
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<tr>
<td>Hand-Held Text Readers &amp; Scanners</td>
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</table>
**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

   - Yes □ No □ ☐ Disability Related

5. Can write with the assistance of low/high tech devices.
   - Yes □ No □ ☐ Disability Related

<table>
<thead>
<tr>
<th>WRITING ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Organization Aids</td>
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<tr>
<td>Talking Word Processor</td>
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<tr>
<td>Signature Stamp</td>
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<tr>
<td>Productivity Enhancement Software</td>
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**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

<table>
<thead>
<tr>
<th>MATH ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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Learning

<table>
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<th>LEARNING ADAPTATIONS</th>
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<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Extended time for completion of tasks.</td>
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<tr>
<td>Alternative testing.</td>
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<tr>
<td>Alternative media</td>
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<tr>
<td>Specialized tutoring.</td>
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<tr>
<td>Interpreter services.</td>
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<tr>
<td>Environmental accommodations.</td>
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<tr>
<td>Electronic Organizers (i.e. palm computers)</td>
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<tr>
<td>Assistive devices.</td>
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</table>

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
<table>
<thead>
<tr>
<th>SELF CARE ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tbody>
<tr>
<td>Adaptive Clothing</td>
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<tr>
<td>Adaptive Kitchen Utensils and Dishes</td>
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<td>Roll-in Shower</td>
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<td>Adaptive Hygiene Devices</td>
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<td>Environmental Controls</td>
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<tr>
<td>Adaptive Grooming Tools</td>
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<tr>
<td>Adaptive Appliances</td>
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<td>Reachers/Grabbers/Low Tech Aids</td>
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<td>Assistive Time Devices</td>
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<td>Assistive Memory Devices</td>
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<td>Electronic Organizers/Day Planners</td>
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<td>Emergency Response Systems</td>
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<td>Adaptive Positioning &amp; Seating Devices</td>
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<td>Adaptive Mobility Devices</td>
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<tr>
<td>Adaptive Bathing Devices</td>
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<tr>
<td>Color Coded Items</td>
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<td>(easier locating &amp; identifying)</td>
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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
   ☐ 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

<table>
<thead>
<tr>
<th><strong>SELF DIRECTION ADAPTATIONS</strong></th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Organizers (i.e. palm computers)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INTERPERSONAL SKILLS / ACCEPTANCE ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Other</td>
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<tr>
<td>Additional information:</td>
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<td></td>
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</tr>
</tbody>
</table>

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

   ☐ Yes  ☐ No  ☐ Disability Related

7. Can tolerate environmental extremes of dust, noise, and fumes.
   ☐ Yes  ☐ No  ☐ Disability Related

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8. Frequent absences.

☐ Yes  ☐ No  ☐ Disability Related

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

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
   □ Yes   □ No   □ Disability Related

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

**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

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9. Ability to maintain adequate productivity/pace.
   - Yes
   - No
   - Disability Related

10. Adjusts work speed to work demand
    - Yes
    - No
    - Disability Related

<table>
<thead>
<tr>
<th>EMPLOYMENT ADAPTATIONS</th>
<th>Not applicable</th>
<th>Possibly could use</th>
<th>Using but could be improved</th>
<th>Using independently</th>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

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.)

### PROBLEM SOLVING SKILLS

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

### COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>Student is able to:</th>
<th>Never</th>
<th>With Assistance</th>
<th>Independent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Request clarification and information</td>
<td></td>
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<tr>
<td>Ask for assistance (when, where, who, and what to say)</td>
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<tr>
<td>Communicate clear messages</td>
<td></td>
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<tr>
<td>Explain the disability, and needed accommodations</td>
<td></td>
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<tr>
<td>Check for listener’s understanding</td>
<td></td>
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<td></td>
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<tr>
<td>Successfully repair communication breakdowns</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Access and use phone</td>
<td></td>
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</tr>
<tr>
<td>Access and use internet/written communication</td>
<td></td>
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</tr>
</tbody>
</table>
### AT DEVICE SPECIFIC SKILLS

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

### AT MANAGEMENT SKILLS

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

### GOAL SETTING SKILLS

<table>
<thead>
<tr>
<th>Student is able to:</th>
<th>Never</th>
<th>With Assistance</th>
<th>Independent</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set realistic goals for himself / herself in general</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Set realistic goals for use of assistive technology</td>
<td></td>
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<tr>
<td>Follow through on goals when set</td>
<td></td>
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<tr>
<td>Monitor progress toward goal(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflect on and evaluate progress toward goal(s)</td>
<td></td>
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<tr>
<td>Lead a discussion about goals</td>
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</tbody>
</table>
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
☐ Trackball/trackpad/joystick with on-screen keyboard
☐ Alternate keyboard
☐ Mouse 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.)
- 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: _________________________________________
<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Paid/Unpaid</th>
<th>Related Classroom Instruction</th>
<th>Supervision</th>
<th>Credit</th>
<th>Suggested Hours</th>
<th>Content Area</th>
<th>Age to Begin</th>
<th>Duration of Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Career Exploration (this is where the student researches, observes, meets, interviews and/or evaluates interest in several careers using the SCANS clusters)</td>
<td>Unpaid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>No</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>14 years</td>
<td>Short periods of time-few hours to a few days</td>
</tr>
<tr>
<td>Job Shadow (this is where the student watches and follows an employee to learn the what the job is about)</td>
<td>Unpaid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>No</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>14 years</td>
<td>Each shadow minimum visit 15 minutes to be rotated among several different sites</td>
</tr>
<tr>
<td>In school job training without pay</td>
<td>Unpaid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>No</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>14 years</td>
<td>Set agreed upon amount of time to evaluate readiness</td>
</tr>
<tr>
<td>In school on the job with pay and/or incentive</td>
<td>Paid</td>
<td>Cross discipline</td>
<td>Teacher</td>
<td>Yes</td>
<td>1 year</td>
<td>Any content area</td>
<td>15 years</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Out of school job training without pay</td>
<td>Unpaid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>No</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>15 years</td>
<td>Set agreed upon amount of time to evaluate readiness</td>
</tr>
<tr>
<td>Out of school on the job with pay part time</td>
<td>Paid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>Yes</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>16 years</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Out of school on the job with pay full time</td>
<td>Paid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>Yes</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>16 years</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Service Learning</td>
<td>Unpaid</td>
<td>Career unit</td>
<td>Teacher</td>
<td>No</td>
<td>A few hours to a few days</td>
<td>Any content area</td>
<td>16 years</td>
<td>Indefinite</td>
</tr>
<tr>
<td>Youth Apprenticeship</td>
<td>Paid</td>
<td>4 semester curriculum</td>
<td>Youth Apprenticeship Coordinator</td>
<td>Yes</td>
<td>2 years</td>
<td>Specific content area among approved list</td>
<td>14 years</td>
<td>Short periods of time-few hours to a few days</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Maximum Hours of Work</th>
<th>After labor Day through May 31</th>
<th>June 1 through labor Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15 years olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Non-School Week</td>
<td>8 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>Non-School Days in School Week</td>
<td>8 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>School Days except Last School Day of Week</td>
<td>3 hours</td>
<td>4 hours</td>
</tr>
<tr>
<td>Last School Day of the Week</td>
<td>3 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>16-17 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Non-School Week</td>
<td>8 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>Non-School Days in School Week</td>
<td>8 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>School Days except Last School Day of Week</td>
<td>5 hours</td>
<td>8 hours</td>
</tr>
<tr>
<td>Last School Day of the Week</td>
<td>3 hours</td>
<td>8 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weekly</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15 years olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-School Week</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Full School Week</td>
<td>18 hours</td>
<td>18 hours</td>
</tr>
<tr>
<td>Partial School Week</td>
<td>18 hours</td>
<td>24 hours</td>
</tr>
<tr>
<td>16-17 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-School Week</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
<tr>
<td>Full School Week</td>
<td>18 hours</td>
<td>26 hours*</td>
</tr>
<tr>
<td>Partial School Week</td>
<td>18 hours</td>
<td>32 hours*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permitted Time of Day</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15 years olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Non-School Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>Non-School Days in School Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>School Days except Last School Day of Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>Last School Day of Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>16-17 year olds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in Non-School Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>Non-School Days in School Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>School Days except Last School Day of Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
<tr>
<td>Last School Day of Week</td>
<td>7am-7pm</td>
<td>7am-11pm</td>
</tr>
</tbody>
</table>

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.

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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.

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/
# 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

<table>
<thead>
<tr>
<th>Objective</th>
<th>What do you want to do?</th>
</tr>
</thead>
</table>

| Work Experience  
(dates of start and finish) | Company Name  
Street Number and Name  
City, State and Zip Code  
Job Title  
- Duties or Achievements  
- Duties or Achievements |
|--------------------------|---------------------------------------------------------------|

| Education  
(dates attended: from date – present) | Name of High School  
Street Number and Name  
City, State and Zip Code) |
|----------------------------------------|--------------------------|

<table>
<thead>
<tr>
<th>Activities</th>
<th>List activities in which you have participated such as scouting, sports teams, church groups, etc.</th>
</tr>
</thead>
</table>

| Accomplishments | 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: |  |

| Date start: |  |
| Date end: |  |
| Name of company: |  |
| Telephone number: |  |
| Contact person: |  |
| Responsibilities of the job: |  |

| 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.

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of agency:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of agency:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
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<td>Telephone number:</td>
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<td></td>
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<tr>
<td>Notes:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of agency:</td>
<td></td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>

Suggested agencies to contact:
- DVR
- DHFS
- Supported Employment
- University Disability Coordinator
- Technical School
Community Experiences Log

This is a log of my volunteer experiences.

<table>
<thead>
<tr>
<th>Date start:</th>
<th>Date end:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of company:</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Telephone number:</th>
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</table>

<table>
<thead>
<tr>
<th>Contact person:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities of the volunteer experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date start:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date end:</th>
</tr>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of company:</th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone number:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact person:</th>
</tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Responsibilities of the volunteer experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date start:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date end:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of company:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone number:</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Contact person:</th>
</tr>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities of the volunteer experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
A WISCONSIN POST-SECONDARY GUIDE TO DISABILITY DOCUMENTATION

2006

TABLE OF CONTENTS

I. Introduction

II. Summary Of Applicable Laws

III. Guiding Principles For Disability Documentation

IV. Elements Of Proper Documentation Of The Disability

V. Websites For Disability Documentation Information For University Of Wisconsin, Technical Colleges, And Independent Colleges

VI. Resource Websites

VII. Appendices
   A. Example of a High School Report for Students Requesting Accommodations at Postsecondary Institutions
   B. Example of a Transition Checklist
   C. Example of a Letter From a High School Graduate Requesting Documents Disability History and Functional Limitations From a School District
   D. Example of Letter From Director of Special Education Outlining History of Evaluation Results

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


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
### Schools I have visited:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of school</th>
<th>What I learned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Schools I have applied to attend:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of school</th>
<th>Status of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Entrance Exams I have taken:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Test</th>
<th>Score/Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Financial Aid I have applied for:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Aid</th>
<th>Status of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Scholarships and Grants I have applied for:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Aid</th>
<th>Status of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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</tbody>
</table>
On Being 18: Your Legal Rights & Responsibilities

To get a free download version:

- Go to the State Bar of Wisconsin website: 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