

# GAP Transition Checklist<sup>1</sup>

The purpose of this checklist is to guide you, and your parents or caretakers and the professionals who provide you support, information about the acquisition of important skills and activities that lead to successful transitions from high school to independent living, a job, college, or vocational training. This checklist should be completed with the help of your teachers, parents or others who are responsible to assist in your transition planning.

Directions:

1. Begin by thinking about and discussing your plans and goals for after high school and enter the information into the Post School Goals section of the checklist.
2. Complete the remaining sections of the checklist to identify specific topics where training is needed or activities need to be initiated.
3. Enter identified topics as “Learning Objectives” and “Activities to Complete” into the **Transition Planner** along with timelines and persons responsible for teaching you or assisting you with completion of the activities.

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<sup>1</sup> This Checklist was adapted for deaf and hard of hearing teens from the work of several previous authors including Eileen Humphrey, Passage Director/Transitional Counselor, Klein ISD, Klein, TX; Barbara Martinez, Career Guidance Program, Texas State Commission for the Blind; Marty Lee, Community Services Director, Indiana School for the Blind, & Judy Ackerman, Ohio Rehabilitation Services Commission.

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

<b>POST-SCHOOL GOALS</b>	
<b>Vision for the Future</b>	<b>What do you see yourself doing following graduation? Describe your plans to help you get there?</b>
<b>Living And Academic/Job Arrangements After High School</b>	<b>After graduation from school, what do you think your living situation will be?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Independent apartment</li> <li><input type="checkbox"/> On campus housing</li> <li><input type="checkbox"/> At home</li> <li><input type="checkbox"/> Apartment with support</li> <li><input type="checkbox"/> Foster home</li> <li><input type="checkbox"/> Group home</li> <li><input type="checkbox"/> Other (please state) –</li> </ul>
<b>Work or Education:</b>	<b>What kind of work or education do you hope to be involved with after graduating from high school (check all that may apply)?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> University or College (academically oriented 4 yr program), Full Time</li> <li><input type="checkbox"/> University or College, Part Time</li> <li><input type="checkbox"/> Community/Technical Colleges (technical 2 yr program or less), Full Time</li> <li><input type="checkbox"/> Community/Technical College, Part Time</li> <li><input type="checkbox"/> Adult Vocational Education (advanced job training, e.g., secretarial), Full Time</li> <li><input type="checkbox"/> Adult Vocational Education, Part Time</li> <li><input type="checkbox"/> Competitive Employment (working in a job on your own), Full Time</li> <li><input type="checkbox"/> Competitive Employment, Part Time</li> <li><input type="checkbox"/> Supported Employment (a job with a job coach helping to train), Full Time</li> <li><input type="checkbox"/> Supported Employment, Part Time</li> <li><input type="checkbox"/> Sheltered Employment (low pay work activities and training), Full Time</li> <li><input type="checkbox"/> Sheltered Employment, Part Time</li> <li><input type="checkbox"/> Other (please explain) -</li> </ul>

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

<b>Section 1</b>				
<b>HEARING LOSS AND HEARING TECHNOLOGY SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to your hearing loss and hearing technology skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I can explain basic concepts of hearing and hearing loss, basic causes of hearing loss, and procedures to treat hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can explain my hearing loss and my audiogram.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can explain how my hearing instrument (hearing aid/cochlear implant/Baha) works to my employer/educator/friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can independently monitor my hearing instrument (HA/CI/Baha).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can perform basic troubleshooting of my hearing instrument when malfunctions occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I understand the different programs that may be available on my hearing instrument and use them appropriately (quiet, noise).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can successfully connect my personal hearing instrument (HA/CI/Baha) to other audio devices (i.e., ipod, TV, cell phone).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have the name and contact information for my audiologist and contact my audiologist for repairs and replacement of my hearing instrument(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can buy or obtain replacement batteries for my hearing instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I understand how a personal FM system works and when it is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can operate my hearing instrument(s) with FM or other Hearing Assistance Technology (HAT).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can identify funding sources to assist with payment of my hearing and hearing assistance technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I have met with vocational rehabilitation (VR) to identify the hearing instruments and HAT I need at home/school/work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I have met with the Office of Accessibility or Disabilities at my college to identify the HAT and other access services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 2</b>				
<b>COMMUNICATION NEEDS AND ACCOMMODATIONS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to your communication needs and accommodations.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I can describe communication problems that occur as a result of my hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can describe common communication methods (talk, sign, both, cues) and the communication methods I use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can describe general accommodations that I need to communicate effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can describe detailed accommodations that I need to learn effectively at school and in recreational and community settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can describe the limitations of hearing and hearing assistance technology on communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

<b>Section 3 SOCIAL SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to getting along with others.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I say “hello” and give others proper responses when greeted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get along with peers (i.e., I hang out with friends outside of school time, friends invite me to participate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I participate in group activities with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I make friends easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I express affection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I express emotions in a non-aggressive manner (i.e., without yelling or physically attacking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can tell about my successes and failures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I react positively to most requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I respect others’ personal space and property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I respond to constructive criticism in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I accept responsibility for my own behavior/do not blame others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I follow through on commitments without being reminded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I solve personal problems and I ask for help when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I discuss and listen to others talk about ideas that are different from my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I talk about my feelings and moods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I accept consequences for when I do something wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I make my own decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 4 FUNCTIONAL SKILLS</b>				
<b>Please indicate "Yes/In Process/No/Does Not Apply" for the following areas related to everyday skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I follow simple directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I perform routine chores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can make calls from cell phones/videophones/telephones (with relay or other appropriate service if needed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can tell time using a clock and a watch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can set my alarm clock to go off at the correct time and get up on own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I write simple letters (i.e., thank you cards).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I plan activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I set my appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I record my appointments on my calendar/PDA/appointment book.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I remember events and appointments without being reminded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section 5 MONEY MANAGEMENT				
Please indicate "Yes/In Process/No/Does Not Apply" for the following areas related to money management.	Yes	In Process	No	Does Not Apply
a. I can identify the proper amount of money to carry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I give a salesperson enough money to pay for a purchase.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I understand credit cards and interest rates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I buy needed items at best price (i.e., on sale).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I go to stores by myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I budget my money over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I save money in a bank account for future purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I write checks, balance my checkbook, and fill out deposit slips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I understand agreements before signing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I go to right department/area of store to buy items I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 6 SURVIVOR SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to survivor skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I can give directions to my home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can correctly respond to emergencies/information signs in the environment (i.e., firetruck, sirens, fire alarms).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can ask for directions if lost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can use public transportation (i.e., bus or cab) to get to a place I have not been before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

<b>Section 7</b>				
<b>WORK RELATED SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to work and work-related skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I can order/request special equipment (i.e., alarm clock, TTY/TDD, etc.) if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can complete assigned work on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have met with a Vocational Rehabilitation Counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can fill out job applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a state I.D. or a driver’s license.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I know where to look for a job (i.e., newspaper, school, internet, job fairs, friends).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I know my Social Security number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can locate, evaluate, and interpret information about career and career options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can explain or provide information regarding hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have transportation to and from work/school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have completed a Personal Profile and Accommodations Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can explain work related deaf or hard of hearing accommodations to my instructor/employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can negotiate with adults for adaptations/accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I can initiate a work task by myself without being instructed to do so.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I remember the day, and time of day, that a chore/job is to be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I can identify 3 occupations I would like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I can complete work within a reasonable timeframe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I understand wages and benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I can keep materials and tools organized and ready to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I assume responsibility (i.e., accept credit/blame for actions while on the job).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I give firm handshakes when introduced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I stick with tasks to completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 8 COMMUNICATION SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to your communication skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I can introduce myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I speak/sign clearly and distinctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I speak in an appropriate loudness level/sign with appropriate emphasis, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have good posture when standing or sitting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I directly answer all questions (use good judgment if questions are too personal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I answer questions completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I give accurate and honest answers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I maintain eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am pleasant and good company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I act natural by being myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I say “Thank you,” “I’m sorry,” or “Excuse me” when appropriate (I do not interrupt rudely).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I wait until others have finished speaking before I begin to speak.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I order meals at fast-food restaurants or from a menu at a restaurant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Section 9 SCHOOL/WORK RELATED GROOMING SKILLS				
Please indicate "Yes/In Process/No/Does Not Apply" for the following areas related to your grooming skills.	Yes	In Process	No	Does not apply
a. I groom (i.e., bath, comb hair, brush teeth, use dental floss, use deodorant) and dress appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I make myself presentable (i.e., clean, combed hair, shaved, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My clothes and shoes are clean and unwrinkled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I dress appropriately for different occasions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 10 HEALTH SKILLS AND SAFETY</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to health skills and safety issues.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I know what to do in case of a health emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know basic first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know names of my doctors/dentists and how to contact them when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can identify pertinent medical and health specialists, their supporting roles, and how to locate them (otology, genetics, mental health, counseling) and my own medical/health support persons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I understand appropriate dating behavior and signs of teen dating violence and what to do if there is a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can dial 911, fire, emergency, or police to ask for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I could scream for help if anyone became physically aggressive with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 11 RECREATIONAL SKILLS</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to recreational skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I have an interest in a hobby/craft activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I listen to my favorite music or utilize websites of captioned music.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I attend movies, plays, concerts, etc. with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I exercise regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I visit with neighbors, friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I arrange or accept invitations to go to events or activities with a friend or a group of friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am a member of club(s)/organizations, (i.e., YMCA, health club).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am involved in individual and/or group sports (i.e., football, volleyball, bowling, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I offer ideas on how to involve myself in activities not adapted for the Deaf or Hard of Hearing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Section 12</b>				
<b>EDUCATION/TRAINING AFTER HIGH SCHOOL</b>				
<b>Please indicate “Yes/In Process/No/Does Not Apply” for the following areas related to recreational skills.</b>	<b>Yes</b>	<b>In Process</b>	<b>No</b>	<b>Does Not Apply</b>
a. I understand the IEP process and manage my own IEP meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can describe my educational history and the special services I use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have completed a vocational assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I explored vocational programs available during my junior/senior year in high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have explored vocational programs that are available after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have discussed my strengths and special needs related to future training with an instructor and/or counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I know the different forms of assistance available, understand what services are provided and not provided, and can acquire them when needed (interpreter, TTY/TDD, support services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can obtain information on hearing technology and adaptive equipment available (i.e., personal FM system, phone relay systems, CART, real time captioning).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I know the high school courses required for non-conditional admission to state universities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have explored the cost of college or other post high school training programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have completed driver education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I can identify/use transportation that is available in my community (i.e., car, bus, carpool).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I have explored scholarships specifically for people who are deaf or hard of hearing (i.e., Sertoma, AG Bell).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I have explored financial aid opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I have visited college campuses and/or post high school technical/vocational training programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I have contacted the Office of Disabilities or Accessibility at colleges I am interested in attending.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>