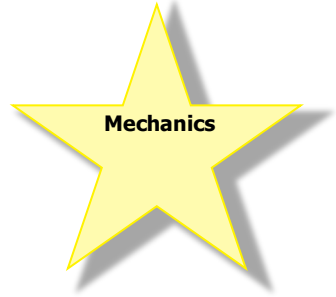
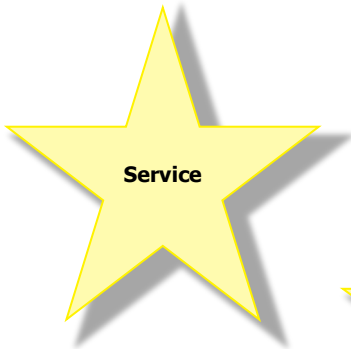


I Explore My Employment Project



Name: _____

Date: _____

School: _____



Members of the Eastern Townships TÉVA Committee

- Marie-Lyne Courchesne, Educational Counsellor, Engagement jeunesse Estrie
- Danielle Dunberry, Resource Person, Services régionaux de soutien et d'expertise de l'Estrie
- Nancy Gravel, Development Officer, Trav-Action (SSMO)
- Nancy Guillette, Program Manager, CRDITED Estrie
- Gaétane Lacroix, Director General, Han-Droits
- Marie-Andrée Lemieux, Counsellor, intervention collective régionale de la région de l'Estrie, Office des personnes handicapées du Québec
- Julie Morel, Occupational Therapist, Clinical Coordinator, Centre de réadaptation Estrie
- Sara-Anne Hébert-Leclerc, Project Officer, Sphère-Québec
- Manon Lessard, Eastern Townships School Board Special Education Consultant
- Kymberley Morin, Coordinator, Centre of Excellence for the Physically, Intellectually and Multi-challenged
- Karyne Blanchette, Counsellor and Project Agent, TÉVA

Hello!

It is a pleasure to accompany you with your transition from school to adult life. During this second year of the process, work life will be the focus. A resource person from Trav-Action* will accompany you for the 2 years of this transition. In order to get a good profile of your employability, we are asking you to fill in the attached questionnaire. Of course, please feel free to ask for help filling it in at any time.

Certain of your interests and abilities were determined in the first year of this process. This new information will focus on your attitudes and abilities that could influence the quality of your integration into the workforce. It may happen that you are unable, or choose not to, answer some of the questions, just let us know.

Your parents and teachers will also be filling in a questionnaire. All the information will be put together and shared at a meeting, and will serve to define your plan for employment after you leave school.

* Trav-Action: Integration to employment service for persons with handicaps



Employment



I would like to work

- Yes, this is the work I would like to do: _____
- Yes, but I am not sure what I want to do
- No
- I am not sure

I would like to work for the following reasons:

- | | | |
|---------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> To make money | <input type="checkbox"/> To make others happy
(eg.: parents, teachers) | <input type="checkbox"/> To live in an apartment |
| <input type="checkbox"/> To help others | <input type="checkbox"/> To be proud of myself | <input type="checkbox"/> To have a love
relationship |
| <input type="checkbox"/> To be independent | <input type="checkbox"/> To be part of a group | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> To meet challenges | | |

The job of my dreams would be in this area:

(refer to the list of occupations included in the semi-skilled program at your school)

- Administration and Commerce
- Agriculture and Fishing
- Food Services and Tourism
- Construction and Public Works
- Woodworking and Building Materials
- Electronics
- Maintenance of Motorized Equipment
- Environment and Landscaping
- Machining
- Social Services, Education or Judicial
- Beauty Care
- Other _____

Employment



I need help or information to learn about the workplace and to plan for my job search:

- Knowledge of myself (interests, strengths, weaknesses)
- Areas of work that match my interests and abilities
- Skills necessary for the different occupations
- Advantages and disadvantages of different occupations
- Attitudes towards work
- Opportunities for training
- Writing my curriculum vitae (CV)
- Job offers
- Job search
- Knowledge of the 'Black Market'
- Preparation for an interview
- Importance of good references
- Information on my limitations to give to the employer
- Resources available when working (CLE, CJE, SEMO)
- Other _____



Professional Skills

Check all the skills that correspond to your profile

Legend:

