



Name: _____ Age: _____ Date: _____

The activities listed will help youth gain the skills and abilities needed to reach their highest level of independence and ability. Some of these activities may not apply to everyone.

I plan on: getting a job tech school or job training going to college other _____

EDUCATION Skills and Abilities:	YES	NO	N/A	Need More Info
1. Are you in an education program (Special Education, Gifted Program, College, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you happy with your school program (class work, grade level, life skills)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have worries about your school attendance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you need reminders to start your homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you finish your homework without someone helping you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you go to your IEP or 504 meetings at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you take an active part in your school IEP, 504, transition meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you take part in any activities at school (clubs, sports, attend school games)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you taking classes to help with independent living (foods, money management)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you in work experience (for example, STEP) classes through your high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you plan ways to meet your health needs with school staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel you are understood when you express yourself to friends, neighbors and grown-ups (teacher, boss, principal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you need assistive technology at school (communication device, adaptive equipment, keyboard)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you ask and get the accommodations and supports you need (at school, work, community, home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know what to do if your needs are not being met at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you know your rights under the Individuals with Disabilities Education Act (IDEA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you take lessons outside of school to learn more about something you enjoy? (swimming, sewing, art class, scrapbooking, dancing and others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you use a computer to surf the web, type papers or letters, email or use other software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have post-high school plans (i.e. college, trade school, job, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you know which classes to take to learn more about your planned career or job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you exploring colleges and funding for college?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIPS FOR USING THIS SKILLS LIST:

Think about the skills you want to work on. Make notes of your needs and concerns. Then you can talk about the next steps to take with the people that are helping you prepare for your future.

Notes to Myself: For each “Need More Info” item you checked, list questions you have or what you would like to know more about.

Example: #19 - I want to know more about what I can do after high school so that I can get a job.

Next Steps – Goals: List what you need to work on to help you learn how to take care of yourself in the future. You can ask the people who are helping you plan for your future to work on this with you.

I want more information about: College Disability Support Services Special Education Rights

We’re here to help. To learn more about UIC-Specialized Care for Children’s programs and services, check out our website at:

dscc.uic.edu or like us on  facebook.com/dscc.uic.edu