



INNOVATIVE PRACTICES + ASSISTIVE TOOLS = SUCCESSFUL STUDENTS

Student Resource Guide on Transition

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

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

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

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STUDENT'S IDENTIFYING INFORMATION

Name: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Social Security: ____ - ____ - _____

Expected Graduation Date: _____

Student E-mail: _____

Parents or Guardian: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Parent/Guardian E-mail: _____

Person Completing Report: _____

Medical Information

Name of Physician _____

Address _____

Telephone _____ Hospital _____

Recurring Health Conditions _____

Does the student have any allergies? Yes ____ No ____

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

Does the student have a seizure condition? Yes ____ No ____

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

Is the student on any type of medication? Yes ____ No ____

If yes, please provide the following information:

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

Who sets up all medical appointments? _____

Diet

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

Education History: _____

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:

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

Independent Living

I want to live:

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

Recreation and Leisure I enjoy:

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

Activities I would like to try:

Post Secondary Education

I want to attend:

Area	Specific interest:
Technical school	
University	
Other	

High School Coursework and Activities

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

Name: _____ Graduation Date: _____

My four year plan of courses:

9 th grade	10 th grade
11 th grade	12 th grade

12+

Total Credits: _____ Credits needed to graduate: _____

My best subjects in school have been:

Extra curricular activities (in and out of school):

Student Transition Planning Guide

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

Name: _____ Graduation Date: _____

Affirmation Statement:

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

(Check when completed)

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

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

A. _____

B. _____

C. _____

D. _____

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

A. _____

B. _____

C. _____

D. _____

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

A. _____

B. _____

C. _____

D. _____

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

A. _____

B. _____

C. _____

D. _____

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

A. _____

B. _____

C. _____

D. _____

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

A. Jobs or career path:

1. Past job(s) _____

2. Present job(s) _____

3. Future job(s) _____

B. Ideas to help reach my job goals:

1. _____

2. _____

3. _____

4. _____

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

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

D. Ideas to help reach my living goals:

1. _____
2. _____
3. _____
4. _____

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

School: _____

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

Job: _____

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

Home: _____

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

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

A. _____

B. _____

C. _____

D. _____

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

A. _____

B. _____

C. _____

D. _____

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

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

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

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

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

ASSISTIVE TECHNOLOGY EMERGENCY PLAN

(Wisconsin Assistive Technology Initiative, 2001)

Device: _____

Basic Maintenance Required:

Vendor/Source of Maintenance:

Name/Company _____

Phone _____

Address _____

Technical Assistance phone number _____

Technical Assistance email _____

Case Manager or AT Consultant that can help with arrangements:

Name _____

Phone _____

E-mail _____

Source for loaner equipment:

Agency _____

Phone _____

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

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

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

ASSISTIVE TECHNOLOGY INFORMATION

(Wisconsin Assistive Technology Initiative, 2001)

Device: _____

Purpose of device: _____

Vendor obtained from: _____

Vendor Address: _____

Vendor Phone: _____

Vendor e-mail: _____

Cost: _____

How was device paid for? _____

Maintenance Requirements/Information: _____

Source of training: _____

Sample 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

Objective	What do you want to do?
Work Experience (dates of start and finish)	Company Name Street Number and Name City, State and Zip Code Job Title <ul style="list-style-type: none">• 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)
Activities	List activities in which you have participated such as scouting, sports teams, church groups, etc.
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:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the job:	
<hr/>	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the job:	

Job Shadowing

Your name: _____

Date: _____

Job Title: _____

Name of person you shadowed: _____

Length of time observing: _____

Skills needed for this job: _____

Do you possess these skills? Yes No Some

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

Job Shadowing

Your name: _____

Date: _____

Job Title: _____

Name of person you shadowed: _____

Length of time observing: _____

Skills needed for this job: _____

Do you possess these skills? Yes No Some

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

Agency Interaction Log

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

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

Suggested agencies to contact:

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

Community Experiences Log

This is a log of my volunteer experiences.

Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	
Date start:	
Date end:	
Name of company:	
Telephone number:	
Contact person:	
Responsibilities of the volunteer experience:	

Postsecondary Education and Training Log

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

Schools I have visited:		
Date	Name of school	What I learned

Schools I have applied to attend:		
Date	Name of school	Status of Application

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

Financial Aid I have applied for:		
Date	Name of Aid	Status of Application

Scholarships and Grants I have applied for:		
Date	Name of Aid	Status of Application



A WISCONSIN POST-SECONDARY GUIDE TO DISABILITY DOCUMENTATION

2006

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

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Download available at:

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

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Opening Doors

to Postsecondary Education and Training



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Planning for Life After High School

A Handbook for:

- ▶ Students
- ▶ School Counselors
- ▶ Teachers
- ▶ Parents

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ELIZABETH BURMASTER, STATE SUPERINTENDENT

On Being 18: Your Legal Rights & Responsibilities

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