



School-Wide Assessment Program

YOUNG ADULT TRANSITION ASSESSMENT

Given our core focus as a transition focused school we have revisited our site assessment program to focus on skills that will help students attain their post-secondary transition goals. The data we collect will help us determine the gaps at the individual and school wide level from the student and family perspective, so we can improve services and transition outcomes for our students.

This is a work in progress and we would like your feedback regarding the validity and usefulness of this assessment instrument. An online survey to collect your feedback will be designed for this purpose.

STUDENT INFO:

Name : _____

Birth date: _____

Semester

COMPLETED BY (circle as applicable): family member / student / teacher

Directions – For each assessment item mark the column that best describes the student’s ability to complete each described skill.

YES	SOME-TIMES	WITH HELP	NO
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YES The student consistently demonstrates the skill.

SOME-TIMES The student can demonstrate the skill, but doesn’t do so all of the time.

WITH HELP The student demonstrates the skill with support.

NO The student does not demonstrate the skill.

Please complete the packet and return it to school as soon as possible.

Please contact your student’s case managing teacher or the school office (971-7586) if you have any questions.

OPEN RAFFLE --- you will be entered in our consistently awesome

Open House Raffle if you complete and submit this packet and attend Open House ☺.
Plan to attend Open House on _____ from 6:00 to 7:30PM.

Your time and expertise providing this information is appreciated!

NAME:

YOUNG ADULT TRANSITION ASSESSMENT

SELF-ADVOCACY & LIFE MANAGEMENT SKILLS	YES	SOME-TIMES	WITH HELP	NO
1. Can introduce one's self to others.	YES	SOME-TIMES	WITH HELP	NO
2. Can list personal strengths and interests.	YES	SOME-TIMES	WITH HELP	NO
3. Can communicate problems and ask for help when necessary.	YES	SOME-TIMES	WITH HELP	NO
4. Learns from mistakes by changing behavior.	YES	SOME-TIMES	WITH HELP	NO
5. Can communicate post-secondary goals.	YES	SOME-TIMES	WITH HELP	NO
6. Maintains an updated resume.	YES	SOME-TIMES	WITH HELP	NO
7. Can contact support personnel (e.g. Alta California Regional Center Service Coordinator, Department of Rehabilitation counselor etc.) when necessary.	YES	SOME-TIMES	WITH HELP	NO
8. Can plan a schedule that includes work/school, chores and leisure activities.	YES	SOME-TIMES	WITH HELP	NO
9. Has a bank account.	YES	SOME-TIMES	WITH HELP	NO
10. Maintains a personal budget.	YES	SOME-TIMES	WITH HELP	NO
PERSONAL CARE & INDEPENDENT LIVING SKILLS	YES	SOME-TIMES	WITH HELP	NO
11. Takes care of personal hygiene and grooming.	YES	SOME-TIMES	WITH HELP	NO
12. Dresses appropriately for college / work settings.	YES	SOME-TIMES	WITH HELP	NO
13. Can complete laundry tasks.	YES	SOME-TIMES	WITH HELP	NO
14. Can plan a healthy diet.	YES	SOME-TIMES	WITH HELP	NO
15. Can prepare breakfast.	YES	SOME-TIMES	WITH HELP	NO
16. Can prepare lunch & dinner.	YES	SOME-TIMES	WITH HELP	NO
17. Can follow a recipe.	YES	SOME-TIMES	WITH HELP	NO
18. Can use measuring spoons and cups.	YES	SOME-TIMES	WITH HELP	NO
19. Can use kitchen appliances safely.	YES	SOME-TIMES	WITH HELP	NO
20. Can complete household clean-up chores.	YES	SOME-TIMES	WITH HELP	NO
COMMUNITY SKILLS	YES	SOME-TIMES	WITH HELP	NO
21. Walks safely in the community.	YES	SOME-TIMES	WITH HELP	NO
22. Carries personal ID, Regional Transit ID card, and /or other identification as necessary.	YES	SOME-TIMES	WITH HELP	NO
23. Can safely ride public transportation to routine destinations.	YES	SOME-TIMES	WITH HELP	NO
24. Can arrange transportation to new locations.	YES	SOME-TIMES	WITH HELP	NO
25. Can make and keep health appointments (e.g. dentist, doctor).	YES	SOME-TIMES	WITH HELP	NO
26. Can prepare a grocery list and purchase items on the list.	YES	SOME-TIMES	WITH HELP	NO
27. Can order and pay for meals at a restaurant.	YES	SOME-TIMES	WITH HELP	NO
28. Uses money safely in community settings.	YES	SOME-TIMES	WITH HELP	NO
29. Uses a cell phone and other personal electronics safely in the community.	YES	SOME-TIMES	WITH HELP	NO
30. Avoids dangerous situations when in the community.	YES	SOME-TIMES	WITH HELP	NO

Comments (add additional pages as necessary):

NAME:

YOUNG ADULT TRANSITION ASSESSMENT

PRE-VOCATIONAL / EMPLOYMENT SKILLS	YES	SOME-TIMES	WITH HELP	NO
31. Can fill in a job application.	YES	SOME-TIMES	WITH HELP	NO
32. Can answer questions during a job interview.	YES	SOME-TIMES	WITH HELP	NO
33. Uses email and the internet safely to communicate or gain needed information.	YES	SOME-TIMES	WITH HELP	NO
34. Follows a work schedule independently (arrival/departure, lunch & breaks).	YES	SOME-TIMES	WITH HELP	NO
35. Keeps track of work schedule and appointments using a personal calendar or planner (print or electronic).	YES	SOME-TIMES	WITH HELP	NO
36. Can complete 3 or more tasks at a job site.	YES	SOME-TIMES	WITH HELP	NO
37. Accepts and follows directions from a supervisor.	YES	SOME-TIMES	WITH HELP	NO
38. Asks for help when necessary.	YES	SOME-TIMES	WITH HELP	NO
39. Can use word processing, data base, or spreadsheet software.	YES	SOME-TIMES	WITH HELP	NO
40. Uses personal electronics and other technology appropriately in work settings.	YES	SOME-TIMES	WITH HELP	NO
INTERPERSONAL / SOCIAL SKILLS	YES	SOME-TIMES	WITH HELP	NO
41. Maintains personal space.	YES	SOME-TIMES	WITH HELP	NO
42. Works cooperatively with others.	YES	SOME-TIMES	WITH HELP	NO
43. Participates in group activities in a socially acceptable manner	YES	SOME-TIMES	WITH HELP	NO
44. Seeks attention in socially acceptable ways (no negative attention seeking).	YES	SOME-TIMES	WITH HELP	NO
45. Remains calm when schedules or routines change.	YES	SOME-TIMES	WITH HELP	NO
46. Refrains from using socially unacceptable language (e.g. cursing, insults).	YES	SOME-TIMES	WITH HELP	NO
47. Expresses emotions in socially acceptable ways (self-regulates).	YES	SOME-TIMES	WITH HELP	NO
48. Recognizes emotions in others.	YES	SOME-TIMES	WITH HELP	NO
49. Tries new tasks without getting upset.	YES	SOME-TIMES	WITH HELP	NO
50. Resolves conflicts with others in socially acceptable ways.	YES	SOME-TIMES	WITH HELP	NO
RECREATION / LEISURE SKILLS	YES	SOME-TIMES	WITH HELP	NO
51. Regularly participates in hobby or leisure activities.	YES	SOME-TIMES	WITH HELP	NO
52. Regularly participates in sport or physical fitness activities.	YES	SOME-TIMES	WITH HELP	NO
53. Regularly attends community events with family or friends.	YES	SOME-TIMES	WITH HELP	NO
54. Wears clothing and shoes appropriate for recreation / leisure activities.	YES	SOME-TIMES	WITH HELP	NO
55. Is able to make and keep friends.	YES	SOME-TIMES	WITH HELP	NO
56. Has healthy sleeping habits (e.g. doesn't sleep too much or too little).	YES	SOME-TIMES	WITH HELP	NO
57. Limits entertainment (e.g. TV, videogames, etc.) to a reasonable amount of time (e.g. less than 2 hours a day).	YES	SOME-TIMES	WITH HELP	NO
58. Uses technology to communicate with friends in a socially acceptable manner.	YES	SOME-TIMES	WITH HELP	NO
59. Keeps track of social & recreational events using a personal calendar or planner (print or electronic).	YES	SOME-TIMES	WITH HELP	NO
60. Plans social events.	YES	SOME-TIMES	WITH HELP	NO

Comments (add additional pages as necessary):

NAME:

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Please use this page for any additional comments: