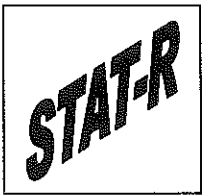


STAT-R

**Student Transition
Assessment Tool
Revised**

Standard Student Version





Student Transition Assessment Tool – Revised

Standard Student Version

Guidelines for Administration and Scoring

Student Focused Administration:

- The STAT-R was designed with the intent that the student would complete the assessment individually and mark their responses based on their knowledge.
- A "yes" means the student absolutely knows the information or possesses the skill. If any doubt, the item should be answered "no".
- Given that students taking the STAT-R are adolescents, it is suggested that the students complete the assessment in the presence of an adult to assure that they are taking the process seriously.
- Adult mentors: The adult that assists in the administration of the STAT-R could be a teacher, caseworker, teacher consultant, etc.

Group Administration:

- The STAT-R can be given in small groups as long as the administrator or evaluator interacts with students individually to assure the validity of their answers.

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 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.

Parent Version:

- Can be given to compare the responses of the student and the parent regarding the skills and abilities of the student.

©Pink Lady Press

The STAT-R copyright allows the *individual* to reproduce the tool for their students only (with proper credit given to the authors). Under the copyright: you may not alter the tool in any way, nor post it to a website. You may not copy it or distribute it to another provider. Each user must purchase their own copy.



Pink Lady Press Authors: Sheryl Morris, Linda Ratliff, Martha Smith
Contact Info: lratliff@ecsd.us; mlgesmith@hotmail.com

STAT-R

Student Transition Assessment Tool Standard Student Version Score Tables

Career/Employment Scores

Career Goals		Work Experience		Getting A Job		Accommodations		School Classes	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%	0	0%
1	20%	1	25%	1	17%	1	20%	1	25%
2	40%	2	50%	2	33%	2	40%	2	50%
3	60%	3	75%	3	50%	3	60%	3	75%
4	80%	4	100%	4	67%	4	80%	4	100%
5	100%			5	83%	5	100%		
				6	100%				

Post Secondary Education/Training Scores

Future Plans		Family Involvement and Supports	
Raw Score	Percent	Raw Score	Percent
0	0%	0	0%
1	25%	1	25%
2	50%	2	50%
3	75%	3	75%
4	100%	4	100%

Adult Life Scores

Self Awareness		Adult Living Skills		Daily Living Skills	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%
1	14%	1	11%	1	8%
2	29%	2	22%	2	15%
3	43%	3	33%	3	23%
4	57%	4	44%	4	31%
5	71%	5	56%	5	38%
6	86%	6	67%	6	46%
7	100%	7	78%	7	54%
		8	89%	8	62%
		9	100%	9	69%
				10	77%
				11	85%
				12	92%
				13	100%

Community Participation Scores

	Community Experiences		Recreation and Leisure Activities	
	Raw Score	Percent	Raw Score	Percent
	0	0%	0	0%
	1	14%	1	17%
	2	29%	2	33%
	3	43%	3	50%
	4	57%	4	67%
	5	71%	5	83%
	6	86%	6	100%
7	100%			

Total Scores

Total Career/ Employment		Total Post Secondary Education/Training		Total Adult Life		Total Community Participation	
0	0%	0	0%	0	0%	0	0%
1	4%	1	13%	1	3%	1	8%
2	8%	2	25%	2	7%	2	15%
3	13%	3	38%	3	10%	3	23%
4	17%	4	50%	4	14%	4	31%
5	21%	5	63%	5	17%	5	39%
6	25%	6	75%	6	21%	6	46%
7	29%	7	88%	7	24%	7	54%
8	33%	8	100%	8	28%	8	62%
9	38%			9	31%	9	69%
10	42%			10	34%	10	77%
11	46%			11	38%	11	85%
12	50%			12	41%	12	92%
13	54%			13	45%	13	100%
14	58%			14	48%		
15	62%			15	52%		
16	67%			16	55%		
17	71%			17	59%		
18	75%			18	62%		
19	79%			19	66%		
20	83%			20	69%		
21	88%			21	72%		
22	92%			22	76%		
23	96%			23	79%		
24	100%			24	83%		
				25	86%		
				26	90%		
				27	93%		
				28	97%		
				29	100%		



Student Transition Assessment Tool - Revised Standard Student Version Score Sheet

Student:	Birth Date:	School:
----------	-------------	---------

Career/Employment		
Date	Age	A) As an adult, what kind of work do you 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
Career Goals					
Work Experience					
Getting A Job					
Accommodations					
School Classes					
Total Career/Employment					

Post Secondary Education/Training		
Date	Age	B) After school, what additional education or training do you 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					
Family Involvement and Supports					
Total Post Secondary Education/Training					

Student:		Birth Date:	School:
Adult Life			
Date	Age	C) As an adult, where do you 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 Awareness Skills					
Adult Living Skills					
Daily Living Skills					
Total Adult Life					

Community Participation		
Date	Age	D) As an adult, what hobbies and activities do you 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:

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

Name:

Birth Date:

School:

Career/Employment

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

Career Goals

1. I know what training I need for my job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to contact to get more information about my job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have worked on my EDP (Educational Development Plan) at school to help me plan for my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have researched (looked up) careers on the Internet or in a book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I have participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Career Goals Raw Score		

Work Experience

6. I know what vocational or work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I have had vocational or work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I have had a job baby-sitting, mowing lawns, etc. for pay or volunteer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I have 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. I know what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I know how to put together a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I have looked for a job in the paper or on the Internet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I know who to contact for help finding a job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. I have filled out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. I have 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 you can complete it. For example: reading help, directions written down in steps, more time.

