



Transition Porfolio

New Horizons Regional Education Centers

Student Name _____

School Year _____

Checklist for 9th grade Portfolio Completion

Name _____ School Year _____

Write the month and year in the box when items are done or have been updated. Each year you will want to update the worksheets, summaries and other items as your interests and experiences change.

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**VOCATIONAL INFORMATION
SECTION**

**COMPUTER-BASED/INTERNET-BASED
CAREER EXPLORATION RECORD**

Student: _____

Grade: _____

Age: _____

Date: ____ / ____ / ____

Description of usage: _____

Attach copies of work completed.

Student Signature: _____

Case Manager: _____

Grade: _____

Age: _____

Date: ____ / ____ / ____

Description of usage: _____

Attach copies of work completed.

Student Signature: _____

Case Manager: _____

Grade: _____

Age: _____

Date: ____ / ____ / ____

Description of usage: _____

Attach copies of work completed.

Student Signature: _____

Case Manager: _____

Work Experience Record

Student: _____

Grade: _____

Age: _____

Date ____/____/____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

Name of Supervisor: _____

Title of Supervisor: _____

Position you held: _____

Position held from: Month _____ Year _____ to Month _____ Year _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Reason for Leaving: _____

Student Signature: _____

Case Manager: _____

VIRGINIA VIEW
USING VIRGINIA VIEW WEBSITE

- Go to the Virginia View website: <http://www.vaview.vt.edu/>
 - Click on the bar that says **Careers**
 - Use the slides to indicate levels of **Education, Income, Workload**
 - Click **Work Environment**: indoor, outdoor, or both
 - Click on the **Career Families** you wish to explore
- OR**
- Go through the **Title Search** for the occupations you wish to explore

List your choices below:

Job Title: _____
Education Level: _____
Income: _____
Workload: _____
Average Earnings (State): _____
Average Earnings (National): _____

Job Title: _____
Education Level: _____
Income: _____
Workload: _____
Average Earnings (State): _____
Average Earnings (National): _____

Job Title: _____
Education Level: _____
Income: _____
Workload: _____
Average Earnings (State): _____
Average Earnings (National): _____

Eight Keys to Employability Pre-Vocational Checklist

1. Personal Values

- Honest and motivated
- Exhibits a good attitude
- Has personal and career goals
- Has a positive self-image

2. Problem-Solving & Decision-Making Skills

- Adapts to change
- Is flexible
- Is creative and innovative
- Can reason and make objective judgments
- Plans and organizes work

3. Relations with Other People

- Accepts authority
- Is a team player
- Is friendly, cooperative and tactful
- Has leadership qualities
- Respects the rights and properties of others
- Respects diversity

4. Communication Skills

- Asks questions and listens well
- Expresses himself/herself clearly
- Notifies supervisor of absences
- Seeks help when needed

5. Task Related Skills

- Cares for tools and materials
- Completes work on time
- Follows directions
- Sticks with a task
- Works neatly and accurately
- Works to improve performance

6. Maturity

- Is assertive when necessary
- Is reliable and dependable
- Accepts responsibility
- Is willing to do extra work
- Has confidence in himself/herself
- Shows initiative
- Shows pride in his/her work
- Works well without supervision

7. Health and Safety Habits

- Dresses appropriately
- Practices good personal hygiene
- Observes safety rules
- Takes an interest in good health habits

8. Commitment to a Job

- Is enthusiastic
- Is punctual and has good attendance
- Exhibits loyalty to the company
- Gives his/her best effort
- Shows concern for his/her future
- Wants to learn more

Evaluator: _____

Date: _____ / _____ / _____

Student: _____

Date: _____ / _____ / _____

Grade: _____

Age: _____

Eight Keys to Employability Exit Checklist

1. Personal Values

- Honest and motivated
- Exhibits a good attitude
- Has personal and career goals
- Has a positive self-image

2. Problem-Solving & Decision-Making Skills

- Adapts to change
- Is flexible
- Is creative and innovative
- Can reason and make objective judgments
- Plans and organizes work

3. Relations with Other People

- Accepts authority
- Is a team player
- Is friendly, cooperative and tactful
- Has leadership qualities
- Respects the rights and properties of others
- Respects diversity

4. Communication Skills

- Asks questions and listens well
- Expresses himself/herself clearly
- Notifies supervisor of absences
- Seeks help when needed

5. Task Related Skills

- Cares for tools and materials
- Completes work on time
- Follows directions
- Sticks with a task
- Works neatly and accurately
- Works to improve performance

6. Maturity

- Is assertive when necessary
- Is reliable and dependable
- Accepts responsibility
- Is willing to do extra work
- Has confidence in himself/herself
- Shows initiative
- Shows pride in his/her work
- Works well without supervision

7. Health and Safety Habits

- Dresses appropriately
- Practices good personal hygiene
- Observes safety rules
- Takes an interest in good health habits

8. Commitment to a Job

- Is enthusiastic
- Is punctual and has good attendance
- Exhibits loyalty to the company
- Gives his/her best effort
- Shows concern for his/her future
- Wants to learn more

Evaluator: _____

Date: _____ / _____ / _____

Student: _____

Date: _____ / _____ / _____

Grade: _____

Age: _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: _____
Home Telephone Mobile Telephone Email

How did you learn about our company?

POSITION SOUGHT: _____ **Available Start Date:** _____

Desired Pay Range: _____ **Are you currently employed?** _____
Hourly or Salary

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Job Related Self-Advocacy Questionnaire

1. When do you feel that you will need to ask your boss for help?

2. What kinds of tasks will you need help with?

3. Imagine that you are going to seek assistance on the job because of your disability. You need to prove that you need special assistance. What materials should you bring to meet with your boss?

4. When you start a new job, who will you ask for help?

Choose which one best meets your preferences based on the key below.

0 = not likely 1 = somewhat likely 2 = likely 3 = very likely

1. When you need help on the job, which of these are likely to be difficult for you?

- taking the initiative and asking for help _____
- making your needs clearly understood _____
- asking in a positive way _____
- knowing what you need and asking for it _____

2. When you enter the work force, when are you most likely to identify yourself as having special needs to the appropriate people?

- before you start the job _____
- during the first week of the job _____
- after you get used to the job _____
- after you realize that you need help _____
- never, you don't want people to know _____
- only if you really need the job _____

Job Related Self-Advocacy Questionnaire

Page 2

3. Imagine that you are already on the job and you are having some problems keeping up with things. Would you:

- get some videos and watch them to learn _____
- have training materials read to you _____
- find out what is available to help you _____
- ask your boss to help you _____
- ask for a change of position to one easier _____
- ask to have someone retrain you _____

4. You are having trouble understanding what is required of you on the job. Who are you most likely to ask for help?

- parent _____
- immediate supervisor _____
- head boss _____
- friend _____
- human resource manager (if available) _____
- you'd figure it out on your own _____

5. When you are on the job and you find that you need help from your boss, how will you feel about asking for it?

- embarrassed to have anyone know _____
- frustrated with your boss and yourself _____
- confused about just what help to ask for _____
- comfortable about asking your boss for help _____

Other:

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Case Manager: _____

ACADEMIC INFORMATION SECTION

Academic Self-Advocacy Questionnaire

Name: _____

Date: _____

1. How often do you ask for help from a teacher?
2. Imagine that you are going to seek assistance from a teacher. You need to prove that you have an exceptionality. What materials would you bring to the meeting?
3. When you enter high school, who will you ask for help?

Put the number that matches your preference for each of the following. Use the key below to answer the questions.

0 = not likely 1 = somewhat likely 2 = likely 3 = very likely

1. When you need help in a class, which of these are most likely to be difficult for you?
 - taking the initiative and asking for help _____
 - making your needs clearly understood _____
 - asking in a positive way _____
 - knowing what help you need and asking _____
2. When entering high school, when are you most likely to identify yourself as having special needs to someone?
 - before school starts _____
 - during the first week _____
 - after you get used to school _____
 - after you find out you need help _____
 - never, because you don't want it known _____
 - only if you really need the help to pass _____

Academic Self-Advocacy Questionnaire

Page 2

3. If you are already in high school and you don't think you can cope with classes, would you:

- get the textbook early and read or tape it _____
- get a vocabulary list and learn the words _____
- find out the type of special help available _____
- ask your case manager for help _____
- seek information on graduation _____

4. You are having trouble understanding what is expected on a class assignment. Who are you most likely to ask for help?

- parent _____
- friend or classmate _____
- teacher of the class _____
- resource teacher or case manager _____
- you would figure it out on your own _____

5. When you need help from a teacher, how does it make you feel?

- embarrassed to have anyone know _____
- frustrated with yourself and the teacher _____
- confused about what sort of help to ask for _____
- comfortable about asking the teacher for help _____

Other:

Student: _____

Grade: _____

Age: _____

Date: _____

Case Manager: _____

Accommodations Questionnaire

Name: _____

Date: _____

In the school setting, which services or accommodations might you need? Put the number that matches your preference for each of the following. Use the key below to answer the questions.

0 = not likely 1 = somewhat likely 2 = likely 3 = very likely

1. When you need extra help in a class, which of these are most likely to help you?

- taped lectures _____
- extra time on assignments _____
- class notes _____
- taped textbooks _____
- using a word processor _____
- alternative test/assignments _____
- asking questions during a lecture _____
- joining a study group _____

2. When preparing for a test, which accommodations would be most helpful to you?

- asking for extra time on the test _____
- asking to take the test in another room _____
- asking to have the test read to you _____
- asking for writing assistance _____
- asking to read answers into a recorder _____

3. If you have reading difficulties, which accommodations would be most helpful?

- asking to have textbooks taped _____
- asking for someone to read to you _____
- asking for study guides _____
- asking for extra time to read _____
- enrolling in a reading skills class _____

4. If you have writing difficulties, which accommodations would be most helpful?

- using a computer for word processing _____
- asking for proofreading help _____
- dictating written work to someone _____
- asking to give oral reports over written reports _____
- asking for a note-taker _____
- tape recording lectures _____

Accommodations Questionnaire

Page 2

5. If you have math difficulties, which accommodations would be most helpful?

- asking for extra explanations _____
- listing steps of a process in your notes _____
- setting up time to work alone with a teacher _____
- using graph paper _____
- using a graphing calculator _____
- having tests read to you in a small group _____

6. If you have trouble with organization, which of these are most likely to help you?

- asking for syllabus _____
- getting assignments ahead of time _____
- keeping a calendar of assignments _____
- breaking large assignments into parts _____
- ask your teacher for signatures for accuracy _____

List any other accommodations:

Student: _____

Grade: _____

Age: _____

Date: _____

Case Manager: _____

Learning Style Questionnaire

SECTION I: Answer each question.

1. What are your strengths as a student? (Give your skills, talents, and abilities, not school subjects).

2. What are your weaknesses as a student?

3. What part of the class work in the following classes would be most difficult for you?

English class? _____

Math class? _____

Science Class? _____

History? _____

Other? _____

4. Which of your strengths could you use to make up for your weaknesses in an

English class? _____

Math class? _____

Science Class? _____

History? _____

Other? _____

Learning Style Questionnaire

Page 2

SECTION II: Put the number that matches your preference for each of the following. Use the key below for items 5 through 9.

0 = likely

1 = somewhat likely

2 = likely

3 = very likely

5. When you are learning a new subject, which method(s) would you prefer to use?

- read the textbook _____
- watch someone do experiments _____
- take notes from reading assignments _____
- remember what is said in lecture _____
- take notes from the lecture _____
- highlight notes from a lecture _____
- do an experiment _____

6. Which method(s) would you rather use to show a teacher what you've learned?

- make a drawing _____
- tell about it _____
- write answers to questions _____
- do a demonstration _____
- do a project _____

7. When you memorize something, which method(s) are you likely to use?

- picture in your mind what you are memorizing _____
- associate it with something else you know _____
- draw pictures, charts, or diagrams _____
- mnemonic devices _____
- repeat it out loud _____
- write it down _____

8. When you study, which of these problems is likely to give you trouble?

- reading too slowly to finish on time _____
- getting stuck on difficult words _____
- studying hard and forgetting materials _____
- being distracted _____
- organizing your thoughts poorly on paper _____
- forgetting instructions _____
- taking notes too slowly _____
- not understanding spoken directions _____
- not understanding written directions _____

Learning Style Questionnaire

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9. Which of the following methods are likely to help you learn?

- taping lectures _____
- watching demonstrations or videos _____
- discussing reading assignment in class _____
- doing experiments in a laboratory _____
- explaining the agenda for the day _____
- writing assignments on the board _____
- asking questions anytime _____
- choose projects over written tests _____
- individual help from the teacher _____
- following outline of the course _____
- getting a list of assignments and due dates _____
- getting handouts and worksheets _____
- getting notes for you to highlight _____

Other comments: _____

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Case Manager: _____

SOL Discussion with Case Manager Record

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Place a check next to the topics that were discussed.