- (1) Can do easily
- (2) Can do with difficulty
- (3) Cannot do

Posture

- | | 1 | 2 | 3 |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Able to do for a long time | | | |
| • Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Stand and sit alternately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|------------|--------------------------|--------------------------|--------------------------|
| Able to do | | | |
| • Bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Squat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Kneel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Use of limbs

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| • Hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Arms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Legs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Feet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Limbs on one side only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fine Motor

- | | | | |
|----------------------------------------|--------------------------|--------------------------|--------------------------|
| Coordinate movements | | | |
| • Of the hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Of the upper body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Of the lower body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Of the upper and lower body together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Pick up objects | | | |
| • In 1 hand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • In 2 hands | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Between thumb and index finger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|------------------------|--------------------------|--------------------------|--------------------------|
| Perform precise tasks | | | |
| • Screw in and out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turn buttons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pick up with fingers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • | | | |

Moving from place to place

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| • Move on flat ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Move quickly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Move short distances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Move long distances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Climb/descend a hill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Climb/descend stairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Climb/descend a ladder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Keep my balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Handling objects

- | | 1 | 2 | 3 |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| • Lift objects less than 5 kg. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lift object more than 5 kg. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Carry objects more than 5 kg. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Push loads | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pull loads | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use power tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Drive a motorized vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Vision

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| • See far | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • See close | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Distinguish details | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use complete visual range | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Perceive distances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Distinguish colours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hearing

- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| • Hear sounds clearly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Recognize voices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Locate sounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Senses

- | | | | |
|------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Distinguish tastes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Distinguish smells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Distinguish textures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify forms and objects by touching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tolerances

- | | | | |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Work in the cold | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work in the heat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work in presence of dust, gas or fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work in a noisy environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work in a wet environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tolerate physical effort for a short time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tolerate physical effort for a long time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Professional Skills

Check all the skills that correspond to your profile

Legend:

- (1) Can do easily
- (2) Can do with difficulty
- (3) Cannot do

Intellectual

- Sustain attention
- Concentrate
- Memorize in the short term (less than 30 minutes)
- Memorize in the long term (more than 1 day)
- Learn new things and apply them
- Carry out repetitive work
- Carry out simple instructions (less than 4 steps)
- Carry out complex instructions
- Follow a design
- Distinguish different sizes
- Classify objects by category
- File papers and documents
- Organize my work
- Make judgments
- Be creative
- Make associations between ideas
- Write a text
- Carry out simple mathematical operations
- Carry out complex mathematical operations
- Measure distances
- Measure liquids, weights
- Tell the time
- Understand the notion of time

Behaviour

- Make choices
- Able to start tasks on my own
- Take initiative
- Persevere
- Adapt to changes
- Handle competition
- Take responsibility
- Follow rules
- Respect time limitations
- Have a positive self image
- Handle stress
- Be rigorous
- Be on time
- Work in a safe manner
- Respect the standards for the quantity of work
- Respect the standards for the quality of work

Social Relations

- Socialize
- Work in a team
- Work alone (autonomy)
- Listen
- Hold a conversation
- Collaborate with superiors
- Collaborate with colleagues

Communication

- Speak
- Write
- Communicate my ideas (speaking, non-verbal, signing)
- Read
- Use the telephone
- Use email

Source: Guide de soutien à la gestion des ressources humaines dans les entreprises adaptées, Direction régionale d'Emploi-Québec du Centre-du-Québec

My Dreams



My dreams about my working life

The main skills I will need for this work

My abilities and qualities that will help me realize these dreams

My challenges and limitations that may interfere with realizing my dreams

My plan to realize these dreams

Life Skills



Housing

To live my adult life, I will need information and help about the choice and maintenance of my housing:

- Choose housing that is appropriate to my situation
- Compare different housing (eg.: price, cleanliness, services)
- Identify the ways to find housing (eg.: advertisements, communication with the owner)
- Sign a lease or contract
- Understand the advantages of home insurance
- Use electronic appliances and other basic tools
- Organize my personal space
- Perform interior maintenance
- Perform exterior maintenance
- Other: _____

Nutrition

To live my adult life, I will need information and help about good nutrition:

- Plan well-balanced meals
- Buy good food
- Use a shopping list
- Prepare meals, including the use of electronic appliances
- Follow a recipe
- Use restaurants
- Other: _____

My worries and difficulties with respect to housing and nutrition:

Solutions and things I need to reassure me:



Life Skills



Clothing

To live my adult life, I will need information and help buying and taking care of my clothing:

- Buy clothes
- Read the tags on the clothes that describe the care needed
- Wash and dry my clothes
- Iron my clothes
- Use the right cleaning materials and follow directions
- Use a washing machine and dryer
- Other: _____

Personal Care and Health

To live my adult life, I will need information and help with my personal care and health:

- Take care of my personal hygiene
- Dress appropriately for the occasion
- Keep physically fit (eg.: practice physical activity, sleep well)
- Understand the risks associated with illegal substance use
- Recognize the signs of sickness and the need to ask for help
- Use the services of the local health and social service agencies (hospital, medical clinics, re-adaptation agencies)
- Treat minor injuries (eg.: cuts, bites, stings, splinters)
- Take my medication
- Know where to get help if I need it (eg.: parent, friend, agency worker)
- Identify an emergency
- Know the emergency procedures (eg.: 911, fire extinguishers)
- Identify dangerous situations (house, community, work)
- Behave in a safe way (house, community, work)
- Other: _____

My worries and difficulties with respect to clothing, personal care and health:

Solutions and things I need to reassure me:



Life Skills



Money

To live my adult life, I will need information and help with handling money:

- Recognize the value of money
- Use different bills and change
- Be careful when paying for something
- Buy items (eg.: choice of products, method of payment, buying online)
- Count money less than 20 dollars
- Make sure I receive the right change
- Use a vending machine
- Make a budget (eg.: calculate essential monthly expenses, pay bills, outings)
- Use a bank card and an automatic teller (eg.: payments, cheques, deposits, withdrawals)
- Understand different ways to save money
- Calculate discounts
- Know the places to get help filling in a tax form
- Other: _____

My worries and difficulties with respect to handling money

Solutions and things I need to reassure me



Life Skills



Transportation

To accomplish my various activities, I can travel in the following ways:

- | | | |
|-----------------------------------------------|----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> On foot | <input type="checkbox"/> alone | <input type="checkbox"/> accompanied |
| <input type="checkbox"/> On bicycle | <input type="checkbox"/> alone | <input type="checkbox"/> accompanied |
| <input type="checkbox"/> In a taxi | <input type="checkbox"/> alone | <input type="checkbox"/> accompanied |
| <input type="checkbox"/> On public transport | <input type="checkbox"/> alone | <input type="checkbox"/> accompanied |
| <input type="checkbox"/> On adapted transport | <input type="checkbox"/> alone | <input type="checkbox"/> accompanied |
| <input type="checkbox"/> By car | <input type="checkbox"/> I have a driver's license | |

Comments:

What I need when I am traveling:

- | | | | |
|--------------------------------------------------------|--------------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Public transportation: | <input type="checkbox"/> Information | <input type="checkbox"/> Accompaniment | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Adapted transportation: | <input type="checkbox"/> Information | <input type="checkbox"/> Accompaniment | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Knowledge of the Driving Code | | | |
| <input type="checkbox"/> Planning itineraries | | | |
| <input type="checkbox"/> Other: _____ | | | |

Comments:

My worries and difficulties with respect to transportation:

Solutions and what I need to reassure me:



Social Relations



To live my adult life, I will need help and information about social relations:

- Enter into relationships with others
- Know the rules of etiquette when I am addressing others: parents friends
 teachers employers
- Show respect for others: parents friends teachers employers
- Follow instructions
- Respect the opinion of others
- Give and receive compliments and criticisms
- React appropriately to different situations: emotion behaviour
- Identify problems and conflicts in different situations
- Know my rights and responsibilities: individual employee renter
- Have myself respected
- Know the rules of etiquette in different milieus
- Respect the rights and property of others
- Understand that my behaviour may influence others
- Understand that others may influence my behaviour
- Identify helpful resources in my environment
- Use the helpful resources in my environment
- Other: _____

My worries and difficulties with respect to social relations:

Solutions and things I need to reassure me:

