

Secondary Sample

Secondary Level Portfolio Teacher's Manual

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The Styer-Fitzgerald Program for Functional Academics

Portfolio Teacher's Manual

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IEP (INDIVIDUALIZED EDUCATION PROGRAM)

In this section, you want to include the obvious—the student’s IEP. Often times IEPs end up in a file cabinet somewhere or are rarely referenced throughout the day. Keeping the IEP in a more obvious and easily accessible location will remind those working with the student of his or her educational goals.

You may also want to include copies of your student’s past IEPs, progress reports, and any additional information related to your student’s goals and objectives.

Keeping previous IEPs in the Student Portfolio provides you with a history of goals and objectives to reference over time. Having this documentation readily available will highlight goals that are not being met, and minimize the potential of unintentionally setting the same goal over and over again.

On the Parent Transition Questionnaire and the Transition Checklist, DDA refers to Developmental Disabilities Administration and DVR refers to Division of Vocational Rehabilitation. You can find your state’s intellectual/developmental disabilities (I/DD) agency by visiting <http://www.nasddd.org>. Consider changing these forms to reflect your state’s agency prior to sending them to parents.

GOALS AT A GLANCE

The Goals at a Glance form is intended to help you track the specific short-term goals the student is working on in each content area and summarize the IEP for easy reference.

Only goals the student is currently working on should be included on this document. This form is modifiable so you can add and delete goal areas as well as expand a content area that may have more than one goal. As the student masters a skill as indicated by the Curriculum Progress Guide, add a new goal to the Goals at a Glance form.

This form should be located in the front of the IEP section.

Teacher Tip: Make a copy to put in each student’s Program Data book with the Curriculum Progress Guide.

INDIVIDUALIZED TRANSITION PLAN (ITP)

When students receiving special education services reach 16 years old (and in some cases 14 years old), they are required to have an Individualized Transition Plan (ITP) as part of their IEP. The transition plan serves as the framework for identifying goals designed to move a student from school, to life after school. The ITP is the template and structure for helping students make the transition from one environment, the school system, to the next stage in life, the world of work.

The student’s postsecondary outcomes, identified on the ITP, become the driving force behind the development of their IEP goals. In short, the transition process is about planning for and teaching to the skills needed for whatever the student will be doing in life beyond high school.

For more specific instructions, guidance, and tools for helping students and parents understand the complex and competitive adult service system, refer to Life After School:

Transition Planning for Students with Disabilities. This manual is part of the Styer-Fitzgerald Program for Functional Academics line of products.

IEP/TRANSITION POWERPOINT

According to the Individuals with Disabilities Education Act (IDEA), if transition goals and services are going to be discussed at an IEP meeting, the student with a disability must be invited. Despite the law, it's important for students not only to be invited to the meeting, but to be active members of the IEP team. Having students create a PowerPoint, addressing transition goals in their own words, is a great way to encourage involvement.

For students who cannot complete this task independently, create the PowerPoint together and/or provide a model with information for each slide. Use the information gathered from inventories, questionnaires, and other forms throughout the portfolio as a guide. Make certain it is as much from the student's perspective as possible.

We have included a basic PowerPoint template with simple instructions to get you started. The PowerPoint can easily be modified to meet your individual student's needs. Keep a copy of the PowerPoint in this section of the Portfolio to reference and update annually at the student's IEP.

PARENT TRANSITION QUESTIONNAIRE

Parents need information and support to help them effectively navigate the transition process and the adult service system. With the high level of stress surrounding the transition out of school, it is not uncommon for parents to feel nervous or even hostile as graduation and the end of school-based services approach. No matter how early you try to prepare parents for their child's transition, or how much information you give them, once the reality of this change/transition sinks in, they may respond as though no one has ever talked to them about postsecondary services and options.

As mentioned in the introduction, don't be surprised if there are a range of emotions during this process. Offering a little extra patience and understanding can go a long way!

To ensure parents are well-prepared for transition, conversations about post-graduation options must begin at least by the time students enter high school. Ideally, preparation would begin in middle school. This may seem a bit premature, but if you start the conversations early, it gives parents time to think about realistic future goals and start planning. Making it part of your comprehensive transition planning process early on, encourages parents to think about post-school outcomes, especially in the realm of social, vocational, and residential options.

Filling out this questionnaire is another way to help parents ease in to envisioning the future. This will help identify the family's projected post-graduation vision for their child and the type of services needed to get there. The questionnaire can also help you refine programming at school, and provide families with specific skills to work on at home.

TRANSITION CHECKLIST

The ITP is an ongoing process and requires coordination and collaboration between school staff, families, and outside agencies. The Transition Checklist will help you organize this group of participants and lend accountability to the process.

The checklist is a handy way to keep track of important timelines and identify who is responsible for each action. It is also another great way to facilitate conversations with parents about life after school. Add to or modify this checklist as needed.

FAMILY COLLABORATION FORM

The Family Collaboration Form provides parents with the opportunity to freely communicate about their collaboration style. There is no right or wrong when it comes to how people collaborate, but having an understanding upfront will minimize potential misunderstandings. Remember, it is the family who is the constant in your student's life—not the school team. Therefore, collaboration between home and school is key.

GOALS AT A GLANCE

Name of Student: _____ Grade: _____

School/Program _____ Date: _____

Vocational:

Adaptive/Life Skills:

Social/Communication:

Personal Management:

Community Access:

Reading Goals:

Written Expression:

Math:

Mobility:

Behavior:

Other:

IEP/TRANSITION POWERPOINT

My IEP/Transition Plan

INSERT STUDENT'S NAME HERE

What I am doing now

List classes/functional academics here

My current worksite is

List worksite or include pictures.

Other work experiences include

Add other work experiences or pictures here.

My strengths

List strengths

Where I need help

List or explain areas where you need help.

Plans for my future

List future plans for the following . . .

Employment

Education

Independent Living

Leisure and Recreation

What I need to learn to reach my goals

List skills needed and behaviors to address on IEP/ITP.

Any questions or feedback from others?



THANK YOU FOR SUPPORTING ME!



PARENT TRANSITION QUESTIONNAIRE

Child's Name: _____ Date: _____

NOTE: DDA refers to Developmental Disabilities Administration and DVR refers to Division of Vocational Rehabilitation. Visit <http://www.nasdds.org> to find your state's developmental disabilities agency.

SCHOOL PROGRAMS

- I am satisfied with how much time my child spends in general education classes.
- I would like my child to spend more or less time in general education classes.
Specify which classes:
- I am satisfied with how much time my child engages with peers without disabilities.
- I would like my child to spend more or less time with peers without disabilities.
- I am satisfied with my child's program/curriculum.
- I would like my child's program to include more:
 - Grade Level Academics Functional Academics Daily Living Skills
- I am satisfied with how much time my child spends on community-based training.
- I would like my child to spend more or less time on community-based training.
- I am satisfied with my child's involvement in extracurricular activities (dances, sports, clubs, etc).
- I would like my child to spend more or less time on extracurricular activities.
- Other:

FINANCIAL MANAGEMENT

I would like my son/daughter to (check all that apply):

- Be involved in the shopping process.
- Shop independently.
- Use cash.
- Use prepaid shopping cards.
- Use an ATM card.
- Budget money.
- Pay his/her own bills.
- I would like more information about how my child can be involved in his/her finances.
- My child will not be involved. I will handle all finances.

RESIDENTIAL SERVICES

- I would like information regarding residential services. Check all that apply:
 - Availability (waiting lists).
 - Information about access to services.
 - I am not interested at this time, but I would like information for the future.

- I would like information about the following housing facilities/options. Check all that apply:
 - Independent/roommate living (minimal support)
 - Supervised living (moderate support)
 - Adult family home (varying support)
 - Assisted living/family care homes (24-hour support)
 - Group home/alternate family living (24-hour support)
 - HUD/low income housing
 - I would like to visit a residential facility. Specify which one:

VOCATIONAL OPTIONS

- I am not interested in my son or daughter exploring vocational options at this time.
- I would like information regarding vocational programs.
- I would like my son/daughter to have work experiences at school or in the community.
 - The age I would like my son/daughter to begin work experiences: 16 18 21
 - The number of hours at school in which I would like my son/daughter to be involved in a work experience: 1–2 hours 2–4 hours 4–6 hours
 - I would like my son/daughter to be paid for work/job experience:
 - Yes No Indifferent
 - I would like my son/daughter to be paid by age: 16 18 21

- I would like information about vocational services post-graduation. Check all that apply:
 - Availability (waiting lists).
 - Vocational Options: Sheltered Supportive Competitive
 - Information about the agencies that can provide these services.
 - I would like to visit a vocational program. Specify program:

SOCIAL SERVICE AGENCIES / COMMUNITY RESOURCES

- My son/daughter receives SSI.
- I would like information about SSI and how to obtain it.
- My son/daughter is signed up for services with Developmental Disabilities.
- I would like information about obtaining services through Developmental Disabilities.

- My son/daughter is signed up with the Division of Vocational Rehabilitation.
- I would like information about the Division of Vocational Rehabilitation.
- I am prepared for the guardianship process.
- I would like information about guardianship considerations.
- I am connected with support/advocacy groups (The ARC, Parent-to-Parent, People First, etc.)
- I would like information about support/advocacy groups.
- I would like information about financial planning for the future.

RECREATIONAL PROGRAMS

- I am not interested at this time, but I would like information for the future.
- I would like information regarding recreational services. Check all that apply:
 - Information about adult day programs.
 - Information about Special Olympics or other adaptive sports programs.
 - Information about adaptive recreation centers.
 - Information about access to these services.
 - Other:
 - I would like to visit a recreational program. Specify program:

OTHER INFORMATION/QUESTIONS:

TRANSITION CHECKLIST

Student Participation is encouraged in **ALL** activities.

STUDENT NAME: _____

IEP Coordinator: _____ Phone # _____

DDA Case Manager: _____ Phone # _____

DVR Case Manager: _____ Phone # _____

NOTE: DDA refers to Developmental Disabilities Administration and DVR refers to Division of Vocational Rehabilitation. These services may be called something different in your state.

✓	ACTION	PARENT OR TEACHER	CONTACT	START DATE	END DATE
	Obtain Social Security Number	P	Social Security Office	ASAP	
	Obtain State ID Card / Register to Vote	P	Department of Licensing	Age 18 or as applicable	
	Register for Selective Service	P	Post Office	Age 18	
	Apply for Entitlement Programs: <ul style="list-style-type: none"> • Supplemental Social Security Income (SSI) • Medical Coupons • Financial Aid 	P P P	Social Security Office DSHS Office DSHS Office	as applicable Age 18 Age 18	
	Attend Parent Meeting on Transition	P/T	Teacher	Age 14–16	
	Vocational Assessments (Informal)	T	Teacher	Age 14–16 or as applicable	
	Obtain Transition Resource Guide	P/T	Teacher	Age 14–16	
	Develop Transition Plan	P/T	Teacher	Yearly	
	Apply for DDA	P	DDA Office	Anytime	
	Apply for DVR and Vocational Assessment	P/T	DVR Office / Teacher	Age 17–18 or as applicable	
	Develop Long-Term Plan for Financial Support and Advocacy	P	The Arc, People First, Parent-to-Parent, Private Attorney	On-Going	
	Guardianship Consideration	P	The Arc, Private Attorney, Parent, Student, etc.	Age 18	
	Residential Options	P	DSHS, Private, DDA	Age 18 or older	
	Vocational Options	P/T	Teacher, DDA, DVR, Private	Age 18 or as applicable	
	Update Transition Plan Prior to Graduation	P/T	Teacher, DDA, DVR, Parent, Student, etc.	Age 21	
	Vocational Résumé (employment and work history)	T	Teacher	Age 16-18 or as applicable	
	Life Plan / Goal	P/T	Parent-Teacher, DDA, DVR, Student	Age 18-21 or as applicable	

FAMILY COLLABORATION FORM

Our family members:

Things you should know about our family:

I/we collaborate best when...

When teaming, I/we really appreciate...

When teaming, I/we do not appreciate...

Other team members can be helpful to our family by...

Other information I would like you to know:

VOCATIONAL INFORMATION

As special educators, the ultimate goal for all of our students is for them to reach the greatest level of sustainable independence possible to live fulfilled lives as contributing, responsible, and equal participants in society. All people benefit from the sense of pride and dignity that comes with serving a purpose and/or earning a paycheck. Focusing on independence and vocational training must be a primary goal for secondary special educators.

The information provided in this section of the portfolio encourages pushing students toward independence and vocational exploration. Regardless of the severity of a student's disability, we must find ways for all students to benefit from the satisfaction of having control over parts of their lives and/or some degree of independence and choices during daily routines. Becoming a contributing member of one's community will look different for individual students, but is equally important for all.

Although this section may seem like something to start in transition, like most areas of the Portfolio, the earlier you get started, the more comprehensive and prepared your student will be for life after school—the ultimate goal.

A combination of assessments will provide the most reliable information about your student's vocational interests. Therefore, the following forms will help build a comprehensive vocational portfolio for your students as they enter the workforce.

PREVOCATIONAL SKILLS/CHORES INVENTORIES AND SUMMARIES (SCHOOL AND FAMILY)

To get started, review the Prevocational Skills and Chores Inventories so you can gain information about what work skills your student possesses and what the priority level is.

The Inventory Summaries act as a visual reminder of the specific areas to address and determine programming. Like the Quick Reference Forms, in order for the inventory information to be put to good use rather than lost in the Student Portfolio, we have included these summaries for use by team members working directly with the student throughout the day.

NOTE: Refer to the Portfolio section of the Assessment Teacher's Manual for complete instructions and samples of filled-out inventories.

STUDENT VOCATIONAL INTERVIEW

A less formal way to gather information about a student's vocational interests is to interview the student about the types of activities he or she enjoys doing at home and in the community. The type of chores the student does at home may provide information that will further help identify the student's strengths as well as support needs when performing these tasks.

However, with students who have more significant disabilities, an interview format does not typically provide the most reliable information.

Using the interview format presents the same challenges as those found with using commercial interest inventories. Initially you are asking students—who generally have no work experience—to

identify jobs that interest them. Students who are non-verbal are often unable to answer most questions in an interview unless they are phrased as *either/or* questions, such as *Do you want to be a carpenter or a banker?* Even when phrased like this, you face the challenge of determining whether or not the student actually knows what a banker or carpenter does. Consequently, it is not recommended that you use an interview format for students who are nonverbal or who have more significant learning challenges. Instead, you will need to rely upon the other information gathered throughout this portfolio and observation. When doing this, make certain it is as much from the student's perspective as possible.

This interview is a sample with questions about generic interests and everyday (observable) skills rather than about specific work skills. Use this interview format with students who are verbal and who can reliably answer questions about their daily lives (i.e., what they do at home such as chores, about things they feel they do well, and more). You can also use pieces of this interview, combined with the Resume Worksheet, to gather information from IEP/ITP team members when doing a Person-Centered Plan for a student who has difficulty expressing himself or herself.

RESUME WORKSHEET

Many young people with disabilities do not have a resume because often times it is difficult to know what to put on it. The misconception is that only prior paid competitive employment positions can be listed. This is not true. Employers understand that most young people do not have a wide variety of prior job experiences to list on a resume. What they are typically looking for is proof the person wants to work, and has taken steps to build work skills on his or her own.

This worksheet is intended to provide a place to gather less common, yet critical information to include on a resume. It is recommended both the teacher and the family fill this out. Whenever possible, it is also a good idea to ask a family friend or care provider and/or another educator (e.g., paraeducator, related service provider, past teacher) to fill out a copy. The more work-related information collected, the better!

