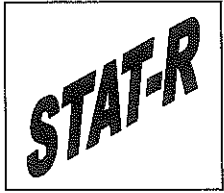


STAT-R

**Student Transition
Assessment Tool
Revised**

Participation Version





Student Transition Assessment Tool – Revised

Participation Version

Guidelines for Administration and Scoring

Student Focused Administration:

- The STAT-R was designed with the intent that a parent or group of adults most familiar with the student (teacher, caseworker, doctor, etc.) would be completing the assessment and marking responses based on their knowledge of the student.
- A “yes” means the student absolutely knows the information or possesses the skill, if any doubt the item should be answered “no”.

Repeat Administration:

- The STAT-R can be re-administered (yearly or every two or three years) to assess student progress toward achieving transition goals.
- The same forms can be reused. Have the person completing the STAT-R use a different color pen and re-evaluate the “no” answers to see if they are now a “yes”. Then re-total the yes answers for updated scoring.
- The score sheet allows for tracking the student over a five-year period from 8th grade through 12th grade, or over several years in an ungraded school setting.

Scoring With Excel/CD:

- Insert student demographic information.
- Insert Raw Scores (total of yes responses) for each section.
- Raw Scores automatically convert to percentages.
- Percentages yielded are general guidelines to identify areas of strength and concern.
80 – 100% Strength, 50 – 79% Developing Skills, 0 – 49% Concern.
- “No” answers can be converted to transition goals, services, or activities.

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STAT-R

Student Transition Assessment Tool - Revised Participation Version Score Tables

Productive Work Oriented Activities Scores

		Productive Work Oriented Activities		Accommodations	
		Raw Score	Percent	Raw Score	Percent
	0	0%	0	0%	
	1	14%	1	33%	
	2	29%	2	67%	
	3	43%	3	100%	
	4	57%			
	5	71%			
	6	86%			
	7	100%			

Post School Programming/ Training Scores		Adult Life Scores					
		Future Plans		Communication/ Advocacy		Adult Living	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	25%	1	20%	1	20%	1	9%
2	50%	2	40%	2	40%	2	18%
3	75%	3	60%	3	60%	3	27%
4	100%	4	80%	4	80%	4	36%
		5	100%	5	100%	5	45%
						6	55%
						7	64%
						8	73%
						9	82%
						10	91%
						11	100%

Community Participation Scores

	Community Experiences		Recreation and Leisure Activities	
	Raw Score	Percent	Raw Score	Percent
	0	0%		0%
	1	25%	1	20%
	2	50%	2	40%
	3	75%	3	60%
	4	100%	4	80%
			5	100%

Total Scores

Total Productive Work Oriented Activities		Total Post School Programming/ Training		Total Adult Life		Total Community Participation	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	10%	1	25%	1	5%	1	11%
2	20%	2	50%	2	6%	2	22%
3	30%	3	75%	3	14%	3	33%
4	40%	4	100%	4	19%	4	44%
5	50%			5	24%	5	56%
6	60%			6	29%	6	67%
7	70%			7	33%	7	78%
8	80%			8	38%	8	89%
9	90%			9	43%	9	100%
10	100%			10	48%		
				11	54%		
				12	57%		
				13	62%		
				14	67%		
				15	71%		
				16	76%		
				17	81%		
				18	86%		
				19	90%		
				20	95%		
				21	100%		

STAT-R

Student Transition Assessment Tool - Revised Participation Version Score Sheet

Student:	Birth Date:	School:
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Productive Work Oriented Activities		
Date	Age	A) When your student finishes school, what productive work oriented activities would you like them to be involved in?

Productive Work Oriented Activities					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Productive Work Oriented Activities					
Accommodations					
Total Productive Work Oriented Activities					

Post School Programming/Training		
Date	Age	B) After your student finishes school, what adult activities/programs would you like them to participate in?

Post School Programming/Training					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Future Plans					
Total Post School Programming/ Training					

Student:		Birth Date:	School:
Adult Life			
Date	Age	C) After your student finishes school, as an adult where will he/she live?	

Adult Life					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Communication/ Advocacy Skills					
Adult Living Skills					
Daily Living Skills					
Total Adult Life					

Community Participation		
Date	Age	D) As an adult, what recreation and leisure activities would you like your student to participate in? This includes any of your current family recreational activities he/she may have difficulty participating in?

Community Participation					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Community Experiences					
Recreation and Leisure					
Total Community Participation					

Notes/Comments:

STAT-R**Student Transition Assessment Tool - Revised
Standard Parent Version**

Name:

Birth Date:

School:

Career/Employment

Date	Age	A) As an adult, what kind of work does your student want to do?

