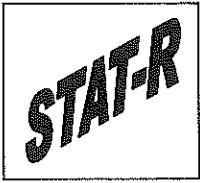


STAT-R

**Student Transition
Assessment Tool
Revised**

**Supported Independence
Parent Version**





Student Transition Assessment Tool – Revised

Supported Independence Parent Version

Guidelines for Administration and Scoring

Student Focused Administration:

- The STAT-R was designed with the intent that the parent would be completing the assessment and marking responses based on knowledge of their 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 years) to assess student progress toward achieving transition goals.
- The same forms can be reused. Have the person taking 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.

Student Version:

- Can be given to compare the point of view of the student and the parent regarding the progress and abilities of the student.

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STAT-R

Student Transition Assessment Tool - Revised Supported Independence Parent Version Score Tables

Career/Employment Scores

Job/Career Goals		Work Experience		Getting A Job		Accommodations	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	20%	1	25%	1	14%	1	25%
2	40%	2	50%	2	29%	2	50%
3	60%	3	75%	3	43%	3	75%
4	80%	4	100%	4	57%	4	100%
5	100%			5	71%		
				6	86%		
				7	100%		

Post Secondary Education/Training Scores

Adult Life Scores

Future Plans		Self Advocacy		Adult Living		Daily Living	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	25%	1	17%	1	13%	1	8%
2	50%	2	33%	2	25%	2	17%
3	75%	3	50%	3	38%	3	25%
4	100%	4	67%	4	50%	4	33%
		5	83%	5	63%	5	42%
		6	100%	6	75%	6	50%
				7	88%	7	58%
				8	100%	8	67%
						9	75%
						10	83%
						11	92%
						12	100%

Community Participation Scores

Community Experiences		Recreation and Leisure Activities	
Raw Score	Percent	Raw Score	Percent
0	0%	0	0%
1	20%	1	17%
2	40%	2	33%
3	60%	3	50%
4	80%	4	67%
5	100%	5	83%
		6	100%

Total Scores

Total Career/ Employment		Total Post Secondary Education/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	5%	1	25%	1	4%	1	9%
2	10%	2	50%	2	8%	2	18%
3	15%	3	75%	3	12%	3	27%
4	20%	4	100%	4	15%	4	36%
5	25%			5	19%	5	45%
6	30%			6	23%	6	55%
7	35%			7	27%	7	64%
8	40%			8	31%	8	73%
9	45%			9	35%	9	82%
10	50%			10	38%	10	91%
11	55%			11	42%	11	100%
12	60%			12	46%		
13	65%			13	50%		
14	70%			14	54%		
15	75%			15	58%		
16	80%			16	62%		
17	85%			17	65%		
18	90%			18	69%		
19	95%			19	73%		
20	100%			20	77%		
				21	81%		
				22	85%		
				23	88%		
				24	92%		
				25	96%		
				26	100%		

STAT-R

Student Transition Assessment Tool - Revised Supported Independence Parent Version Score Sheet

Student:

Birth Date:

School:

Career/Employment

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

Career/Employment

	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Job/Career Goals					
Work Experience					
Getting A Job					
Accommodations					
Total Career/Employment					

Post Secondary Education/Training

Date	Age	B) After school, what additional education or training does your student want?

Post Secondary Education/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 Secondary Education/Training					

Student:		Birth Date:	School:
Adult Life			
Date	Age	C) As an adult, where does your student want to live?	

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

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

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:



Student Transition Assessment Tool - Revised Supported Independence Parent Version

Name: _____

Birth Date: _____

School: _____

Career/Employment

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

Job/Career Goals

1. My student knows what skills are needed for his/her job choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student knows who to contact to get more information about his/her job 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 discusses his/her future plans with others.	<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
Job/Career Goals Raw Score		

Work Experience

6. My student knows what work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. My student has had work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student has chores at home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student helps the family or neighbors with chores or jobs, like yard work, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Experience Raw Score		

Getting A Job

10. My student knows what a job application is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student has practiced filling out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student knows what a job interview is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. My student has practiced a job interview.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. My student has a current state ID card or driver's license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. My student knows what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. My student has a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Getting A Job Raw Score		

Accommodations

Accommodations are when a job task is adjusted so your student can complete it. For example: using a watch or timer, using a task list or picture schedule.		
17. My student needs help or accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student knows the type of help or accommodations he/she needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. My student understands that he/she may need help or accommodations to be a successful worker.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

20. My student knows how to ask for support or accommodations if he/she needs them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

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

Future Plans		
1. Check only one of the following. Pick the one that your student is most likely to do after leaving school.		
▪ My student would like to do volunteer work in the community.	<input type="checkbox"/> Yes	
▪ My student would like to work in a sheltered workshop.	<input type="checkbox"/> Yes	
▪ My student would like a job in the community with support/accommodations.	<input type="checkbox"/> Yes	
▪ My student would like a job in the community and doesn't need support /accommodations.	<input type="checkbox"/> Yes	
2. My student may wish to participate in adult daily living classes and knows how to ask for help to do this.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student knows who to ask for information about future work or job opportunities (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student knows who to ask for information about more training for a job (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Future Plans Raw Score		

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

Self Advocacy		
1. My student knows his/her strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student knows his/her limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student has an awareness of safety issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student can communicate his/her needs and ask for what he/she needs.	<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 understands guardianship (and who his/her established guardian is, if one is needed).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Advocacy Raw Score		

Adult Living Skills		
7. My student has a method to communicate with others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. My student can make personal choices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. My student knows how to problem solve or request assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. My student can state his/her personal information or produce his/her state ID card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. My student can use a calculator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. My student can write his/her name.	<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 make and keep friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Living Raw Score		

Daily Living Skills		
Tell which things your student can do by him/herself or with support or accommodations.		
15. My student can make a simple meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. My student can use the washer and dryer to do his/her laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. My student cleans up after him/herself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. My student can shop for a few grocery items.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. My student can take his/her medication, if needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. My student can make simple money transactions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. My student can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. My student can use a debit card to pay for items at the store.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. My student can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. My student knows basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. My student can complete his/her personal grooming and hygiene daily such as shower, comb hair, use deodorant, and brush teeth.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. My student can choose appropriate clothes for the situation.	<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 walk or ride his/her bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. My student knows who to ask if he/she needs transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. My student can take public transportation to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. My student knows the location of important places in the community such as the post office, library, police station, hospital, stores, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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		