16. I can explain my disability to others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. I need help and accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I know how to ask for the accommodations I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I understand that I may need assistance in college or other training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I understand that I may need help/accommodations at my future job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

School Classes		
21. I know which school classes I need for college, trade school, or my job (career).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I am taking the school classes I need for college, trade school, or my job (career).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I know who to ask for help in selecting my school classes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I understand the connection between the classes I am taking and my 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 do you want?

Future Plans		
1. I plan to graduate from school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Check only one of the following. Pick the one that you are most likely to do after leaving school.		
▪ I plan to go to college.	<input type="checkbox"/> Yes	
▪ I plan to go to a trade school or a career or technical school.	<input type="checkbox"/> Yes	
▪ I plan to join the military.	<input type="checkbox"/> Yes	
▪ I plan to go to work full time right after finishing school.	<input type="checkbox"/> Yes	
3. I know where to find information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know 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. I know my family has high expectations (hopes) for me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I know what those expectations (hopes) are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I can depend on my family to help me make decisions about my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can depend on my family to help me 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 do you want to live?

Self Awareness		
1. I feel good about myself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I feel good about the way I look.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I am usually positive and in a good mood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I usually make good decisions, and can accept consequences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I know my strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I know my limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Awareness Raw Score		

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

Daily Living Skills		
17. I complete personal grooming and hygiene daily.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I can cook a meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I can use the washer and dryer to do my laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I can clean my own room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. I can shop for groceries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I can shop for my own clothes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I can make a doctor, dentist, or haircut appointment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I can take my own medication safely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. I can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. I can use a checking account, debit card, and on-line banking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. I can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. I know basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. I know 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 do you want?



Student Transition Assessment Tool - Revised Standard Student Version

Name:	Birth Date:	School:
-------	-------------	---------

Career/Employment

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

Career Goals

1. I know what training I need for my job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to contact to get more information about my job or career choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have worked on my EDP (Educational Development Plan) at school to help me plan for my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have researched (looked up) careers on the Internet or in a book.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I have participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Career Goals Raw Score		

Work Experience

6. I know what vocational or work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I have had vocational or work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I have had a job baby-sitting, mowing lawns, etc. for pay or volunteer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I have 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. I know what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I know how to put together a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I have looked for a job in the paper or on the Internet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I know who to contact for help finding a job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. I have filled out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. I have 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 you can complete it. For example: reading help, directions written down in steps, more time.

16. I can explain my disability to others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. I need help and accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I know how to ask for the accommodations I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I understand that I may need assistance in college or other training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I understand that I may need help/accommodations at my future job.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

School Classes		
21. I know which school classes I need for college, trade school, or my job (career).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I am taking the school classes I need for college, trade school, or my job (career).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I know who to ask for help in selecting my school classes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I understand the connection between the classes I am taking and my 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 do you want?

Future Plans		
1. I plan to graduate from school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Check only one of the following. Pick the one that you are most likely to do after leaving school. <ul style="list-style-type: none"> ▪ I plan to go to college. ▪ I plan to go to a trade school or a career or technical school. ▪ I plan to join the military. ▪ I plan 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. I know where to find information about college, trade schools, jobs, the military, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know 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. I know my family has high expectations (hopes) for me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I know what those expectations (hopes) are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I can depend on my family to help me make decisions about my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can depend on my family to help me 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 do you want to live?

Self Awareness		
1. I feel good about myself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I feel good about the way I look.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I am usually positive and in a good mood.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I usually make good decisions, and can accept consequences.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I know my strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I know my limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Awareness Raw Score		

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

Daily Living Skills		
17. I complete personal grooming and hygiene daily.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I can cook a meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I can use the washer and dryer to do my laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I can clean my own room.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. I can shop for groceries.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I can shop for my own clothes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I can make a doctor, dentist, or haircut appointment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I can take my own medication safely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. I can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. I can use a checking account, debit card, and on-line banking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. I can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. I know basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. I know 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 do you want?

Community Experiences		
1. I can, or may in the future, volunteer in my community, such as the soup kitchen, hospital, rake leaves, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I can walk or ride my bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I can drive a car to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I can use public transportation to get around in the community, and understand 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. I know who to ask if I need transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I know how and where to register to vote.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I know 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. I participate in fun activities in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I watch or participate in sporting activities, such as swimming, bowling, fishing, football, basketball, hunting, etc. in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I play cards, games, go to movies, or to dances in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I attend school clubs, church, or family events in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I have a hobby or activity I enjoy in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I go to community events or places such as festivals, museums, concerts, the library, etc. in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation and Leisure Activities Raw Score		

Notes/Comments: