

# **Transition Notebook for Students with Autism**



Developed by Columbia Regional Program Autism Services

# ACKNOWLEDGEMENTS

**The following individuals and organizations provided information which was invaluable in the development of this notebook:**

Student Transition Checklist adapted from:  
Salem-Keizer Student Services Transition Packet, 1996

One Minute Behavior Reference adapted from:  
Hedi Bayless and Jan Jantzen

Entire Section of Classroom Adaptations adapted from:  
Columbia Regional Program Transition Planning Packet, 1998

Interests and Goals, Part II – Personal adapted from:  
Union-Baker ESD

Behavior Information, Personal Management Issues, Communication and Vocational, Part I Forms adapted from:  
Columbia Regional Programs Student Information Packet, 1992, developed by Cindy Cuellar, Jennifer Davis, Marci Hammel, Pat Hill, Cindy Mastrandrea, Lori Nishimura, Lori Van Meter, and Jean Davidson

# INTRODUCTION

Anyone who has worked with students with autism can tell you how important it is to have key information passed on with the student at every transition. This key information needs to be made available to the receiving team prior to the student's first day of attendance. Up to this point sending teams have used a variety of methods to share information with receiving teams. Some of the ways of sharing information have worked well and some not so well. Unfortunately, all too often, information has not been shared because there has not been a vehicle for having this happen. When important information is not forwarded it can spell disaster. The student might start exhibiting behaviors that s/he had not exhibited in quite awhile. Due to the behaviors, the student does not make progress on his/her IEP goals and objectives. Parents are angry because strategies that had previously been in place and had been effective are not being used. Teams get frustrated because they are trying to figure out how to best meet the needs of the student, but a lot of valuable time is lost in the process.

This notebook contains a section for pertinent information pertaining to every major transition in the school career of students with autism. Those transitions include: Early Intervention to Early Childhood Special Education (ECSE); ECSE to primary school age; primary to middle school; middle school to high school; high school to post secondary; and post secondary to adult services. If sending teams take the time to complete each pertinent section and update information where appropriate, smooth transitions will be assured for all students with autism. In addition, the difficulties described above can be averted. The hope is that with the information contained in this notebook receiving teams will be well prepared to welcome students with autism into their programs.

If you are the teacher/case manager of a transitioning student (going on to new teacher or environment), you'll want to start with the *Flowchart* to guide you through the process.

If you are the receiving teacher, you will want to start with the *Transition Checklist* and then refer to subsequent sections for additional information. Check the *Portfolio Updates* section for information on how to contact the sending teacher.

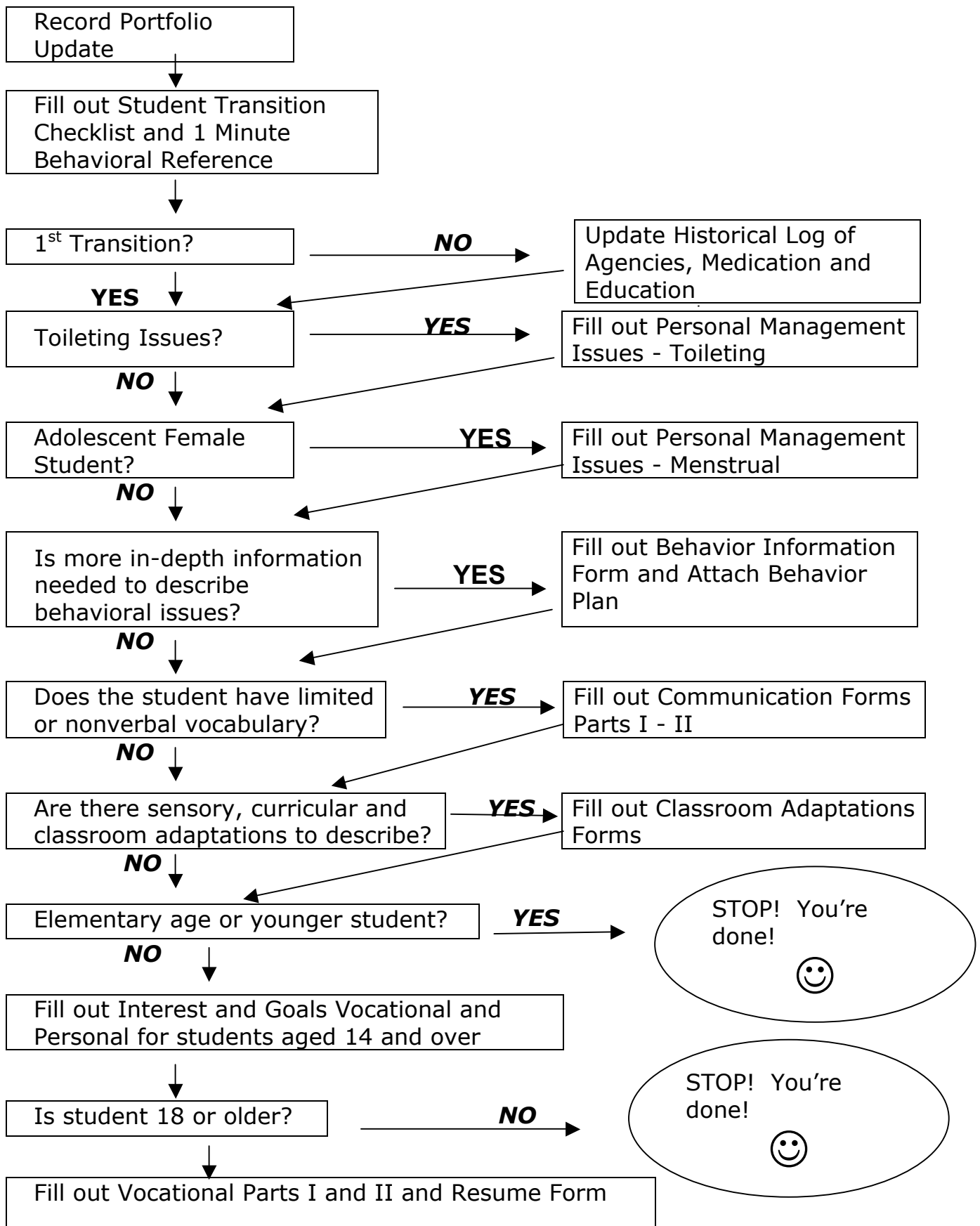
Thanks to all who have invested time and energy in an effort to better serve students with autism. In addition, we would like to thank the Oregon Department of Education for awarding us the grant that made this project possible.

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Serving Multnomah, Clackamas,  
Hood River and Wasco Counties

*FLOWCHART*



## RECORD OF PORTFOLIO UPDATES

(Transitions to new settings, class, teachers, etc.)

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

[illegible]

## STUDENT TRANSITION CHECKLIST

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Teacher \_\_\_\_\_ Telephone \_\_\_\_\_

Length of Day \_\_\_\_\_ Current Placement \_\_\_\_\_

Handicapping Conditions: Mental Retardation Vision Hearing Autism

Emotionally Disturbed Other Health Impaired Orthopedic Impairment

Interpreter/Language \_\_\_\_\_

Educational Surrogate Name and Phone Number \_\_\_\_\_

IEP Due Date \_\_\_\_\_ 3rd Year Re-evaluation Due Date \_\_\_\_\_

HEALTH CONCERNS	NO	YES, see protocol or attached description
Medications		
Seizures		
Allergies		
Diabetes		
Dangerous or Extreme Behavior		
Other:		

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

<b>FAMILY COMMUNICATION</b>	<b>CURRENTLY SUCCESSFUL STRATEGIES</b>	<b>TOOLS/ASSISTANCE NEEDED FOR SUCCESS (i.e.,interpreter,transportation)</b>
Notebook (attach sample)		
In-person school visit w/teacher		
In-person school visit w/team		
Home visit		
Best time of day to call or visit		
Other:		

<b>AGENCIES INVOLVED</b>	<b>CONTACT NAME / #</b>	<b>SERVICES PROVIDED</b>

<b>REINFORCEMENT</b>	<b>LIKES</b>	<b>DISLIKES</b>
Work		
Leisure		
Friends		
Food		
School Subject		
Other:		

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

	<b>BRIEFLY DESCRIBE ALL THAT APPLY</b>
<b>COMMUNICATION SYSTEM</b>	
<b>VERBAL</b>	
<b>SIGN</b>	
<b>VISUAL</b>	
<b>OBJECT</b>	
<b>AUGMENTATIVE</b> (Ex: Voice Output System)	

\*See attached Communication Profile for additional information.

<b>MOBILITY/EQUIPMENT NEEDS</b>	<b>NO</b>	<b>YES, see protocol or attached description</b>
Mobility		
Equipment		

**BEHAVIOR NEEDS:** What support from staff does the student need in the following settings? Please check the appropriate box.

<b>WITHIN THE CLASSROOM</b>	<b>1:1</b>	<b>MODERATE</b>	<b>MONITOR</b>	<b>INDEPENDENT</b>
(See attached description of comments/strategies for support/ types of prompts needed)				
Instructional activities				
Job related activities				
Leisure time (See Social/Leisure Section)				
Large group				
Small group				

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

--	--	--	--	--



<b>WITHIN THE SCHOOL</b>	<b>1:1</b>	<b>MODERATE</b>	<b>MONITOR</b>	<b>INDEPENDENT</b>
Regular classroom				
Lunch				
Assemblies				
Hallways				
Job sites				
Recess				
Bus				

<b>WITHIN THE COMMUNITY</b>	<b>1:1</b>	<b>MODERATE</b>	<b>MONITOR</b>	<b>INDEPENDENT</b>
Bus				
Stores				
Leisure opportunities				
Jobs				

<b>TRANSITIONS</b>	<b>1:1</b>	<b>MODERATE</b>	<b>MONITOR</b>	<b>INDEPENDENT</b>
Within the classroom				
Within the school				
Within the community				

<b>PERSONAL MANAGEMENT</b>	<b>1:1</b>	<b>MODERATE</b>	<b>MONITOR</b>	<b>INDEPENDENT</b>
Toileting				
Dressing				
Eating				
Hygiene				
Other:				

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

#	5 Tips or Interesting Quirks You've Discovered That "Make or Break It" for this Student Each Day. *
1.	
2.	
3.	
4.	
5.	

\* Use additional page if needed. (Form STC-Supplement)

Student Name\_\_\_\_\_ Student #\_\_\_\_\_

SOCIAL/LEISURE	
CURRENT ACTIVITIES	LEVEL OF INDEPENDENCE/ASSISTANCE NEEDED TO PARTICIPATE
Swim	
Bike	
Walk	
Basketball	
Movies	
Bowling	
Board Games	
Video Games	
Listen to Music	
Read	
Other	
Other	
Other	

GOALS FOR FUTURE ACTIVITIES	INTERVENTION/ TOOLS NEEDED FOR SUCCESS

## STUDENT TRANSITION CHECKLIST SUPPLEMENT

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

#	Additional Tips & Interesting Quirks You've Discovered That "Make or Break It" for this Student Each Day.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## PERSONAL MANAGEMENT ISSUES

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

### **TOILETING:**

1. Indicates toileting needs (how you can tell (s)he needs to go) \_\_\_\_\_

---

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---

2. Goes to/from bathroom (describe assistance needed) \_\_\_\_\_

---

---

3. Toilets self (describe assistance needed) \_\_\_\_\_

---

---

4. Transfers on/off toilet (describe assistance needed) \_\_\_\_\_

---

---

5. Washes hands (describe assistance needed) \_\_\_\_\_

---

---

6. Toileting symbol/sign used \_\_\_\_\_

---

---

7. Toileting schedule \_\_\_\_\_

---

---

# PERSONAL MANAGEMENT ISSUES

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

## MENSTRUAL CYCLE

**YES**    **NO**

- |                          |                          |                                       |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has student started cycle?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is menstrual cycle regular?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does student exhibit PMS symptoms? |