Career Goals

1. My student knows what training he/she needs for his/her job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student knows who to contact to get more information about his/her career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student has worked on his/her EDP (Educational Development Plan) at school to help plan for his/her future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student has researched (looked up) careers on the Internet or in a book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student has participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Career Goals Raw Score**Work Experience**

6. My student knows what vocational or work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student has had vocational or work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student has had a job baby-sitting, mowing lawns, etc. for pay or volunteer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student has had an after school or summer job for pay.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Work Experience Raw Score**Getting A Job**

10. My student knows what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student knows how to put together a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student has looked for a job in the paper or on the Internet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student knows who to contact for help finding a job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. My student has filled out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. My student has had a job interview.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Getting A Job Raw Score**Accommodations**

Accommodations are when the job or task is adjusted so my student can complete it. For example: reading help, directions written down in steps, more time.

16. My student can explain his/her disability to others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. My student needs help or accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student knows how to ask for the accommodations he/she needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. My student understands that he/she may need assistance in college or other training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. My student understands that he/she may need help or accommodations at his/her future job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

School Classes		
21. My student knows which school classes he/she needs for college, trade school, or his/her job or career.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. My student is taking the school classes he/she needs for college, trade school, or his/her job or career.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. My student knows who to ask for help in selecting his/her school classes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. My student understands the connection between the classes he/she is taking and his/her career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Classes Raw Score		

Post Secondary Education/Training		
Date	Age	B) After school, what additional education or training does your student want?

Future Plans		
1. My student plans to graduate from school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Check only one of the following. Pick the one that your student is most likely to do after leaving school. <ul style="list-style-type: none"> ▪ My student plans to go to college. ▪ My student plans to go to a trade school or a career or technical school. ▪ My student plans to join the military. ▪ My student plans to go to work full time right after finishing school. 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	
3. My student knows where to find information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student knows who to ask for more information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Future Plans Raw Score		

Family Involvement and Supports		
5. My student knows his/her family has high expectations (hopes) for him/her.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows what those expectations (hopes) are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student can depend on his/her family to help him/her make decisions about the future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student can depend on his/her family to help him/her get information about employment, education, and community resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Involvement and Supports Raw Score		

Adult Life

Date	Age	C) As an adult, where does your student want to live?

Self Awareness

1. My student feels good about him/herself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student feels good about the way he/she looks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student is usually positive and in a good mood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student usually makes good decisions, and can accept consequences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows his/her strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student knows his/her limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Awareness Raw Score		

Adult Living Skills

8. My student knows where his/her birth certificate is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student knows where his/her social security card is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. My student has a driver's license or a state ID card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student can write his/her address and phone number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student knows how to write his/her signature in cursive.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student knows what to do in an emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. My student can create and use a personal/household budget.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. My student can use a calculator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. My student has a savings account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Living Skills Raw Score		

Daily Living Skills

17. My student completes personal grooming and hygiene daily.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student can cook a meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. My student can use the washer and dryer to do his/her laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. My student can clean his/her own room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. My student can shop for groceries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. My student can shop for his/her own clothes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. My student can make a doctor, dentist, or haircut appointment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. My student can take his/her own medication safely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. My student can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. My student can use a checking account, debit card, & on-line banking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. My student can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. My student knows basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. My student knows how to use various tools to find information, such as a cell phone, phone book, the Internet, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily Living Skills Raw Score		

Community Participation

Date	Age	D) As an adult, what hobbies and activities does your student want?

Community Experiences

1. My student can, or may in the future, volunteer in his/her community such as the soup kitchen, hospital, rake leaves, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student can walk or ride his/her bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student can drive a car to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student can use public transportation to get around in the community, and understands how to read bus schedules, locate bus stops, or contact public transportation providers such as the bus station, taxi, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student knows who to ask if he/she needs transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows how and where to register to vote.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student knows at age 18 men have to register for the Selective Service (military).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Experiences Raw Score		

Recreation and Leisure Activities

8. My student participates in fun activities in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student watches or participates in sporting activities such as swimming, bowling, fishing, football, basketball, hunting, etc. in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. My student plays cards, games, goes to movies, or to dances in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student attends school clubs, church, or family events in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student has a hobby or activity he/she enjoys in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student goes to community events or places such as festivals, museums, concerts, the library, etc. in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation and Leisure Activities Raw Score		

Notes/Comments:

STAT-R**Student Transition Assessment Tool - Revised
Standard Parent Version**

Name:

Birth Date:

School:

Career/Employment

Date	Age	A) As an adult, what kind of work does your student want to do?

Career Goals

1. My student knows what training he/she needs for his/her job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student knows who to contact to get more information about his/her career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student has worked on his/her EDP (Educational Development Plan) at school to help plan for his/her future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student has researched (looked up) careers on the Internet or in a book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student has participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Career Goals Raw Score		

Work Experience

6. My student knows what vocational or work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student has had vocational or work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student has had a job baby-sitting, mowing lawns, etc. for pay or volunteer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student has had an after school or summer job for pay.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Experience Raw Score		

Getting A Job

10. My student knows what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student knows how to put together a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student has looked for a job in the paper or on the Internet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student knows who to contact for help finding a job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. My student has filled out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. My student has had a job interview.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Getting A Job Raw Score		

Accommodations

Accommodations are when the job or task is adjusted so my student can complete it. For example: reading help, directions written down in steps, more time.

16. My student can explain his/her disability to others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. My student needs help or accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student knows how to ask for the accommodations he/she needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. My student understands that he/she may need assistance in college or other training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. My student understands that he/she may need help or accommodations at his/her future job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

School Classes		
21. My student knows which school classes he/she needs for college, trade school, or his/her job or career.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. My student is taking the school classes he/she needs for college, trade school, or his/her job or career.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. My student knows who to ask for help in selecting his/her school classes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. My student understands the connection between the classes he/she is taking and his/her career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Classes Raw Score		

Post Secondary Education/Training		
Date	Age	B) After school, what additional education or training does your student want?

Future Plans		
1. My student plans to graduate from school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Check only one of the following. Pick the one that your student is most likely to do after leaving school.		
▪ My student plans to go to college.	<input type="checkbox"/> Yes	
▪ My student plans to go to a trade school or a career or technical school.	<input type="checkbox"/> Yes	
▪ My student plans to join the military.	<input type="checkbox"/> Yes	
▪ My student plans to go to work full time right after finishing school.	<input type="checkbox"/> Yes	
3. My student knows where to find information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student knows who to ask for more information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Future Plans Raw Score		

Family Involvement and Supports		
5. My student knows his/her family has high expectations (hopes) for him/her.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows what those expectations (hopes) are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student can depend on his/her family to help him/her make decisions about the future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student can depend on his/her family to help him/her get information about employment, education, and community resources.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family Involvement and Supports Raw Score		

Adult Life

Date	Age	C) As an adult, where does your student want to live?

Self Awareness

1. My student feels good about him/herself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student feels good about the way he/she looks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student is usually positive and in a good mood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student usually makes good decisions, and can accept consequences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows his/her strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student knows his/her limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Awareness Raw Score		

Adult Living Skills

8. My student knows where his/her birth certificate is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student knows where his/her social security card is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. My student has a driver's license or a state ID card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student can write his/her address and phone number.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student knows how to write his/her signature in cursive.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student knows what to do in an emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. My student can create and use a personal/household budget.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. My student can use a calculator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. My student has a savings account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Living Skills Raw Score		

Daily Living Skills

17. My student completes personal grooming and hygiene daily.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student can cook a meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. My student can use the washer and dryer to do his/her laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. My student can clean his/her own room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. My student can shop for groceries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. My student can shop for his/her own clothes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. My student can make a doctor, dentist, or haircut appointment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. My student can take his/her own medication safely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. My student can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. My student can use a checking account, debit card, & on-line banking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. My student can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. My student knows basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. My student knows how to use various tools to find information, such as a cell phone, phone book, the Internet, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily Living Skills Raw Score		

Community Participation

Date	Age	D) As an adult, what hobbies and activities does your student want?

Community Experiences		
1. My student can, or may in the future, volunteer in his/her community such as the soup kitchen, hospital, rake leaves, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student can walk or ride his/her bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student can drive a car to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student can use public transportation to get around in the community, and understands how to read bus schedules, locate bus stops, or contact public transportation providers such as the bus station, taxi, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. My student knows who to ask if he/she needs transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My student knows how and where to register to vote.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student knows at age 18 men have to register for the Selective Service (military).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Experiences Raw Score		

Recreation and Leisure Activities		
8. My student participates in fun activities in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student watches or participates in sporting activities such as swimming, bowling, fishing, football, basketball, hunting, etc. in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. My student plays cards, games, goes to movies, or to dances in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student attends school clubs, church, or family events in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student has a hobby or activity he/she enjoys in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student goes to community events or places such as festivals, museums, concerts, the library, etc. in his/her free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation and Leisure Activities Raw Score		

Notes/Comments: