Student 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


This Assistive Transition Portfolio was made possible by funding from IDEA grant number 9906-23. Its content may be reprinted in whole or in part, with credit to WATI, Cooperative Educational Service Agency 10, & WI DPI acknowledged. However, reproduction of this portfolio in whole or in part for resale is not authorized.
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>
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</tbody>
</table>

Who sets up all medical appointments? __________________________

________________________________________________________________

Diet
Does the student have dietary restrictions? If so, describe: ________________________________
________________________________________________________________
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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11th grade</th>
<th>12th grade</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>PROBLEM SOLVING SKILLS</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>
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<tr>
<td>Make choices</td>
<td></td>
<td></td>
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<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>
<td>Understand legal rights and how and when to obtain those rights</td>
<td></td>
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<tr>
<td>Persevere when others don’t follow through</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION SKILLS</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>
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<tr>
<td>Request clarification and information</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>
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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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successfully repair communication breakdowns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access and use phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access and use internet/written communication</td>
<td></td>
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</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>
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<tr>
<td>Tell another how to set up the AT</td>
<td></td>
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</tr>
<tr>
<td>Identify environmental accommodations needed to use the device</td>
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<td></td>
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<tr>
<td>Turn on / off options as needed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Program the device and back up, if needed</td>
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</tr>
<tr>
<td>Request new features, set ups, options, messages, etc.</td>
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<td></td>
</tr>
<tr>
<td>Determine when usage of AT is not appropriate or needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td>Utilize low tech/ no tech back up for AT</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>
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<tr>
<td>Trouble shoot simple problems</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Identify sources of technical assistance / repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact sources of technical assistance / repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ship / take AT to source of repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify sources of funding for repair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply for / request funding assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request / obtain back up for AT during repair</td>
<td></td>
<td></td>
<td></td>
<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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<td></td>
</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>
<td></td>
<td></td>
</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>
<td></td>
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<td></td>
</tr>
<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>
<tr>
<td>Lead a discussion about goals</td>
<td></td>
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</tbody>
</table>
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.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WATI/CESA 10 © 2006
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

<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 |
| **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
| 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>
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<tr>
<td>Email:</td>
<td></td>
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<tr>
<td>Notes:</td>
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</tbody>
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<tr>
<td>Email:</td>
<td></td>
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<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.

| 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

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

<table>
<thead>
<tr>
<th>Schools I have applied to attend:</th>
<th>Date</th>
<th>Name of school</th>
<th>Status of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Entrance Exams I have taken:</th>
<th>Date</th>
<th>Name of Test</th>
<th>Score/Rank</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Financial Aid I have applied for:</th>
<th>Date</th>
<th>Name of Aid</th>
<th>Status of Application</th>
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</thead>
<tbody>
<tr>
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<thead>
<tr>
<th>Scholarships and Grants I have applied for:</th>
<th>Date</th>
<th>Name of Aid</th>
<th>Status of Application</th>
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A WISCONSIN POST-SECONDARY GUIDE TO DISABILITY DOCUMENTATION

2006

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Download available at:

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Phone: 608-266-3738
Fax: 608-266-1690
TTY: 608-267-2483
Email: tom.heffron@wtcsystem.edu
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Planning for Life After High School

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- School Counselors
- Teachers
- Parents

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