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does student take medication for pain/PMS? |
| Please list: _____       |                          |   |

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

5. What assistance does the student need to care for menstrual needs? \_\_\_\_\_

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

6. Other: \_\_\_\_\_

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

## HISTORICAL INFORMATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By: \_\_\_\_\_

PAST MEDICATIONS (For behavior/seizures/etc.)	DATES GIVEN	REACTIONS/REASON DISCONTINUED (Side effects/benefits)

### EDUCATIONAL HISTORY:

PLACE	DATES	NOTES (Type of class/Length of day/x per week)
EI/Pre-K:		

Student Name \_\_\_\_\_

Student # \_\_\_\_\_

PLACE	DATES	NOTES (Type of class/Length of day/x per week)
<b>ELEMENTARY</b>		
<b>Kindergarten:</b>		
<b>First Grade:</b>		
<b>Second Grade:</b>		
<b>Third Grade:</b>		
<b>Fourth Grade:</b>		
<b>Fifth Grade:</b>		

PLACE	DATES	NOTES (Type of class/Length of day/x per week)
<b>MIDDLE SCHOOL</b>		
<b>Sixth Grade:</b>		
<b>Seventh Grade:</b>		
<b>Eighth Grade:</b>		



Student Name \_\_\_\_\_

Student # \_\_\_\_\_

PLACE	DATES	NOTES (Type of class/Length of day/x per week)
<b>HIGH SCHOOL</b>		
<b>Freshman:</b>		
<b>Sophomore:</b>		
<b>Junior:</b>		
<b>Senior:</b>		

PLACE	DATES	NOTES (Type of class/Length of day/x per week)
<b>POST</b>		

## HISTORICAL LOG OF AGENCIES

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

[illegible]

# ONE MINUTE BEHAVIOR REFERENCE

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Date \_\_\_\_\_ Completed By \_\_\_\_\_

Preferences/Reinforcers	Dislikes/Triggers	Emergency Procedures (Behavior Plan)
<b>ALWAYS Needed (Strategies for Success)</b>	<b>Warning Signals</b>	

# BEHAVIOR INFORMATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

<i>Please indicate behaviors exhibited by the student using the following ratings:</i>	Ratings	Frequency of Occurrence
	0	Never occurs
	1	Intermittent occurrence
	2	One to three times per week
	3	Occurs daily (list average frequency)
	4	Only under certain circumstances

*Please attach a copy of the student's behavior plan, if s/he has one.*

Circle #	Behavior: (Check box if addressed in behavior plan)	When/How Exhibited:	What It Means	What We Do
0 1 2 3 4	<input type="checkbox"/> Hits others			
0 1 2 3 4	<input type="checkbox"/> Throws objects			
0 1 2 3 4	<input type="checkbox"/> Spits			

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Circle #	Behavior: (Check box if addressed in behavior plan)	When/How Exhibited:	What It Means	What We Do
0 1 2 3 4	<input type="checkbox"/> Ignores cues			
0 1 2 3 4	<input type="checkbox"/> Refuses to work (familiar tasks)			
0 1 2 3 4	<input type="checkbox"/> Off task			
0 1 2 3 4	<input type="checkbox"/> Grabs objects			
0 1 2 3 4	<input type="checkbox"/> Leaves seat/ wanders off			
0 1 2 3 4	<input type="checkbox"/> Runs away			
0 1 2 3 4	<input type="checkbox"/> Bites others			

Student Name \_\_\_\_\_

Student # \_\_\_\_\_

Circle #	Behavior: (Check box if addressed in behavior plan)	When/How Exhibited:	What It Means	What We Do
0 1 2 3 4	<input type="checkbox"/> Screams			
0 1 2 3 4	<input type="checkbox"/> Scratches/ pinches others			
0 1 2 3 4	<input type="checkbox"/> Kicks			
0 1 2 3 4	<input type="checkbox"/> Head butts			
0 1 2 3 4	<input type="checkbox"/> Makes vocal noises			
0 1 2 3 4	<input type="checkbox"/> Engages in self stimulation			

Student Name \_\_\_\_\_

Student # \_\_\_\_\_

Circle #	Behavior: (Check box if addressed in behavior plan)	When/How Exhibited:	What It Means	What We Do
0 1 2 3 4	<input type="checkbox"/> Complies to cues			
0 1 2 3 4	<input type="checkbox"/> Bites self			
0 1 2 3 4	<input type="checkbox"/> Hits self			
0 1 2 3 4	<input type="checkbox"/> Other self injurious behavior			
0 1 2 3 4	<input type="checkbox"/> Works independently (familiar tasks)			
0 1 2 3 4	<input type="checkbox"/> Other: (Please describe)			
0 1 2 3 4	<input type="checkbox"/> Other: (Please describe)			



# COMMUNICATION

## Part I

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

**If the Student Uses/Understands Sign Language, Please Indicate:**

☐ ASL

☐ Signed English

☐ Modified

**Please Indicate the Modified Signs Used/Understood.**

Word	Hand Shape	Palm Orientation	Placement	Movement

*Please use supplemental pages for additional words.*

## COMMUNICATION Part II

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 Student # \_\_\_\_\_ Completed By: \_\_\_\_\_

**If the Student Uses/Understands Sign Language, Please Indicate:**

☐ ASL      ☐ Signed English      ☐ Modified

**If the Student Uses/Understands Symbols,  
Please Describe Visuals Used:**

<input type="checkbox"/> object symbol	<input type="checkbox"/> photo
<input type="checkbox"/> color pictures <input type="checkbox"/> b/w line drawing	<input type="checkbox"/> written words <input type="checkbox"/> lower case <input type="checkbox"/> upper case
	_____" size of pictures

**If the Student's Vocabulary Is Limited, Please Indicate  
the Signs/Symbols/Gestures Used/Understood:**

1	11	21
2	12	22
3	13	23
4	14	24
5	15	25
6	16	26
7	17	27
8	18	28

9	19	29
10	20	30

# ENVIRONMENTAL/SENSORY ADAPTATIONS

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Environmental Adaptations Needed	Description/Comments
<b><i>Please note any difficulties related to the environment or setting that you have observed: eg. sensitive to noise, lights, movement, crowding, touch, odors, etc.</i></b>	
<input type="checkbox"/> Lighting	
<input type="checkbox"/> Seating	
<input type="checkbox"/> Color coding/labeling	
<input type="checkbox"/> Limiting distractions	
<input type="checkbox"/> Physical boundaries, e.g. carpet square	
<input type="checkbox"/> Sensory integration	
<input type="checkbox"/> Adaptive equipment, e.g. pencil grip, weighted vest	
<input type="checkbox"/> Quiet environment or earphones	

## ENVIRONMENTAL/SENSORY ADAPTATIONS (Continued)

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Environmental Adaptations Needed	Description/Comments
<i>Please note any difficulties related to the environment or setting that you have observed: eg. sensitive to noise, lights, movement, crowding, touch, odors, etc.</i>	
<input type="checkbox"/> Materials to manipulate, e.g. Koosh ball	
<input type="checkbox"/> Other sensory issues:	

## SELF-MANAGEMENT NEEDS

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Needed for Self Control/ Self Management	Description/Comments
<b><i>Please note any difficulties related to self control or self management that you have observed.</i></b>	
<input type="checkbox"/> Prepare ahead	
<input type="checkbox"/> Gradually introduced to new situations	
<input type="checkbox"/> Reinforced for good behavior in the presence of triggers	
<input type="checkbox"/> Transitions schedules (charts, pictures, photos) *attach sample	
<input type="checkbox"/> Relaxation routine	
<input type="checkbox"/> Regularly scheduled breaks and break area	
<input type="checkbox"/> Cognitive picture rehearsal/guided imagery	
<input type="checkbox"/> Social Stories	
<input type="checkbox"/> Best time of day for teaching new skills or working on challenging activities	

# SCHEDULES & VISUAL STRUCTURE

## Part I

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Routines/Schedules Needed	Description/Comments
<b><i>Please note any difficulties related to scheduling and transitions that you have observed.</i></b>	
<input type="checkbox"/> Visual schedule: written/pictures *attach sample	
<input type="checkbox"/> Same routines daily	
<input type="checkbox"/> Same language of instruction	
<input type="checkbox"/> Planned motivating sequence of activities (premack)	

# SCHEDULES & VISUAL STRUCTURE

## Part II

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Knowledge of Expectations Needed	Description/Comments
<b><i>Please note any difficulties related to scheduling and transitions that you have observed.</i></b>	
<input type="checkbox"/> Transition cues	
<input type="checkbox"/> Contingency management:	
<input type="checkbox"/> Concrete methods to demonstrate: <ul style="list-style-type: none"> <li>• order</li> <li>• the amount of task</li> <li>• what finished looks like</li> </ul>	
<input type="checkbox"/> Templates	
<input type="checkbox"/> Timers/clocks	



# CURRICULUM ADAPTATIONS

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Curriculum Adaptations Needed	Description/Comments
<b><i>Please note any difficulties in participating in class and completing assignments.</i></b>	
<input type="checkbox"/> Computer	
<input type="checkbox"/> Shortened or simplified assignments	
<input type="checkbox"/> Offer choices (needs limited)	
<input type="checkbox"/> Use strengths/interests often	
<input type="checkbox"/> Organization systems for materials & assignments	
<input type="checkbox"/> Visual instructions	
<input type="checkbox"/> Finished model/match to sample	
<input type="checkbox"/> Highlighted information	

## CURRICULUM ADAPTATIONS (Continued)

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Curriculum Adaptations Needed	Description/Comments
<b><i>Please note any difficulties in participating in class and completing assignments.</i></b>	
<input type="checkbox"/> Mapping/webbing	
<input type="checkbox"/> Rehearsal	
<input type="checkbox"/> Flip chart or check off list with order of procedure	
<input type="checkbox"/> Social stories	
<input type="checkbox"/> Role play	
<input type="checkbox"/> How often to review material	

## EXPRESSIVE COMMUNICATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Expressive Communication	Describe	What Helps
<i>What difficulties have you observed? Idiosyncracies? Or describe how the student communicates in various situations, and at different stress levels.</i>		
<input type="checkbox"/> Asks for things/actions or attention		
<input type="checkbox"/> Asks for help		
<input type="checkbox"/> Protests/refusal		
<input type="checkbox"/> Answers questions: <input type="checkbox"/> Yes/No <input type="checkbox"/> "Wh" questions		
<input type="checkbox"/> Asks questions: How does s/he keep an interaction going?		
<input type="checkbox"/> Does s/he use words with idiosyncratic meaning?		
<input type="checkbox"/> Does s/he need visuals to express her/himself (ie., augmentative communication system)? Please attach copy.		

## RECEPTIVE COMMUNICATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Receptive Communication Needed	Description/Comments
<b><i>Do any of the following apply to your student? If so, check and explain.</i></b>	
<input type="checkbox"/> Words with unpredictable or idiosyncratic meanings	
<input type="checkbox"/> Words that set her/him off?	
<input type="checkbox"/> Literalness	
<input type="checkbox"/> Time concepts	
<input type="checkbox"/> How many steps can be followed?	
<input type="checkbox"/> Processing time	
<input type="checkbox"/> Does s/he understand who, what, where questions?	
<input type="checkbox"/> Does s/he need visuals for obtaining information (i.e. augmentative communication system)? Please attach copy.	

## SOCIAL SKILLS

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Needed for Social Skills	Description/Comments
<i>Please note any difficulties related to social skills that you have observed, including how student perceives self/others &amp; how others perceive student. Which intervention strategies have been successful ( for example: social stories, comic strip conversations, reminder cards)?</i>	
<input type="checkbox"/> Social skills training: i.e., social expectations, social cues, classroom rules, etc.	
<input type="checkbox"/> On-going class meetings: i.e., Circle of Friends, structured practice, problem solving.	
<input type="checkbox"/> Buddy systems: i.e., recess, lunch, part- time, 1 activity.	
<input type="checkbox"/> Group participation: i.e., social scripts, assign roles.	
<input type="checkbox"/> Leisure skills: i.e., 1:1 instruction on specifications, add structure to leisure time.	

# VOCATIONAL Part I

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed by \_\_\_\_\_

Team Members \_\_\_\_\_

Please check the appropriate box for each skill listed:	Mastered	Limited to Context	Needs Assist/ Equipment	Needs to Learn	Not Approp
<b><i>Work Related Behaviors:</i></b>					
Checks own work					
Works alone					
Uses time clock					
Takes break					
Indicates when needs more work					
Indicates when needs assistance					
<b><i>Household/Janitorial Skills:</i></b>					
Cleaning					
Emptying Trash					
Sweeping					
Window washing					
Dusting					
Mopping					
<b><i>Food Preparation:</i></b>					
Clearing table					
Food preparation					
Washing dishes					
Washing tables					

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Please check the appropriate box for each skill listed:	Mastered	Limited to Context	Needs Assist/ Equipment	Needs to Learn	Not Approp
<b><i>Food Preparation: (cont.)</i></b>					
Drying dishes					
Stacking dishes					
Sorting utensils					
<b><i>Office Skills:</i></b>					
Running copy machine					
Preparing mailings					
Collating					
Alphabetizing					
Entering data in computer					
Filing					
Stapling					
<b><i>Work Related Social Skills:</i></b>					
Greets					
Respects personal space of others					
Dresses appropriately					
Personal grooming					
Eating habits					
Self care/hygiene skills					
<b><i>Other:</i></b>					

**VOCATIONAL**

## Part II

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

[illegible]



# INTERESTS & GOALS

## Part I - Vocational

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

VOCATIONAL INTERESTS	Activities/Steps Taken to Address These Interests

GOALS	Activities/Steps Taken to Address These Goals

## INTERESTS & GOALS

### Part II - Personal

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

	Interests	Goals	Placement (Personnel, Support Needs, Intervention)
<b>Home:</b>			
<b>School:</b>			
<b>Community:</b>			
<b>Other:</b>			

## Job Resume Information

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student # \_\_\_\_\_ Completed By \_\_\_\_\_

***Please complete the following information in preparation of a final resume.***

Name			
Address			
Telephone		SS #	
Date of Birth		Graduation Date	
Date	Place of Work Contact Person Address & Phone #	Skills Performed	Adaptations & Staffing Support System

# SAMPLE RESUME LAYOUT

***[Name]***

[Address]

[City, State, Zip]

**[Telephone #]**

## **Objective:**

*[Objective]*

## **Education:**

**Replace**                      **with**                      **Institution**                      **Name**  
Name      of      Degree,      Field      of      Study  
Year

**Replace**                      **with**                      **Institution**                      **Name**  
Name      of      Degree,      Field      of      Study  
Year

## **Employment:**

**Replace with Job Title**      Name                      of                      Organization/Employer  
Dates

Replace with responsibilities and achievements

**Replace with Job Title**      Name                      of                      Organization/Employer  
Dates

Replace with responsibilities and achievements

**Replace with Job Title**      Name                      of                      Organization/Employer  
Dates

Replace with responsibilities and achievements

## **Skills, Interests and Accomplishments**

*[Skills, Interests & Accomplishments]*

