

## Transition Competencies Checklist

Your student's name:

Date:

Address:

Phone Number:

School:

Grade:

Address:

Phone Number:

Please complete the following section.

Informant:

Relationship:

Informant's Address:

Informant's Phone Number:

Date(s) of Observation:

# Transition Competencies Checklist

## Directions

The *Transition Competencies Checklist* is a tool designed for you to complete independently. The *Checklist* can help you figure out your student's strengths (competencies) and weaknesses (problems). Once you, your student's parents, and the educational team have completed the *Checklist*, we can help your student decide what he or she needs to work on while in high school in preparation for what he or she wants to do after graduation. The *Checklist* can help you and your student decide

what goals to include on his or her Individualized Education Program (IEP). Or, your student can use the *Checklist* results to help set personal goals. There are no right or wrong answers—just what is true from your perspective.

Please read each item (indicator) carefully and answer either yes or no. Try to think of examples from your student's life as you respond. For example, if the item is "My student performs chores at school," think of the things he or she does to help out at school such as handing out art supplies or taking messages to the principal's office. Your student's case

manager may ask you for examples when you share your completed *Checklist*. Please respond to each item.

There is no time limit for completing the *Checklist*—take as much time as you need to read and respond to the items. You may change an answer, if you have second thoughts and feel you should have answered differently. Remember—there are no right or wrong answers! If you have questions or need help understanding an item, please ask your student's case manager.

## Transition Competency #1

An understanding of work based on real life experiences.

Indicator	Yes	No
My student performs chores at home.		
My student performs chores at school.		
My student participates in community activities (food drives, litter pick-up, fundraising, etc.).		
My student participates in school and community organizations (Girl/Boy Scouts, church youth group, civic clubs, etc.).		
My student volunteers.		
My student knows about the jobs his or her family members do.		

**Transition Competency #2**  
**Well-developed leisure and socialization skills.**

Indicators	Yes	No
My student likes people.		
Other people like my student.		
My student likes to watch television.		
My student likes to listen to the radio.		
My student likes to read books, magazines, newspapers.		
My student likes to go out with friends.		
My student likes to go out by herself or himself.		
My student participates in athletics.		
My student likes to watch athletic events.		
My student likes to go to clubs.		
My student likes to dance.		
My student likes to sing.		
My student likes to go to the movies.		
My student likes to play video games.		

Indicators	Yes	No
My student likes to walk.		
My student spends time on my hobbies.		
My student gets a lot of exercise.		
My student often goes out at night.		
My student feels comfortable eating out.		
It is difficult for my student to go out and have a good time.		
My student provides favors for others, for example, helping another student with homework.		
My student returns favors that have been done for him or her; e.g., helping to pay for gas when a friend drives.		
My student uses gestures when communicating (nodding, hand motions, etc.).		
My student is a good listener.		
My student is a good speaker.		
My student is comfortable asking for help.		
My student's comfortable speaking with someone just met.		



**Transition Competency #3**  
**Well-developed problem solving skills.**

Indicators	Yes	No
My student recognizes when he or she has a problem.		
My student tries to solve problems.		
My student asks for help with a problem when needed.		
My student considers several solutions to problems.		
My student understands the possible consequences of his or her choices.		
My student takes steps to solve a problem.		
My student evaluates the outcome of his or her solutions.		
Other people try to solve problems for my student.		
My student feels comfortable asking others not to interfere when he or she is trying to solve a problem.		

**Transition Competency #4**  
**Application of self-advocacy skills**

<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student describes her or his disability to others.		
My student can describe the accommodations that she or he needs to others.		
My student asks for accommodations when needed.		
My student handles his or her own affairs (doctor's appointments, school scheduling, meetings, etc.).		
My student knows what resources are available to assist in meeting her or his future goals.		
My student understands her or his legal rights and responsibilities.		

**Transition Competency #5**  
**Application of compensatory skills**

Indicators	Yes	No
My student reads using: ( <i>Rank choices – #1 = preferred</i> )		
Regular print without low vision devices.		
Regular print with low vision devices. (Type of devices _____)		
Large print (size _____).		
Braille (Grade 1 ____ Grade 2 ____).		
Computer with speech output.		
Cassette Tapes.		
Talking Books.		
Reader (paid or volunteer).		
Reading Machine.		
My student's reading speed is _____.		
My student reads at that speed for _____ (length of time).		