RESUME POWERPOINT

Creating an ongoing resume that is up-to-date is a great way to introduce a prospective employer to a potential hire. Many supported employment agencies are using this tool to successfully market their clients. The PowerPoint generally includes much of the same information found on a resume but it can also include pictures of the student working—providing a unique perspective that encourages employers to consider hiring a person with a disability.

Creating a visual resume of your goals, skills, and accomplishments can make your student stand out from other applicants. A visual resume is especially useful for students who may have difficulty discussing these points during a job interview. This format allows for deeper personalization by using pictures, graphics, and sound.

There are several examples of visual resumes that can be found online. Use the Student Vocational Interview and Resume Worksheet for your student to personalize the provided PowerPoint template (or create one using a program of your choice) and get creative with graphics and sound.

PREVOCATIONAL SKILLS INVENTORY (SCHOOL)

Circle the level of independence/frequency and determine priority level.

Date: _____

Level of Independence/Frequency: **I/A**—Independently/Always, **S**—Some Assistance/Sometimes,
T/N—Total Assistance/Never

DOES THIS STUDENT...	LEVEL OF INDEPENDENCE OR FREQUENCY			INSTRUCTIONAL PRIORITY LEVEL			
	I/A	S	T/N	High	Med	Low	Not
Follow directions?	I/A	S	T/N	High	Med	Low	Not
Sort job-related items with a model (mail, size/style clothing, etc.)?	I/A	S	T/N	High	Med	Low	Not
Indicate the need for more work when done with a task?	I/A	S	T/N	High	Med	Low	Not
Go to the next activity when done with a task?	I/A	S	T/N	High	Med	Low	Not
Finish work within an allotted amount of time?	I/A	S	T/N	High	Med	Low	Not
Work with distractions?	I/A	S	T/N	High	Med	Low	Not
Ask for help?	I/A	S	T/N	High	Med	Low	Not
Indicate the need for a break?	I/A	S	T/N	High	Med	Low	Not
Transition appropriately from work to break and between classes?	I/A	S	T/N	High	Med	Low	Not
Take responsibility for items between home and school (backpack, communication folder, etc.)?	I/A	S	T/N	High	Med	Low	Not
Gather and put away his or her own materials?	I/A	S	T/N	High	Med	Low	Not
NOTES:							
STAY ON TASK CONTINUOUSLY WITHOUT DISRUPTIONS FOR:							
Less than five minutes?	I/A	S	T/N	High	Med	Low	Not
Up to ten minutes?	I/A	S	T/N	High	Med	Low	Not
Up to twenty minutes?	I/A	S	T/N	High	Med	Low	Not
Up to a half hour?	I/A	S	T/N	High	Med	Low	Not
Up to one hour?	I/A	S	T/N	High	Med	Low	Not
NOTES:							

Continued . . .

PREVOCATIONAL SKILLS INVENTORY (SCHOOL), CONT.

DOES THIS STUDENT...				
LEARN A NEW TASK WITH:				
One step in	0-30 min	30-60 min	1-3 hrs	More
Two steps in	0-30 min	30-60 min	1-3 hrs	More
Three to five steps in	0-30 min	30-60 min	1-3 hrs	More
NOTES:				

CHORES INVENTORY—FAMILY

Circle the level of independence/frequency and determine priority level.

Student: _____

Date: _____

Level of Independence/Frequency: **I/A**—Independently/Always, **S**—Some Assistance/Sometimes, **T/N**—Total Assistance/Never

DOES YOUR CHILD...		LEVEL OF INDEPENDENCE OR FREQUENCY			INSTRUCTIONAL PRIORITY LEVEL			
		I/A	S	T/N	High	Med	Low	Not
A	Follow directions?	I/A	S	T/N	High	Med	Low	Not
B	Sort chore-related items with a model (silverware, laundry, etc.)?	I/A	S	T/N	High	Med	Low	Not
C	Indicate the need for more work when done with a task?	I/A	S	T/N	High	Med	Low	Not
D	Go to the next chore when done with a task?	I/A	S	T/N	High	Med	Low	Not
E	Finish chore within an allotted amount of time?	I/A	S	T/N	High	Med	Low	Not
F	Ask for help?	I/A	S	T/N	High	Med	Low	Not
G	Indicate the need for a break?	I/A	S	T/N	High	Med	Low	Not
H	Transition between activities at home (dinner to pajamas, brushing teeth to bed, etc.)	I/A	S	T/N	High	Med	Low	Not
I	Take responsibility for items between home and school (backpack, communication folder, etc.)?	I/A	S	T/N	High	Med	Low	Not
J	Clean up after himself or herself?	I/A	S	T/N	High	Med	Low	Not
NOTES:								
STAY ON TASK CONTINUOUSLY WITHOUT DISRUPTIONS FOR:								
K	Less than five minutes?	I/A	S	T/N	High	Med	Low	Not
L	Up to ten minutes?	I/A	S	T/N	High	Med	Low	Not
M	Up to twenty minutes?	I/A	S	T/N	High	Med	Low	Not
N	Up to a half hour?	I/A	S	T/N	High	Med	Low	Not
O	Up to one hour?	I/A	S	T/N	High	Med	Low	Not
NOTES:								

Continued . . .

CHORES INVENTORY (FAMILY), CONT.

LIST THE CHORES YOUR CHILD DOES NOW OR YOU WOULD LIKE HIM OR HER TO LEARN TO DO IN THE FUTURE AND THE INSTRUCTIONAL PRIORITY LEVEL:							
P		NOW	FUTURE	High	Med	Low	Not
Q		NOW	FUTURE	High	Med	Low	Not
R		NOW	FUTURE	High	Med	Low	Not
S		NOW	FUTURE	High	Med	Low	Not
T		NOW	FUTURE	High	Med	Low	Not
U		NOW	FUTURE	High	Med	Low	Not
V		NOW	FUTURE	High	Med	Low	Not
W		NOW	FUTURE	High	Med	Low	Not
X		NOW	FUTURE	High	Med	Low	Not
Y		NOW	FUTURE	High	Med	Low	Not
NOTES:							

Select the top five skills you would like your child's educational team to prioritize initially. In the boxes below, write the letter that corresponds to the skill by order of importance.

TOP FIVE PRIORITIES				
#1	#2	#3	#4	#5

PREVOCATIONAL SKILLS/CHORES SUMMARY

List the skills (up to five) in order of priority based on the Inventory, the age of the student, what you know about the student, and the preferences of the family (see family inventories). Add additional skills to work on in the space provided below.

Student: _____

Date: _____

PRIORITIES

#1	
----	--

#2	
----	--

#3	
----	--

#4	
----	--

#5	
----	--

ADDITIONAL SKILLS

--

--

--

--

--

--

--

STUDENT VOCATIONAL INTERVIEW

Student Name: _____ Grade: _____

School: _____ Date of Birth: _____

Date: _____ Age: _____ Interviewer: _____

1. What are some things you like to do in your spare time?

2. What are some of your special skills and talents?

3. List the jobs/chores you do at home regularly.

4. List the jobs you have done away from home.

5. What paid jobs have you had? List the most recent job first.

Job/Duties: _____ Employer: _____

Employment Dates: From: _____ To: _____

Job/Duties: _____ Employer: _____

Employment Dates: From: _____ To: _____

Job/Duties: _____ Employer: _____

Employment Dates: From: _____ To: _____

6. Which jobs did you enjoy the most?

7. Which jobs were you best at?

8. What do you think you might do after you finish high school?

Work: Yes No What kind of work? _____

Work in your hometown: Yes No Work out of town: Yes No

Military Service: Yes No Community College: Yes No

Vocational Technical School: Yes No College or University: Yes No

Other: _____

9. Would you like to take vocational classes in high school? Yes No

10. Are there any job experiences you would like to try? Yes No

11. Are there any jobs you would like to shadow for a day? Yes No

12. List three vocational classes/programs/job experiences in which you are most interested:

1) _____

2) _____

3) _____

RESUME POWERPOINT

Insert student's name
here

INSERT CONTACT INFORMATION

My Objective

Explain what you would like to do.

My Interests

List what you enjoy doing.

My Work Experience(s)

Add work experiences here.

Education

List education.

References

List your references and contact information here.

Thank you for your consideration.

Insert a longer closing statement or include a picture to wrap up your resume.



RESUME WORKSHEET

Student Name: _____ Date updated: _____

This worksheet is one of many tools used to create a vocational portfolio, resume, and transition plan for your child/student. In order to accurately list all skills, attributes, and work experiences, we need information from the family, school, and student.

Please be assured, your child/student will have the opportunity to contribute directly during the student vocational interview process. It is recommended both the school and family (with input from the student as appropriate) fill out, add, and update this worksheet.

I. PERSONAL INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

II. JOB OBJECTIVES

What places do you think your child/student might be able to work that include his or her interests or things he or she likes to do?

- ✦ _____
- ✦ _____
- ✦ _____

What type of work do you think he or she desires or would like to try?

- ✦ _____
- ✦ _____
- ✦ _____

Is there anything we need to know in order to keep your child/student safe at work?

- ✦ _____
- ✦ _____
- ✦ _____

III. SPECIAL COMPETENCIES

This section will provide us with special personality traits and attributes to highlight on a resume, as well as, help provide direction for future job experiences.

What do you admire most about your child/student?

- ✦ _____
- ✦ _____
- ✦ _____

What strengths/gifts does your child/student have that an employer would like?

- ✦ _____
- ✦ _____
- ✦ _____

What strengths/gifts does your child/student have that co-workers would enjoy?

- ✦ _____
- ✦ _____
- ✦ _____

What settings (environments, places, situations) do you think your child/student would do well in?

- ✦ _____
- ✦ _____
- ✦ _____

What settings (environments, places, situations) do you think your child/student should avoid?

- ✦ _____
- ✦ _____
- ✦ _____

What job or job shadowing experiences would you like your child/student to have?

- ✦ _____
- ✦ _____
- ✦ _____

IV. WORK SKILLS

In this section, list all of the skills your child/student has that will help him or her become a successful employee. Some examples of skills are: using a computer, filing, cleaning, organizing, listening, taking care of pets/animals, money management, etc.

What work skills does your child/student have:

✦ _____
✦ _____
✦ _____
✦ _____
✦ _____

V. HIGHLIGHTED ACCOMPLISHMENTS

Some examples of accomplishments might be: receiving a certificate, being a part of something (e.g., Special Olympics, swim team, community service group, or youth group), earning an award or honor at school or work, or getting recognized for something.

What accomplishments has your child/student earned that you are most proud of?

✦ _____
✦ _____
✦ _____
✦ _____
✦ _____

VI. WORK EXPERIENCE AND VOLUNTEER HISTORY

Include any experiences your child/student has had either as a volunteer or as a paid worker. Include school work experiences.

Position Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____

Dates Employed (months & years only) FROM: _____ TO: _____

Name of Supervisor: _____

Job Duties: _____

WORK EXPERIENCE AND VOLUNTEER HISTORY, CONT.

Position Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____

Dates Employed (months & years only) FROM: _____ TO: _____

Name of Supervisor: _____

Job Duties: _____

Position Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____

Dates Employed (months & years only) FROM: _____ TO: _____

Name of Supervisor: _____

Job Duties: _____

Position Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____

Dates Employed (months & years only) FROM: _____ TO: _____

Name of Supervisor: _____

Job Duties: _____

VII. EDUCATION

Education includes the schools and/or training programs your child has attended.

High School Attended: _____

Location: _____ State: _____

Date Graduated: _____

Transition Program Attended: _____

Location: _____ State: _____

Date Graduated: _____

Other: _____

Location: _____ State: _____

Date Graduated: _____

Degrees / Certificates / Licenses / Special Training, etc. _____

VIII. REFERENCES

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

REFERENCES, CONT.

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____

Name: _____ Position: _____

Relationship to Applicant: _____

Phone Number: _____

Email: _____