

# The New Transition Handbook

*Strategies High School  
Teachers Use that Work!*

by

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· P A U L · H ·  
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# About This CD-ROM

This CD-ROM contains printable versions of forms for *The New Transition Handbook: Strategies High School Teachers Use that Work!*

Purchasers of *The New Transition Handbook* may print the forms from a computer for their own use. Purchasers may also choose to make photocopies of the forms printed from an original CD-ROM. Refer to the End User License Agreement (EULA) for details.

All of the materials on this CD-ROM are provided in PDF format. All forms appear in the master document (Handbook.pdf) and may be easily printed by clicking on the appropriate bookmark, selecting "Print," and typing the corresponding page number(s). Alternately, you can access individual forms by chapter in respective folders. You may save these PDFs to your computer and/or post them on an internal local area network (LAN) for employees to print as needed, in accordance with the terms of the EULA that you accepted when you opened this CD-ROM.

**FORM 2.1.**

**Event Recording Datasheet**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Observer: \_\_\_\_\_

Activity: \_\_\_\_\_

Total						

**Comments**

Large empty rectangular area for writing comments.

**FORM 2.2.****Interval Recording Datasheet**

Students: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Observer: \_\_\_\_\_

Activity: \_\_\_\_\_

Interval: _____						
Total						
Percentage of intervals						

✓ = Occurrence      — = Nonoccurrence

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM 2.3.**

**Task Analysis Observation**

Student: \_\_\_\_\_

Setting: \_\_\_\_\_

Goal: \_\_\_\_\_

**Coding:**

- 4 = Independent response
- 3 = Verbal prompt
- 2 = Gestural prompt
- 1 = Physical prompt

		Trial									
Steps		1	2	3	4	5	6	7	8	9	10
20											
19											
18											
17											
16											
15											
14											
13											
12											
11											
10											
9											
8											
7											
6											
5											
4											
3											
2											
1											
Total											
Date											

*Note:* List the first step of the task on the bottom line (i.e., Step 1).

**FORM 2.4.**

**Employee Social Skills Checklist**

Student: \_\_\_\_\_ Interview/observation date: \_\_\_\_\_

Work environment: \_\_\_\_\_

Skill	Always	Sometimes	Never	N/A	Comments
Does the student greet co-workers when arriving to or leaving work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student punctual and on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student look approachable (e.g., smiling, well-groomed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student polite (e.g., jokes, uses social amenities)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student greet/interact with customers in an acceptable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student greet/interact with co-workers in an acceptable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student meeting expected work performance goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student turn to co-workers for assistance when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student give and receive directions/instructions well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student give and receive praise/criticism well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student get along well with his or her peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student seem to fit in with a social group at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student spend break or lunch with co-workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student interact with co-workers outside of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



**FORM 2.5.**

**Home Inventory Form**

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Interview date: \_\_\_\_\_

Where do you live? \_\_\_ House \_\_\_ Apartment How long have you lived there? \_\_\_\_\_

Who lives with you? \_\_\_\_\_

Do you have relatives who live near you? \_\_\_\_\_ Who? \_\_\_\_\_

Likes and Dislikes

	What do you like?	What do you dislike?
Foods (snacks, treats, special diet)		
Activities (hobbies, sports, places, events)		
Work (jobs, chores, volunteer events)		

Concerns

Are there issues that keep you from enjoying community events  
(e.g., toileting accidents, hitting others, loud screaming)?

What issues?	Where do they occur?	What is the result?

Your Community

A "map" of your community will help develop a picture of where neighbors live, work, and play.  
Make sure to fill this out completely.

Streets	Which streets in your neighborhood do you use frequently?	How do you use them?			Are there...	
		Walk	Car	Bus	Signals	Crosswalks

Family and friends	Whom do you visit?	How far away?		How do you get there?			How often do you visit?			
		1-5 blocks	5 or more blocks	Walk	Car	Bus	Daily	Each week	Each month	Other

Community activities	Where do you go?	How do you get there?			When?		How often do you go?			
		Walk	Car	Bus	Week-day	Week-end	Daily	Each week	Each month	Other

Strengths and Training Needs

Here is an opportunity to talk about what you like to do, the talents that you have, and which supports might help you become more independent in the community.

Circle area: Community Recreation/leisure Home Work Other

Strengths

What activities do you do?	What is involved in that activity?

Training Needs

What things would you like to learn to do?	What things get in the way?

**Potential supports**

--

What do we know...

... about your community?

... about your likes and dislikes?

... about your strengths?

What things have you decided you would like to work on with us?

Community	•
	•
	•
	•
Recreation/ leisure	•
	•
	•
	•
Home	•
	•
	•
	•
Work	•
	•
	•
	•
Other	•
	•
	•
	•

**Job Analysis Survey**

Worksite: \_\_\_\_\_ Date: \_\_\_\_\_

Basic Information

1. General job type or position: \_\_\_\_\_
2. Job tasks involved in the position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three most time-consuming job tasks: \_\_\_\_\_

3. Worksite location and access to public transportation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Task Characteristics

Job task requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General mobility requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical demands—gross motor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical demands—fine motor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of work tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Variability of daily job tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem-solving requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Production rate requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work product quality requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuous working requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Task-Related Characteristics

Co-worker presence/task-related contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-task-related social contacts while working: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social atmosphere of worksite: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interactions with customers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisory contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Environmental Characteristics

Distraction level (noise/visual): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comfort factors (temperature, space available, lighting, odor, sensory): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment/tool use requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Natural Supports

Environmental support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor and co-worker support: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Task Analysis

Approximate times

Tasks performed

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____

\_\_\_\_\_  
Person completing the form

\_\_\_\_\_  
Signature of employer or supervisor



**Work Performance Evaluation**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Worksite: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Job task requirements	Performance	Implications
General mobility requirements	Performance	Implications
Physical demands—gross motor	Performance	Implications
Physical demands—fine motor	Performance	Implications

**FORM 3.2.** (continued)

Length of work tasks	Performance	Implications
Variability of daily job tasks	Performance	Implications
Problem-solving requirements	Performance	Implications
Production rate requirements	Performance	Implications
Work product quality requirements	Performance	Implications
Continuous working requirements	Performance	Implications

**FORM 3.2.** (continued)

Co-worker presence/task-related contact	Performance	Implications
Non-task-related social contacts while working	Performance	Implications
Social atmosphere of worksite	Performance	Implications
Interactions with customers	Performance	Implications
Supervisory contact	Performance	Implications
Distraction level	Performance	Implications

**FORM 3.2.** (continued)

Comfort factors	Performance	Implications
Equipment/tool use requirements	Performance	Implications
Environmental support	Performance	Implications
Supervisor and co-worker support	Performance	Implications

From Renzaglia, A., & Hutchins, M. (2005). Materials developed for *A model for longitudinal vocational programming for students with moderate and severe disabilities*. (page 4 of 4)  
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**FORM 4.1****Behavior Checklist**

Person completing checklist: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_

	Strongly disagree	Somewhat disagree	Do not feel strongly either way	Somewhat agree	Strongly agree
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

**Comments**

**FORM 4.2**

**Individual Social Support Plan**

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

	Support needs	Support strategy	Person or agency responsible	Outcome	Target date	Evaluation method
Employment						
Community involvement						
Independent living						
Education and college						

**Seven Steps to Starting a Peer Buddy Program***Step 1: Develop a one-credit course*

- Incorporate a peer tutoring course into your school's curriculum that allows peer buddies to spend at least one period each day with their partners in special education.
- Begin building a base of support with the administration, guidance personnel, and teachers in your school for the inclusion of students receiving special education services in general education activities.
- Follow the established procedures of the local and state educational agencies when you apply for the new course offering.
- Include the course description in your school's schedule of classes.

*Step 2: Recruit peer buddies*

- Actively recruit peer buddies during the first year. After that, peer buddies will recruit for you.
- Include announcements, posters, articles in the school newspaper and PTA newsletter, videos on the school's closed-circuit television, and peer buddies speaking in school clubs and classes.
- Present information about the new program at a faculty meeting.
- Start slowly while you establish the course expectations.

*Step 3: Screen and match students*

- Have guidance counselors refer students who have interest, good attendance, and adequate grades.
- Arrange for students to interview with the special education teachers.
- Have students provide information regarding their past experience with students with diverse abilities and about clubs or activities that they are involved in and that their partners could join.
- Allow students to observe in the classroom to learn about the role of a peer buddy and whether they would be an appropriate match for the class.

*Step 4: Teach peer buddies to use instructional strategies*

- Model the use of prompting and reinforcement techniques.
- Conduct a peer buddy orientation that includes the concept of "people-first language," disability awareness, communication strategies, and suggested activities.
- Communicate teachers' expectations for the peer buddy course, including attendance and grading policies.
- Provide suggestions for dealing with inappropriate behavior, setting limits, and modifying activities.

*Step 5: Evaluate the program*

- Schedule observations and feedback sessions with peer buddies to address their questions or concerns.
- Provide feedback on their interaction skills, time management, use of positive reinforcement, and activities engaged in with their partners.
- Have peer buddies keep a daily journal of their activities and reflections, which should be reviewed weekly by the classroom teacher.
- Establish a peer buddy club, which allows students to share experiences and ideas as well as gives the teacher an opportunity to offer ongoing training and feedback.

Source: Hughes et al., 1999.

*Step 6: Hold a lunch bunch*

- Invite peer buddies to join students in special education for lunch in the cafeteria.
- Encourage the peer buddies to invite their other friends to join the group, increasing social contacts for their partners.
- Remind general education students who are unable to enroll in the course because of class conflicts to join the lunch bunch.

*Step 7: Establish an advisory board*

- Develop an advisory board that includes students (peer buddies and partners), students' parents, participating general and special education teachers, administrators, and guidance counselors.
- Include community representatives to expand the peer buddy program to community-based activities, such as work experiences.
- Meet at least once each semester to obtain insight and suggestions for evaluating and improving the program. Thank all members for their participation.

Source: Hughes et al., 1999.



**Community Activity Participation Form**

Student: \_\_\_\_\_ Month: \_\_\_\_\_

Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends	Total

Teaching and Evaluating Self-Management

Student: \_\_\_\_\_ Environment: \_\_\_\_\_

1. Identify the problem.

---

---

---

2. Verify the problem.

---

---

---

3. Determine acceptability.

---

---

---

4. Identify natural supports in the environment.

---

---

---

5. Select a self-management strategy.

---

---

---

6. Teach self-management skills.

---

---

---

7. Evaluate the student's performance.

---

---

---

**Self-Instruction Training Sequence**

*Directions:* Describe the behaviors to be performed for each of these steps:

1. Teacher models target behavior while self-instructing aloud.

---

---

---

2. Student performs target behavior while teacher instructs aloud.

---

---

---

3. Student performs target behavior while self-instructing aloud.

---

---

---

4. If appropriate, teach the student to whisper or "think" the self-instructions.

---

---

---

**Self-Instruction Statements**

*Directions:* Describe what the student will say (or do) for each of these statements:

1. Identifying the problem: \_\_\_\_\_

---

---

---

2. Stating the possible responses to the problem: \_\_\_\_\_

---

---

---

3. Evaluating the response: \_\_\_\_\_

---

---

---

4. Self-reinforcing: \_\_\_\_\_

Picture Prompt

Task: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

Goal:

\_\_\_\_\_

Steps completed:

1 2 3 4 5 6 7 8 9

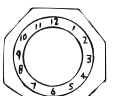
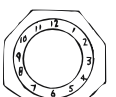
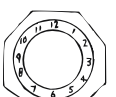

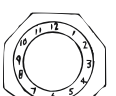
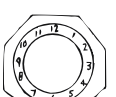
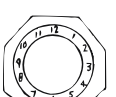
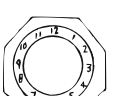
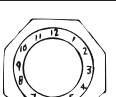
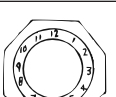
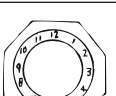
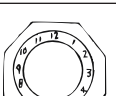
Did I meet my goal?



FORM 5.4

Today's Schedule (with Analog Clock)













Student: \_\_\_\_\_ Day(s): \_\_\_\_\_

Time	What should I do?
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

FORM 5.5

Today's Schedule (with Digital Clock)

Student: \_\_\_\_\_ Day(s): \_\_\_\_\_

Time	What should I do?
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

**FORM 5.6**

**Daily Checklist**

Student: \_\_\_\_\_ Week: \_\_\_\_\_

Activity: \_\_\_\_\_

What do I need to do?	Monday	Tuesday	Wednesday	Thursday	Friday
Total completed:					

✓ = I did this!!!      X = I did not do this

**FORM 5.7**

**Self-Recording Chart**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Time	Behaviors			
My total is				
My goal is				
Was goal met?	Yes No	Yes No	Yes No	Yes No
My goal for next time is. . .				

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Teacher's signature



**Choice-Making Opportunities**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

	Location	Check one				What opportunities for choice were there?	What choice was made (including no choice)?	Was assistance provided? How?
		School	Work	Community	Home			
Monday								
Tuesday								
Wednesday								

	Location	Check one				What opportunities for choice were there?	What choice was made (including no choice)?	Was assistance provided? How?
		School	Work	Community	Home			
Thursday								
Friday								
Weekend								

**Social Interaction Observation Form**

Student: \_\_\_\_\_ Week of: \_\_\_\_\_

Activity/class							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Record each interaction with a general education peer by listing the name of the peer and the estimated length of the interaction. (Key: A = less than 1 minute; B = 1-5 minutes; C = more than 5 minutes)

**FORM 6.2**

**Social Opportunities Chart**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Activity/class	Time	Opportunities for social interaction	Quality of social interaction	Supports needed	Supports available
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		
		1 2 3 4 5 None Few Many	1 2 3 4 5 Not So-so Great good		

**Peer Buddy Social Skills Teaching Checklist**

Student: \_\_\_\_\_ Time start: \_\_\_\_\_  
Date: \_\_\_\_\_ Time stop: \_\_\_\_\_  
Observer: \_\_\_\_\_ Number of minutes: \_\_\_\_\_  
Peer buddy: \_\_\_\_\_ Location: \_\_\_\_\_

Rationale

- 1. Peer buddy explains that he or she wants to help the student learn to talk to his or her friends at school.
- 2. Peer buddy explains that he or she is going to teach the student a way to talk.

Training Sequence

- 3. Peer buddy models using the book.
- 4. Peer buddy goes through all of the pictures in the book.
- 5. Peer buddy looks at each picture and asks the question.
- 6. Peer buddy instructs the student while the student uses the book to ask questions.
- 7. Student uses the book to ask questions.
- 8. Peer buddy provides a lot of verbal praise for using the book.
- 9. Peer buddy corrects student if student misses a step.
- 10. Peer buddy prompts student to use the book.

Reminder

- 11. Peer buddy reminds the student to use the book when he or she wants to talk to somebody.
- 12. Peer buddy reminds the student to start talking and do all of the talking when he or she talks to his or her next friend.

**Comments**

## Peer Perception Questionnaire

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Partner: \_\_\_\_\_ Location: \_\_\_\_\_

*Instructions:* Please circle the number that best represents the way you feel about the interaction you just experienced with your partner.

	Never	Rarely	Sometimes	Usually	Always
Did you feel that your partner interacted with you appropriately?	1	2	3	4	5
Did you enjoy this interaction?	1	2	3	4	5
Would you like to have this kind of interaction again?	1	2	3	4	5
Do you think that your partner enjoyed this interaction?	1	2	3	4	5
Do you have similar interactions when you are with your friends?	1	2	3	4	5

**Comments**

**FORM 7.2**

**Modified Grading System for Students in General Education Classrooms**

Student: \_\_\_\_\_ Grading period (circle one): 1 2 3 4 5 6

General education teacher: \_\_\_\_\_ Course title: \_\_\_\_\_

Suggested modifications: \_\_\_\_\_

*Directions:* Each time you grade the class members on assigned work or tests, you may choose to grade this student on the above modified criteria, if appropriate. Please return this sheet to me at the end of the grading period. Thank you!

Objectives	Date										Average	

Scoring: You may assign either a letter grade or a numerical grade.

- Suggested codes:  
 I = 100: Meets objective independently  
 P = 90: Needs a prompt to meet objective  
 S = 80: Requires several prompts to meet objective  
 U = 70: Unable to meet objective

Signed: \_\_\_\_\_  
 Special education teacher

FORM 7.3

**Data Collection System**

Student: \_\_\_\_\_ Date: \_\_\_\_\_ Observer: \_\_\_\_\_

Behavior: \_\_\_\_\_

Date	Yes or no	Comments

Y = \_\_\_\_\_ N = \_\_\_\_\_



**FORM 8.1**

**Job-Related Skills Assessment**

Student employee: \_\_\_\_\_ Worksite: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_ Role:  Supervisor  Job coach  Student

	Very poorly	Somewhat poorly	Somewhat well	Very well	Unsure
<b>Work-production-related behaviors</b>					
Carrying out instructions that need immediate attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing quality work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well without the close supervision of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving routine work-related problems without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at the speed expected by the supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at a job continuously without getting distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing job responsibilities without having to be asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Task-related social behaviors</b>					
Working together with others as a member of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting help from co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking a supervisor for assistance or help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking appropriately to a supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering to help co-workers or customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for an explanation when instructions are unclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referring questions to others when unsure of the answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking a co-worker for assistance or help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following directions given by a co-worker or supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding necessary information prior to starting a job task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting constructive criticism without getting angry or upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking about job frustrations with a supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very poorly	Somewhat poorly	Somewhat well	Very well	Unsure
<b>Non-task-related social behaviors</b>					
Refraining from swearing or using objectionable language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making friends with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to the other person when involved in a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking in an appropriate tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using polite language (e.g., thank you, please, excuse me)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding appropriately to joking or teasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disagreeing with co-workers without arguing or yelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refraining from interrupting others at inappropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding complaining too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering compliments to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing personal problems only in appropriate situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting conversations with co-workers about nonwork topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General work behaviors</b>					
Maintaining good personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requesting days off of work from the supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning from break or lunch on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arriving to work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking responsibility for own actions at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calling in to work when sick or running late	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing appropriately for the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting unexpected schedule changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>					

**Student Job Planning Tool**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

1. Who was part of this meeting/conversation?

_____	_____	(student must be present)
_____	_____	(role/relation to student)
_____	_____	(role/relation to student)
_____	_____	(role/relation to student)

2. What are some of the student’s long-term, “big picture” career goals for life after high school?

3. What are the student’s short-term goals in the areas of employment and future careers?

4. List each short-term employment goal and answer each question.

Work-related goals	What are some possible places in our community to do this?	Who do we already know—or need to seek out—who might help the student connect to these experiences?	What supports or resources are needed to make this happen?	Who will take responsibility for following up on this possibility?

Adapted from Carter, E.W., Swedeen, B., & Trainor, A.A. (2009). The other three months: Connecting transition-age youth with disabilities to meaningful summer experiences. *Teaching Exceptional Children, 41*(6), 22. Copyright © 2009 by the Council for Exceptional Children, Inc. www.cec.sped.org. All rights reserved.

**FORM 8.3**

**Student Job History Form**

Student: \_\_\_\_\_

		Dates:	to	Dates:	to	Dates:	to		
Basic information	Worksite								
	General job types or positions experienced								
	Job tasks experienced								
	Location and transportation	1	2	3	N/A	1	2	3	N/A
Task characteristics	Job task requirements	1	2	3	N/A	1	2	3	N/A
	General mobility	1	2	3	N/A	1	2	3	N/A
	Gross motor demands	1	2	3	N/A	1	2	3	N/A
	Fine motor demands	1	2	3	N/A	1	2	3	N/A
	Length of work tasks	1	2	3	N/A	1	2	3	N/A
	Variability of daily job tasks	1	2	3	N/A	1	2	3	N/A
	Problem-solving requirements	1	2	3	N/A	1	2	3	N/A
	Production rate	1	2	3	N/A	1	2	3	N/A
	Work product quality	1	2	3	N/A	1	2	3	N/A
	Continuous working requirements	1	2	3	N/A	1	2	3	N/A
Task-related characteristics	Co-worker presence	1	2	3	N/A	1	2	3	N/A
	Nontask social contacts	1	2	3	N/A	1	2	3	N/A
	Social atmosphere of worksite	1	2	3	N/A	1	2	3	N/A
	Interaction with customers	1	2	3	N/A	1	2	3	N/A
	Supervisory contact	1	2	3	N/A	1	2	3	N/A
Environmental characteristics	Distraction level	1	2	3	N/A	1	2	3	N/A
	Comfort factors	1	2	3	N/A	1	2	3	N/A
	Equipment/tool use	1	2	3	N/A	1	2	3	N/A
Natural supports	Environmental support	1	2	3	N/A	1	2	3	N/A
	Supervisor/co-worker support	1	2	3	N/A	1	2	3	N/A

Key: 1 = excellent job match; 2 = fair job match; 3 = poor job match; N/A = not applicable.

**Job Satisfaction Form for Youth Employees**

Student: \_\_\_\_\_ Worksite: \_\_\_\_\_

Start date: \_\_\_\_\_ Survey date: \_\_\_\_\_

Job responsibilities: \_\_\_\_\_

Rate your satisfaction with each of the following aspects of your current job

	Not at all	A little	Some-what	Very	Extremely
Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variety in work responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to use your skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition for good work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention paid to your suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall job satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What changes could be made to make this job better?

What parts of this job do you want to stay the same?

Comments:

Source: Carter & Wehby, 2003.

# About the Authors

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Dr. Hughes's research program extends more than 25 years in the areas of transition to adult life, self-determination, support strategies for students with intellectual disabilities and autism, and social interaction among general education high school students and their peers with disabilities. She has been principal investigator or coprincipal investigator on multiple research grants funded by the U.S. Department of Education, including the Metropolitan Nashville Peer Buddy Program. She also has managed multiple master's and doctoral personnel preparation grants at Vanderbilt University funded by the U.S. Department of Education. Currently, Dr. Hughes is principal investigator or coprincipal investigator on research grants funded through the Organization for Autism Research, the Dan Marino Foundation, and Autism Speaks to study a peer-mediated model for teaching social interaction skills to high school students with autism spectrum disorders and a federal grant to develop and validate an instrument to assess the support needs of children with intellectual and developmental disabilities.

Dr. Hughes has published numerous books, chapters, and articles addressing social interaction and self-directed learning skills among high school students. She is on the editorial board of many journals in the developmental disabilities field and is Associate Editor of *Research and Practice for Persons with Severe Disabilities*. In addition, for more than 10 years, Dr. Hughes taught general and special education classes in public schools in Montana and inner-city New York City.

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Dr. Carter's research and teaching focus on evidence-based strategies for supporting access to the general curriculum and promoting valued roles in school, work, and community settings for children and adults with intellectual and developmental disabilities. Prior to receiving his doctorate, he worked as a high school teacher and transition specialist with youth with significant disabilities. He has published widely in the areas of educational and transition services for children and youth with intellectual disabilities, autism, and other developmental disabilities. His recent books include *Peer Support Strategies for Improving All Students' Social Lives and Learning* (with L.S. Cushing & C.H. Kennedy; Paul H. Brookes Publishing Co., 2009), *Peer Buddy Programs for Successful Secondary School Inclusion* (with C. Hughes; Paul H. Brookes Publishing Co., 2008), and *Including People with Disabilities in Faith Communities: A Guide for Service Providers, Families, and Congregations* (Paul H. Brookes Publishing Co., 2007). He lives in Goodlettsville, Tennessee, with his wife, Sharon, and three children, Mason, Madeleine, and William.

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