Indicators	Yes	No
My student typically writes: ( <b><i>Rank choices – #1 preferred</i></b> )		
Notes in regular print.		
Notes in cursive script.		
Notes using a computer (wordprocess/types).		
Using a slate and stylus to write notes in Braille.		
Using a Braille to write notes in Braille.		
Using a notetaking device (type _____).		
Using a tape recorder for notes.		
My student can access printed materials.		
My student can generate printed materials.		
My student uses orientation and mobility skills.		
My student usually travels in the following ways:		
Family or friends drive her or him places.		
Someone helps her or him arrange transportation.		
She or he uses school transportation.		
She or he uses public transportation (bus, train).		
She or he uses paratransit services (Special Transit).		

Indicators	Yes	No
She or he drives a car (motorcycle).		
She or he has a driver (paid).		
She or he uses private cab companies.		
She or he walks with a cane.		
She or he walks without a cane.		
She or he walks with a dog guide.		
She or he usually walks with a sighted guide.		
She or he uses a sighted guide in new locations.		
She or he knows how to route plan in our neighborhood.		
She or he can read a map.		
She or he knows pertinent bus/train schedules.		
She or he travels outside of our hometown (by air, train).		
My student does the following:		
Purchases his or her own clothes.		
Shops for groceries.		
Attends to personal hygiene needs.		
Laundry (wash/dry).		

Indicators	Yes	No
Stores (fold & hang) own clothes.		
Banks (checking or savings).		
Vacuums, dusts room(s).		
Washes/dries dishes.		
Takes out the trash.		
My student's allowance is contingent upon performance.		
My student's allowance is not contingent upon performance.		
My student keeps a calendar.		
My student makes and keeps appointments.		
My student has money for incidentals at month's end.		
Sometimes I wonder if my student can afford things wanted.		
My student knows our schedule for trash collection.		
My student pays his or her bills on time.		
My student knows when holidays are upcoming.		
My student plans meals in advance.		
My student has too many things to do.		
My student doesn't have enough things to do to stay active.		

Indicators	Yes	No
When my student shops, he or she takes a shopping list.		
My student budgets his or her money.		
My student's room/apartment is well organized.		
Other people say my student's room/apartment is tidy.		
My student has trouble keeping his or her clothes clean.		
Other people say that my student looks well groomed.		
When there is an emergency, my student knows what to do.		
My student uses the following technology devices:		
Computer with speech output (Name of software: _____)		
Computer with magnification software (Name of software: _____)		
Computer with Braille output (Name of device: _____)		
Braille embosser		
Electronic notetaking device (Name of device: _____)		
CCTV or video magnifier		

Indicators	Yes	No
Reading machine/scanner		
Voice activated computer		
Talking calculator		
Talking watch		
Electronic dictionary		
Specialized work tools with speech/audio output (List items: _____)		
My student uses the Internet.		
My student's keyboarding rate is _____ WPM		
My student has participated in a career education program.		
My student has participated in vocational education classes.		
If yes, LIST classes completed:		



**Transition Competency #6**  
**Knowledge of career options and sources of information**

<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student knows how to find information about jobs.		
My student knows the most popular fields of work in our community.		
My student knows the most popular fields of work in our state.		
My student knows the most popular fields of work in the country.		
My student knows the most popular fields of work being performed by other blind and visually impaired people.		
My student has used the following resources to find out about jobs: AFB CareerConnect CD-ROM		

AFB CareerConnect Website		
Public/School Library		
Telephone		
Internet		
Attending consumer group (American Council of the Blind or National Federation of the Blind) conferences or meetings		
Attending special interest (science fiction, technology, writing, acting, etc.) meetings or conventions		
Community resources (Chamber of Commerce, Workforce Development Centers, Better Business Bureau, and the like)		
Choices or other Career Interest Software (Name: _____)		
Other Resources (List:_____)		

## Transition Competency #7

An understanding of levels of ability and impact with regard to job placement

Indicators	Yes	No
My student has found her or his own job(s).		
My student can find her or his own job in the future.		
Others have helped my student find a job.		
My student knows what assistance she or he will need to work in the future.		
In order to work, my student will need help with transportation.		
In order to work, my student will need help with housing.		
In order to work, my student will need help with managing her or his home.		
In order to work, my student will need help with scheduling her or his time.		