Verified = passed

- The difference between state and local SOL exams.
- SOL exams a student will need to take and verify for a modified diploma.
- SOL exams a student will need to take and verify for a standard diploma.
- SOL exams a student will need to take and verify for an advanced diploma.
- Instances where a student will have to take SOL exams, but not verify.
- Diploma options that do not require taking any SOL exams.
- Using accommodations on the SOL exams (appropriate vs. not appropriate).

Student: _____

Parent: _____

Case manager: _____

Grade: _____

Age: _____

Date: ____/____/____

Place a check next to the topics that were discussed.

Verified = passed

- The difference between state and local SOL exams.
- SOL exams a student will need to take and verify for a modified diploma.
- SOL exams a student will need to take and verify for a standard diploma.
- SOL exams a student will need to take and verify for an advanced diploma.
- Instances where a student will have to take SOL exams, but not verify.
- Diploma options that do not require taking any SOL exams.
- Using accommodations on the SOL exams (appropriate vs. not appropriate).

Student: _____

Parent: _____

Case manager: _____

Diploma Options Discussion with Case Manager Record

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Options include: GED, Certificate of Completion, Special (IEP), Modified Standard, Standard and Advanced.

Please check which options were discussed

- GED
- Certificate of Completion
- Special (IEP)
- Modified Standard
- Standard
- Advanced

What was discussed: _____

Student's Signature: _____

Parent(s)' Signature: _____

Case Manager's Signature: _____

ANTICIPATED COURSE PLANNING GUIDE

Student Name					Diploma Option (circle the option) *	Advanced	Standard	Modified	Special	
Career Plans					Educational Plans					
Credits Needed	8th	Summer	9th	Summer	10th	Summer	11th	Summer	12th	Ages 18-21 ***
English										
Math										
Science										
Social Studies										
Health and PE										
Fine/Practical Arts **										
Elective **										
Elective **										
<p>Directions:</p> <p>1) This form should filled out first when the student is a 7th grader, and then updated at least once a year while they are in school.</p> <p>2) Once the student completes a course, please note if the credit is verified (v = verified, nv = not verified) and the SOL score next to the course name in the appropriate box above.</p>										

* The Modified Diploma should not be indicated in the IEP until after the student completes the 8th grade Literacy and Numeracy SOL assessments, and the IEP team has considered the results.

** For the Advanced, Standard and Modified Diploma options a student must complete 2 sequential credits. Speak to the school counselor concerning courses that count toward sequential credits.

*** For students continuing with school services beyond a 5th year of high school please complete the Programming Planning Sheet.

Verified Credits Earned

Student Name: _____

Year of Graduation: _____

**For each, note when class was passed & SOL test score.*

English 11 Verified Credits

Writing _____
Reading _____

Math Verified Credits Earned

Algebra I _____
Geometry _____
Algebra II _____

Science Verified Credits Earned

Earth Science _____
Biology I _____
Chemistry _____

Social Studies Verified Credits

World Geography/History I _____
World Geography/History II _____

Grade 8 SOL

Math _____
Reading _____

PERSONAL DATA SECTION

PERSONAL DATA SHEET

NAME _____		
First	Middle	Last
Address _____		City _____
State _____		Zip _____
Phone Number () _____		
DATE OF BIRTH _____		
PARENT/GUARDIAN NAME _____		
GENDER: ___ Male ___ Female		

<p>Please identify your Ethnicity by choosing <u>ONE</u> of the following:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Please identify your Race by choosing <u>ONE or MORE</u> of the following:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p>
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EMERGENCY CONTACT INFORMATION:		
NAME _____		
First	Middle	Last
Address _____		City _____
State _____		Zip _____
Phone Number () _____		

Signature _____	Date _____
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Independent Living Questionnaire

Note to student: You may want to use the attached list of independent living activities/skills to help you answer some of the questions.

Note to teacher: You may want to use the "Living Independently" VITC sheet as a guide when you go over these questions with a student.

Answer the following questions to the best of your ability.

1. When you think of yourself as an adult what are some things you think you will need to know how to do so you can live independently?
2. It may seem like a long way away, but try to think of some ways you could begin planning now for living independently as an adult?
3. How do you think your family can help you begin to plan for independent living?
4. How do you think teachers and other adults can help you begin to plan for independent living?
5. Why do you think it is important to begin planning for your future now?

Student: _____
Grade: _____
Age: _____
Date: _____
Case Manager: _____

Self-Advocacy Questionnaire

Note to teacher: You may want to use "The Student's Voice/Self-Advocacy and Decision Making" VITC Sheet as a guide when you go over these questions with a student.

Answer the following questions to the best of your ability.

1. Do you understand what a disability is? Yes or No

2. Do you know what your disability is? Yes or No

3. If you answered yes to question 2,
how would you explain your disability to someone if they asked you to?

4. Do you know what IEP stands for? Yes or No

Fill in what each letter stands for if you answered yes to question 4.

I _____
E _____
P _____

5. Do you understand how your IEP can help you? Yes or No

6. If you answered yes to question 5, give some examples of how your
IEP can help you. _____

7. Have you ever been to one of your own IEP meetings? Yes or No

8. Do you know what self-advocacy means? Yes or No

9. If you answered yes to question 8, give some examples of how someone could be a self-advocate.

Self-Advocacy Questionnaire

Page 2

10. What are some steps that you could take to be a self-advocate?

11. What organizations or people do you think could help you learn self-advocacy skills?

Student: _____

Grade: _____

Age: _____

Date: ____/____/____

Case Manager: _____

Career and Independent Living Goals Update

Student: _____

Date: _____ Grade: _____

Age: _____ Case Manager: _____

Career Goals: _____

Independent Living Goals: _____

Date: _____ Grade: _____

Age: _____ Case Manager: _____

Career Goals: _____

Independent Living Goals: _____

Date: _____ Grade: _____

Age: _____ Case Manager: _____

Career Goals: _____

Independent Living Goals: _____

Transportation Discussion

Name _____ Date _____

Complete this form with either the student or the student and their parent or guardian.

1. How do you plan to get around? Please check types of transportation you are thinking of using.

- Car – go to # 2
- Public Transportation (bus, train, trolley) - Go to # 3
- Walk or non-motorized vehicle (bike, skateboard) Go to # 4
- Taxi – Go to # 5
- Rely on Others (family, friends, neighbors) – Go to # 6

2. If you want to drive motorized transportation (car, truck, motorcycle) you will need to consider the following:

- Driver's Education or private driving school (you must wait until you are 19 for a license if you do not complete driver's education or attend a certified driving school)
- Learner's Permit (after 15 years, 8 months)
- Driver's License (after 16 years, 4 month)
- Court involvement can impact the ability to get a license
- Car payment
- Car insurance
- Gasoline
- Registration
- Personal Property payment
- Other vehicle maintenance

Are there barriers for you to use this method of transportation? Explain what the barriers are and how you might be able to overcome them: _____

3. If you want to use public transportation like a bus or train you will need to consider the following:

- Get a DMV issued Photo Identification Card in lieu of a Driver's License
- Live in an area with public transportation
- Find housing within walking distance of bus or train stops
- Find work within walking distance of bus or train stops
- Consider weather conditions
- Factor the payment for each ride into your budget
- Learn to read and use the bus or train schedule

Are there barriers for you to use this method of transportation? Explain what the barriers are and how you might be able to overcome them: _____

Transportation Discussion - Continued

4. If you walk or ride a non-motorized vehicle like a bike, scooter, or skateboard you will need to consider the following:

- Get a DMV issued Photo Identification Card in lieu of a Driver's License
- Find housing that is close to work and shopping
- Consider the weather conditions
- Keep in good physical health

Are there barriers for you to use this method of transportation? Explain what the barriers are and how you might be able to overcome them: _____

5. If you use a taxi or other paid, personal transportation you will need to consider the following:

- Get a DMV issued Photo Identification Card in lieu of a Driver's License
- Factor the cost of riding a taxi everywhere you go
- Live and work in an area where there is taxi service

Are there barriers for you to use this method of transportation? Explain what the barriers are and how you might be able to overcome them: _____

6. If you rely on others (family, friends, neighbors, or co-workers) for transportation you will need to consider the following:

- Get a DMV issued Photo Identification Card in lieu of a Driver's License
- Coordinate your work schedule with others
- Live and work where others can help you
- Make emergency plans for when your plans fail
- Budget payment for expenses to give the other person
- Thank the other person or people regularly

Are there barriers for you to use this method of transportation? Explain what the barriers are and how you might be able to overcome them: _____

7. Are there other forms of transportation not considered on this list? List them and any needed considerations to make an informed decision: _____
