



Project SEARCH Student Self Preparation Assessment

Dear Project SEARCH Applicant:

Please fill out this checklist. If you need help, please ask your teacher or a parent. Fill out each section with the best information about yourself and your skills. That will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words.

The Project SEARCH Staff

Name:	Birthday:
School District:	Email Address:
Home Phone:	Cell Phone:
Home Address:	

School Status

- I have all my credits for graduation
- I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)
 - _____
 - _____
 - _____
- I still have one or more years of school eligibility
- My school eligibility continues through:
 - The school year in which I attain the age of 21 by June 30th
 - The following school year during which I will attain the age of 21

Commitment to Community Employment

- I want to get a job
- My family supports my goal of competitive community employment
- I have an original Social Security Card
- I have a State ID or a Drivers license as a picture ID
- I can pass a pre-employment drug screen
- I can pass a criminal background check
- I can be contacted through an answering machine or voice mail which has a business like greeting
- I have a businesslike email address that I check at least weekly
- I receive SSI and/or SSDI or other forms of public assistance
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit



Attendance

- I have had no absences or tardies within the past school year
 - I have had 1 – 5 absences or tardies within the past school year
 - I have had 5 – 10 absences or tardies within the past school year
 - I have had 10 or more absences or tardies within the past school year
 - I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)
 - If yes to 10 or more days:
Reasons why I have missed so much school: _____
-

Independent Daily Living and Self Care Skills

I am independent in daily living and self care skills-On a scale of 1 – 5 (1 being not very good/competent and 5 being very good/competent) How competent are you in each of these areas:

	<u>(-) Not Very Good/Competent</u>			<u>(+) Very Good/Competent</u>		
Cooking and nutrition	1	2	3	4	5	
Budgeting	1	2	3	4	5	
Handling Money/making change	1	2	3	4	5	
Taking Medication	1	2	3	4	5	
Toileting	1	2	3	4	5	
Daily Shower/Bath	1	2	3	4	5	
Appropriate amount of sleep for school and work schedule	1	2	3	4	5	

I need help with the following (from a parent/teacher/guardian/care taker)

	<u>(-) I need a lot of help</u>			<u>(+) I don't need much help</u>		
Cooking and nutrition	1	2	3	4	5	
Budgeting	1	2	3	4	5	
Handling Money/making change	1	2	3	4	5	
Taking Medication	1	2	3	4	5	
Toileting	1	2	3	4	5	
Daily Shower/Bath	1	2	3	4	5	
Appropriate amount of sleep for school and work schedule	1	2	3	4	5	



Appearance and Professional Presentation

- I arrive at school and/or work daily with:
 - Clean and combed hair
 - Clean clothing and underwear
 - Brushed teeth/oral hygiene
 - Clean clothes
- I wear appropriate clothing for the weather
- I follow my school dress code
- I am willing to follow the designated dress code of my employer including rules on:
 - Appropriate clothing
 - Shoes
 - Facial hair
 - Facial and body piercings
 - Tattoos
 - Jewelry
 - Fingernail polish and length

Transportation

- I have reliable transportation to get to work
- I have my own car, drivers license and insurance
- I know how to use public transportation
- I'm willing to learn to use public transportation
- I use a door-to-door or para-transit system independently and can make my own appointments
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments
- I have a family member/other who is willing to provide on-going transportation
- I am eligible for transportation assistance
- Other transportation options _____

Appropriate Social and Behavior Skills

- I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing
- I do not swear or use profanity in a school or work setting
- I show respect to my peers and adults
- I work cooperatively with others
- I accept correction and criticism without a negative reaction
- I have lost my temper in a school or work environment
- I have displayed aggressive behavior in a school or work setting
 - Screaming or yelling
 - Hitting/Punching
 - Spitting
 - Kicking
 - Fighting



Interpersonal Communication

- I respond when someone speaks or asks questions
- I make eye contact
- I use an appropriate tone of voice
- I engage in appropriate conversation in a school or work environment
- I use appropriate body language in the school or work environment
 - No inappropriate hand gestures
 - Sitting appropriately in a chair / posture
 - Respecting personal space
- I use a cell phone and electronic equipment (IPOD, Walkman, Bluetooth, etc). appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music

Verbal Communication

- I am easily understood by others
- I sometimes have trouble getting my message across to others
- I use adaptive equipment to communicate
- I am willing to learn to use adaptive equipment to communicate if appropriate
- I use an interpreter and/or use sign language to communicate
- I talk about the same topics over and over again

Recreational Activities

I participate in organized group activities:

- Sports _____
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other

I like to exercise on my own (walking, running, biking, etc.)

I exercise _____ each week for at least thirty minutes each time

I like sit-down activities such as:

- Computer or electronic games
- Watching television
- Reading
- Scrap booking
- Other

I have the following hobbies: _____



Physical Limitations:

- I have difficulty walking

I need to use the following to help me walk/navigate:

- Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other
- I have limited use of my arms and/or hands
 - I have other physical limitation that may affect employment: Please list:

Production Rate and Work Quality

- At work or at school, I get all my tasks finished on time and I turn things in by the due date
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date
- At school or work I get most of the tasks correct
- At school, on chores or on my job my work is organized and neat

Employability Skills

- I get to school, work or other appointments on time and independently
- After lunch or a break, I get back to class or work on time
- I know how to tell and keep track of time
- I stay on a task until it is finished
- If I am interrupted, I can return to the task and finish it
- I can access the necessary information to fill out a paper application
- I can have experience in filling out an on-line application
- I know how to answer common interview questions
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker
- Please list ways that help you learn best or tools you use to be successful at school or on the job:



Prior Work Experience

- I have had a paying job(s) in my community. The places I worked were/are:

- I have worked at my school doing: _____
- I have volunteered at: _____
- I do the following chores at home on a regular basis:

- I have never worked or volunteered.
- Please attach a resume if you have one

Academic Skills

- My favorite subjects in high school were/are: _____
- I like to read books for pleasure. The last book I read was: _____
- I use a calculator when I do math problems or for everyday use
- I like to read the newspaper and magazines for news, job hunting and other information.
- I like to write or keep a diary/journal

Computer/Electronic Skills

- I have basic keyboarding skills and use correct typing techniques.
- I have basic keyboarding skills and use only two fingers (hunt and peck).
- I can use Microsoft Word to create letters and other documents
- I can use Microsoft Excel to create spreadsheets and other documents
- I can use Microsoft Publisher to create cards, newsletters, flyers and other documents
- I can use email correctly
- I can access the internet to get information, find services such as map quest and use various search engines
- I use a computer to play games, watch TV shows, listen to on-line streaming, etc.
- I have no computer skills
- I use a cell phone to talk to others
- I use a cell phone for texting



School and Community Supports

I receive Related Services through my school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other

Note: Related Services are only available on a consult basis once the student is enrolled in a Project SEARCH program

- I have a DVRS Counselor. Name of counselor: _____
- I am eligible for services through DDD.
- Who else helps to support me in my life?

Please list other names and phone numbers below:

Name	Title	Phone Number



Problem Solving and Conflict Resolution: Please give us some examples of how you would solve these problems. *If someone writes the answers for you, have them do it in your own words.*

I missed my bus ride when I was going someplace. To get where I was going I would do the following:

I was sweeping (vacuuming) and the sweeper quit working or got clogged. In order to finish my task I would do the following:

I lost my house key. In order to get in my house I would do the following:

I was using my computer and it stopped working. I would try to:

My parents were not home. It was dinner time and I was hungry. What would I do?

Someone teased me or was mean to me. I would react by:

Thanks for your work to finish this information and checklist! We appreciate it.