In order to work, my student will need help with managing her or his money.		
In order to work, my student will need help with performing on the job (job coaching).		
In order to work, my student will need help with tools, equipment, etc.		
My student learns best by: ( <b>Pick one only please</b> )		
Reading a manual or directions		
Listening to someone describe what to do		
Watching someone perform a task		
Doing the task while someone watches and provides feedback on her or his performance		
Having someone show how to perform by doing the task with him or her...hand-over-hand		

**Transition Competency #8**  
**Mastery of career counseling content areas**

Indicators	Yes	No
<b>Self-Awareness</b>		
My student knows his or her interests.		
My student knows his or her abilities and strengths.		
My student knows his or her values (beliefs).		
My student knows his or her weaknesses & barriers to work.		
My student knows how others view him or her.		
My student knows what kind of work best fits his or her personality traits.		
My student has reasons to go to work.		
<b>Career Exploration</b>		
I know what jobs my student can do.		
My student knows what jobs are available.		

Indicators	Yes	No
For the jobs my student knows about, he/she can describe:		
The salary range;		
The work environment;		
The required training;		
The availability of these jobs in our community.		
My student has explored jobs in the following ways:		
Reading about jobs;		
Informational interviews with sighted workers;		
Informational interviews with visually impaired workers;		
Job shadowing;		
Job site visits;		
Job analysis.		
<b>Job Seeking Skills</b>		
My student is comfortable calling for information about job openings.		

My student can get to a business to apply for a job.		
My student has a personal data sheet.		
My student uses a personal data sheet to complete job applications.		
<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student has a resume.		
My student knows how to use a resume.		
My student knows how to find job leads.		
My student can follow-up on a job lead.		
My student knows when it is appropriate to disclose her or his disability to an employer.		
My student knows how to prepare for an interview.		
My student has interviewed for a job.		
My student has followed-up after an interview.		
My student keeps records of interviews I have had and with whom I've interviewed.		

<b>Job Maintenance Skills</b>		
My student has good attendance at school.		
My student has good attendance at work.		
My student is punctual at school.		
My student is punctual at work.		
<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student has worked.		
My student has held a job for a year or more.		
My student can list her or his best work habits.		
My student knows when to ask for help on a job.		
My student gets along well with coworkers (peers).		
My student makes friends easily.		
My student can't say "no" to people.		
My student can usually speak up for herself or himself.		
My student goes to the doctor often.		
My student misses school/work at least one day a month.		
My student often feels lonely.		
My student does not like to ask for help.		



My student has applied for and received promotions.		
My student becomes upset if someone tells him or her that he or she is not working well.		
My student has been fired from a job.		
My student always tries to do a good job.		
My student has met some friends at work.		
My student has completed a personnel evaluation with an employer.		
<b>Indicators</b>	<b>Yes</b>	<b>No</b>
<b>Employment Skills</b>		
My student is employed.		
My student understands his or her paycheck (net income versus gross income, voluntary versus involuntary deductions).		
My student has notified the Social Security Administration that he or she is working (if necessary).		
My student knows what work benefits he or she is eligible		

for (sick leave, medical/dental insurance, retirement, etc.)		
My student understands his or her current work status (probation period, amount of leave time, disciplinary actions).		
My student has records of his or her work experience.		
My student has been oriented to the rules and regulations of his or her work place (emergency evacuation plan, purchasing, getting supplies, paperwork procedures).		
My student understands the chain of command at his or her work place.		
<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student knows to whom to go for assistance on the job (supervisor, O&M instructor, rehabilitation engineer, rehabilitation counselor, job coach).		
My student uses compensatory skills on the job (O&M, notetaking skills, etc.).		

## Transition Competency #9

### Evidence of participation in work experience opportunities

Indicators			Yes	No
My student has participated in non-paid work.				
My student has participated in paid work.				
List all of the jobs (paid and non-paid) your student has had:				
Job Title	Employer	Dates	Paid Yes/No	

**Transition Competency #10**  
**An understanding of employers' concerns**

<b>Indicators</b>	<b>Yes</b>	<b>No</b>
My student can address employers' safety concerns.		
My student can explain how to access printed materials.		
My student can explain how to produce printed materials.		
My student can get to and from work.		
My student can travel within a work environment without assistance.		
My student can produce as much work as sighted peers.		
My student does not make any more mistakes than his or her sighted peers.		
My student understands how employers' expectations change over time.		