

# Overview of my Employment Project



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

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



The overview allows for the collection of information from all the questionnaires and demonstrates any similarities or differences between the perception that the student has of him/herself, and those of the school personnel and of their parents. The primary person working with the student usually fills in this document.

During the meeting at which the action plan will be worked out, the overview document becomes a precious tool to facilitate constructive discussions about future projects of the student. To prepare for the meeting, it may be a good idea for the participants to become aware of this document beforehand. It is important that the student see the document before the meeting, and he/she receive support in understanding it's contents if need be. The means to achieve the goals of the student can be worked out during the meeting.

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Employment	Student	Parents	School Personnel
<p><b>I would like to work</b></p>	<input type="checkbox"/> Yes, this is the work desired to do: <hr/> <input type="checkbox"/> Yes, but not sure what is wanted <input type="checkbox"/> No <input type="checkbox"/> I am not sure	<input type="checkbox"/> Yes, this is the work desired to do: <hr/> <input type="checkbox"/> Yes, but not sure what is wanted <input type="checkbox"/> No <input type="checkbox"/> I am not sure	<input type="checkbox"/> Yes, this is the work desired to do: <hr/> <input type="checkbox"/> Yes, but not sure what is wanted <input type="checkbox"/> No <input type="checkbox"/> I am not sure
<p><b>I would like to work for the following reasons</b></p>	<input type="checkbox"/> To make money <input type="checkbox"/> To help others <input type="checkbox"/> To be independent <input type="checkbox"/> To meet challenges <input type="checkbox"/> To make others happy <input type="checkbox"/> To be proud of myself <input type="checkbox"/> To be part of a group <input type="checkbox"/> To live in an apartment <input type="checkbox"/> To have a love relationship <input type="checkbox"/> Other _____	<input type="checkbox"/> To make money <input type="checkbox"/> To help others <input type="checkbox"/> To be independent <input type="checkbox"/> To meet challenges <input type="checkbox"/> To make others happy <input type="checkbox"/> To be proud of myself <input type="checkbox"/> To be part of a group <input type="checkbox"/> To live in an apartment <input type="checkbox"/> To have a love relationship <input type="checkbox"/> Other _____	<input type="checkbox"/> To make money <input type="checkbox"/> To help others <input type="checkbox"/> To be independent <input type="checkbox"/> To meet challenges <input type="checkbox"/> To make others happy <input type="checkbox"/> To be proud of myself <input type="checkbox"/> To be part of a group <input type="checkbox"/> To live in an apartment <input type="checkbox"/> To have a love relationship <input type="checkbox"/> Other _____
<p><b>Employment sector of my dreams</b></p>	<input type="checkbox"/> Administration and Commerce <input type="checkbox"/> Agriculture and Fishing <input type="checkbox"/> Food Services and Tourism <input type="checkbox"/> Construction and Public Works <input type="checkbox"/> Woodworking and Building Materials <input type="checkbox"/> Electronics <input type="checkbox"/> Maintenance of Motorized Equipment <input type="checkbox"/> Environment and Landscaping <input type="checkbox"/> Machining <input type="checkbox"/> Social Services, Education or Judicial <input type="checkbox"/> Beauty Care <input type="checkbox"/> Other _____	<input type="checkbox"/> Administration and Commerce <input type="checkbox"/> Agriculture and Fishing <input type="checkbox"/> Food Services and Tourism <input type="checkbox"/> Construction and Public Works <input type="checkbox"/> Woodworking and Building Materials <input type="checkbox"/> Electronics <input type="checkbox"/> Maintenance of Motorized Equipment <input type="checkbox"/> Environment and Landscaping <input type="checkbox"/> Machining <input type="checkbox"/> Social Services, Education or Judicial <input type="checkbox"/> Beauty Care <input type="checkbox"/> Other _____	<input type="checkbox"/> Administration and Commerce <input type="checkbox"/> Agriculture and Fishing <input type="checkbox"/> Food Services and Tourism <input type="checkbox"/> Construction and Public Works <input type="checkbox"/> Woodworking and Building Materials <input type="checkbox"/> Electronics <input type="checkbox"/> Maintenance of Motorized Equipment <input type="checkbox"/> Environment and Landscaping <input type="checkbox"/> Machining <input type="checkbox"/> Social Services, Education or Judicial <input type="checkbox"/> Beauty Care <input type="checkbox"/> Other _____

Employment	Student	Parents	School Personnel
<p style="text-align: center;"><b>Needs with respect to employment</b></p>	<input type="checkbox"/> Knowledge of myself (interests, strengths, weaknesses) <input type="checkbox"/> Areas of work that match my interests and abilities <input type="checkbox"/> Skills necessary for the different occupations <input type="checkbox"/> Advantages and disadvantages of different occupations <input type="checkbox"/> Attitudes towards work <input type="checkbox"/> Opportunities for training <input type="checkbox"/> Writing my curriculum vitae (CV) <input type="checkbox"/> Job offers <input type="checkbox"/> Job search <input type="checkbox"/> Knowledge of the 'Black Market" <input type="checkbox"/> Preparation for an interview <input type="checkbox"/> Importance of good references <input type="checkbox"/> Information on my limitations to give to the employer <input type="checkbox"/> Resources available when working (CLE, CJE, SEMO) <input type="checkbox"/> Other _____	<input type="checkbox"/> Knowledge of myself (interests, strengths, weaknesses) <input type="checkbox"/> Areas of work that match my interests and abilities <input type="checkbox"/> Skills necessary for the different occupations <input type="checkbox"/> Advantages and disadvantages of different occupations <input type="checkbox"/> Attitudes towards work <input type="checkbox"/> Opportunities for training <input type="checkbox"/> Writing my curriculum vitae (CV) <input type="checkbox"/> Job offers <input type="checkbox"/> Job search <input type="checkbox"/> Knowledge of the 'Black Market" <input type="checkbox"/> Preparation for an interview <input type="checkbox"/> Importance of good references <input type="checkbox"/> Information on my limitations to give to the employer <input type="checkbox"/> Resources available when working (CLE, CJE, SEMO) <input type="checkbox"/> Other _____	<input type="checkbox"/> Knowledge of myself (interests, strengths, weaknesses) <input type="checkbox"/> Areas of work that match my interests and abilities <input type="checkbox"/> Skills necessary for the different occupations <input type="checkbox"/> Advantages and disadvantages of different occupations <input type="checkbox"/> Attitudes towards work <input type="checkbox"/> Opportunities for training <input type="checkbox"/> Writing my curriculum vitae (CV) <input type="checkbox"/> Job offers <input type="checkbox"/> Job search <input type="checkbox"/> Knowledge of the 'Black Market" <input type="checkbox"/> Preparation for an interview <input type="checkbox"/> Importance of good references <input type="checkbox"/> Information on my limitations to give to the employer <input type="checkbox"/> Resources available when working (CLE, CJE, SEMO) <input type="checkbox"/> Other _____

<b>Professional Skills</b> (1) Can do easily (2) Can do with difficulty (3) Cannot do	<b>Student</b>	<b>Parents</b>	<b>School Personnel</b>
<b>Posture</b>	Posture Able to do for a long time <input type="checkbox"/> Stand <input type="checkbox"/> Sit <input type="checkbox"/> Stand and sit alternately Able to do <input type="checkbox"/> Bend <input type="checkbox"/> Squat <input type="checkbox"/> Kneel	Posture Able to do for a long time <input type="checkbox"/> Stand <input type="checkbox"/> Sit <input type="checkbox"/> Stand and sit alternately Able to do <input type="checkbox"/> Bend <input type="checkbox"/> Squat <input type="checkbox"/> Kneel	Posture Able to do for a long time <input type="checkbox"/> Stand <input type="checkbox"/> Sit <input type="checkbox"/> Stand and sit alternately Able to do <input type="checkbox"/> Bend <input type="checkbox"/> Squat <input type="checkbox"/> Kneel
<b>Use of limbs</b>	Use of limbs <input type="checkbox"/> Hands <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input type="checkbox"/> Limbs on one side only	Use of limbs <input type="checkbox"/> Hands <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input type="checkbox"/> Limbs on one side only	Use of limbs <input type="checkbox"/> Hands <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Feet <input type="checkbox"/> Limbs on one side only
<b>Fine Motor</b>	Fine Motor Coordinate movements <input type="checkbox"/> Of the hands <input type="checkbox"/> Of the upper body <input type="checkbox"/> Of the lower body <input type="checkbox"/> upper and lower together Pick up objects <input type="checkbox"/> In 1 hand <input type="checkbox"/> In 2 hands <input type="checkbox"/> Between thumb and index finger Perform precise tasks <input type="checkbox"/> Screw in and out <input type="checkbox"/> Turn buttons <input type="checkbox"/> Pick up with fingers	Fine Motor Coordinate movements <input type="checkbox"/> Of the hands <input type="checkbox"/> Of the upper body <input type="checkbox"/> Of the lower body <input type="checkbox"/> upper and lower together Pick up objects <input type="checkbox"/> In 1 hand <input type="checkbox"/> In 2 hands <input type="checkbox"/> Between thumb and index finger Perform precise tasks <input type="checkbox"/> Screw in and out <input type="checkbox"/> Turn buttons <input type="checkbox"/> Pick up with fingers	Fine Motor Coordinate movements <input type="checkbox"/> Of the hands <input type="checkbox"/> Of the upper body <input type="checkbox"/> Of the lower body <input type="checkbox"/> upper and lower together Pick up objects <input type="checkbox"/> In 1 hand <input type="checkbox"/> In 2 hands <input type="checkbox"/> Between thumb and index finger Perform precise tasks <input type="checkbox"/> Screw in and out <input type="checkbox"/> Turn buttons <input type="checkbox"/> Pick up with fingers
<b>Moving from place to place</b>	<input type="checkbox"/> Move on flat ground <input type="checkbox"/> Move quickly <input type="checkbox"/> Move short distances <input type="checkbox"/> Move long distances <input type="checkbox"/> Climb/descend a hill <input type="checkbox"/> Climb/descend stairs <input type="checkbox"/> Climb/descend a ladder <input type="checkbox"/> Keep my balance	<input type="checkbox"/> Move on flat ground <input type="checkbox"/> Move quickly <input type="checkbox"/> Move short distances <input type="checkbox"/> Move long distances <input type="checkbox"/> Climb/descend a hill <input type="checkbox"/> Climb/descend stairs <input type="checkbox"/> Climb/descend a ladder <input type="checkbox"/> Keep my balance	<input type="checkbox"/> Move on flat ground <input type="checkbox"/> Move quickly <input type="checkbox"/> Move short distances <input type="checkbox"/> Move long distances <input type="checkbox"/> Climb/descend a hill <input type="checkbox"/> Climb/descend stairs <input type="checkbox"/> Climb/descend a ladder <input type="checkbox"/> Keep my balance

**Professional Skills**

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

	<b>Student</b>	<b>Parents</b>	<b>School Personnel</b>
<b>Handling objects</b>	<input type="checkbox"/> Lift objects less than 5 kg. <input type="checkbox"/> Lift object more than 5 kg. <input type="checkbox"/> Carry objects more than 5 kg. <input type="checkbox"/> Push loads <input type="checkbox"/> Pull loads <input type="checkbox"/> Use power tools <input type="checkbox"/> Drive a motorized vehicle	<input type="checkbox"/> Lift objects less than 5 kg. <input type="checkbox"/> Lift object more than 5 kg. <input type="checkbox"/> Carry objects more than 5 kg. <input type="checkbox"/> Push loads <input type="checkbox"/> Pull loads <input type="checkbox"/> Use power tools <input type="checkbox"/> Drive a motorized vehicle	<input type="checkbox"/> Lift objects less than 5 kg. <input type="checkbox"/> Lift object more than 5 kg. <input type="checkbox"/> Carry objects more than 5 kg. <input type="checkbox"/> Push loads <input type="checkbox"/> Pull loads <input type="checkbox"/> Use power tools <input type="checkbox"/> Drive a motorized vehicle
<b>Vision</b>	<input type="checkbox"/> See far <input type="checkbox"/> See close <input type="checkbox"/> Distinguish details <input type="checkbox"/> Use complete visual range <input type="checkbox"/> Perceive distances <input type="checkbox"/> Distinguish colours	<input type="checkbox"/> See far <input type="checkbox"/> See close <input type="checkbox"/> Distinguish details <input type="checkbox"/> Use complete visual range <input type="checkbox"/> Perceive distances <input type="checkbox"/> Distinguish colours	<input type="checkbox"/> See far <input type="checkbox"/> See close <input type="checkbox"/> Distinguish details <input type="checkbox"/> Use complete visual range <input type="checkbox"/> Perceive distances <input type="checkbox"/> Distinguish colours
<b>Hearing</b>	<input type="checkbox"/> Hear sounds clearly <input type="checkbox"/> Recognize voices <input type="checkbox"/> Locate sounds	<input type="checkbox"/> Hear sounds clearly <input type="checkbox"/> Recognize voices <input type="checkbox"/> Locate sounds	<input type="checkbox"/> Hear sounds clearly <input type="checkbox"/> Recognize voices <input type="checkbox"/> Locate sounds
<b>Other Senses</b>	<input type="checkbox"/> Distinguish tastes <input type="checkbox"/> Distinguish smells <input type="checkbox"/> Distinguish textures <input type="checkbox"/> Identify forms and objects by touching	<input type="checkbox"/> Distinguish tastes <input type="checkbox"/> Distinguish smells <input type="checkbox"/> Distinguish textures <input type="checkbox"/> Identify forms and objects by touching	<input type="checkbox"/> Distinguish tastes <input type="checkbox"/> Distinguish smells <input type="checkbox"/> Distinguish textures <input type="checkbox"/> Identify forms and objects by touching
<b>Tolerances</b>	<input type="checkbox"/> Work in the cold <input type="checkbox"/> Work in the heat <input type="checkbox"/> Work in presence of dust, gas or fumes <input type="checkbox"/> Work in a noisy environment <input type="checkbox"/> Work in a wet environment <input type="checkbox"/> Tolerate physical effort for a short time <input type="checkbox"/> Tolerate physical effort for a long time	<input type="checkbox"/> Work in the cold <input type="checkbox"/> Work in the heat <input type="checkbox"/> Work in presence of dust, gas or fumes <input type="checkbox"/> Work in a noisy environment <input type="checkbox"/> Work in a wet environment <input type="checkbox"/> Tolerate physical effort for a short time <input type="checkbox"/> Tolerate physical effort for a long time	<input type="checkbox"/> Work in the cold <input type="checkbox"/> Work in the heat <input type="checkbox"/> Work in presence of dust, gas or fumes <input type="checkbox"/> Work in a noisy environment <input type="checkbox"/> Work in a wet environment <input type="checkbox"/> Tolerate physical effort for a short time <input type="checkbox"/> Tolerate physical effort for a long time

**Professional Skills**

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

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



**Professional Skills**

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

	<b>Student</b>	<b>Parents</b>	<b>School Personnel</b>
<b>Behaviour</b>	<input type="checkbox"/> Make choices <input type="checkbox"/> Able to start tasks on my own <input type="checkbox"/> Take initiative <input type="checkbox"/> Persevere <input type="checkbox"/> Adapt to changes <input type="checkbox"/> Handle competition <input type="checkbox"/> Take responsibility <input type="checkbox"/> Follow rules <input type="checkbox"/> Respect time limitations <input type="checkbox"/> Have a positive self image <input type="checkbox"/> Handle stress <input type="checkbox"/> Be rigorous <input type="checkbox"/> Be on time <input type="checkbox"/> Work in a safe manner <input type="checkbox"/> Respect the standards for the quantity of work <input type="checkbox"/> Respect the standards for the quality of work	<input type="checkbox"/> Make choices <input type="checkbox"/> Able to start tasks on my own <input type="checkbox"/> Take initiative <input type="checkbox"/> Persevere <input type="checkbox"/> Adapt to changes <input type="checkbox"/> Handle competition <input type="checkbox"/> Take responsibility <input type="checkbox"/> Follow rules <input type="checkbox"/> Respect time limitations <input type="checkbox"/> Have a positive self image <input type="checkbox"/> Handle stress <input type="checkbox"/> Be rigorous <input type="checkbox"/> Be on time <input type="checkbox"/> Work in a safe manner <input type="checkbox"/> Respect the standards for the quantity of work <input type="checkbox"/> Respect the standards for the quality of work	<input type="checkbox"/> Make choices <input type="checkbox"/> Able to start tasks on my own <input type="checkbox"/> Take initiative <input type="checkbox"/> Persevere <input type="checkbox"/> Adapt to changes <input type="checkbox"/> Handle competition <input type="checkbox"/> Take responsibility <input type="checkbox"/> Follow rules <input type="checkbox"/> Respect time limitations <input type="checkbox"/> Have a positive self image <input type="checkbox"/> Handle stress <input type="checkbox"/> Be rigorous <input type="checkbox"/> Be on time <input type="checkbox"/> Work in a safe manner <input type="checkbox"/> Respect the standards for the quantity of work <input type="checkbox"/> Respect the standards for the quality of work
<b>Social Relations</b>	<input type="checkbox"/> Socialize <input type="checkbox"/> Work in a team <input type="checkbox"/> Work alone (autonomy) <input type="checkbox"/> Listen <input type="checkbox"/> Hold a conversation <input type="checkbox"/> Collaborate with superiors <input type="checkbox"/> Collaborate with colleagues	<input type="checkbox"/> Socialize <input type="checkbox"/> Work in a team <input type="checkbox"/> Work alone (autonomy) <input type="checkbox"/> Listen <input type="checkbox"/> Hold a conversation <input type="checkbox"/> Collaborate with superiors <input type="checkbox"/> Collaborate with colleagues	<input type="checkbox"/> Socialize <input type="checkbox"/> Work in a team <input type="checkbox"/> Work alone (autonomy) <input type="checkbox"/> Listen <input type="checkbox"/> Hold a conversation <input type="checkbox"/> Collaborate with superiors <input type="checkbox"/> Collaborate with colleagues
<b>Communication</b>	<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Communicate my ideas (speaking, non-verbal, signing) <input type="checkbox"/> Read <input type="checkbox"/> Use the telephone <input type="checkbox"/> Use email	<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Communicate my ideas (speaking, non-verbal, signing) <input type="checkbox"/> Read <input type="checkbox"/> Use the telephone <input type="checkbox"/> Use email	<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Communicate my ideas (speaking, non-verbal, signing) <input type="checkbox"/> Read <input type="checkbox"/> Use the telephone <input type="checkbox"/> Use email

Dreams with respect to work	Student	Parents	School Personnel
Dreams			
Principal demands of this work			
Skills and qualities for this work			
Limitations or difficulties with this work			
Solutions and means			

Comments: \_\_\_\_\_

Life Skills	Student	Parents	School Personnel
<b>Needs with respect to housing</b>	<input type="checkbox"/> Choice of housing appropriate to situation <input type="checkbox"/> Comparison of housing <input type="checkbox"/> Search for housing <input type="checkbox"/> Signature of lease or contract <input type="checkbox"/> Advantages of home insurance <input type="checkbox"/> Use of electronic appliances and other basic tools <input type="checkbox"/> Organization of personal space <input type="checkbox"/> Interior maintenance <input type="checkbox"/> Exterior maintenance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Choice of housing appropriate to situation <input type="checkbox"/> Comparison of housing <input type="checkbox"/> Search for housing <input type="checkbox"/> Signature of lease or contract <input type="checkbox"/> Advantages of home insurance <input type="checkbox"/> Use of electronic appliances and other basic tools <input type="checkbox"/> Organization of personal space <input type="checkbox"/> Interior maintenance <input type="checkbox"/> Exterior maintenance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Choice of housing appropriate to situation <input type="checkbox"/> Comparison of housing <input type="checkbox"/> Search for housing <input type="checkbox"/> Signature of lease or contract <input type="checkbox"/> Advantages of home insurance <input type="checkbox"/> Use of electronic appliances and other basic tools <input type="checkbox"/> Organization of personal space <input type="checkbox"/> Interior maintenance <input type="checkbox"/> Exterior maintenance <input type="checkbox"/> Other: _____
<b>Needs with respect to nutrition</b>	<input type="checkbox"/> Planning of well-balanced meals <input type="checkbox"/> Buying good food <input type="checkbox"/> Use a shopping list <input type="checkbox"/> Use of electronic appliances <input type="checkbox"/> Following a recipe <input type="checkbox"/> Use of restaurants <input type="checkbox"/> Other: _____	<input type="checkbox"/> Planning of well-balanced meals <input type="checkbox"/> Buying good food <input type="checkbox"/> Use a shopping list <input type="checkbox"/> Use of electronic appliances <input type="checkbox"/> Following a recipe <input type="checkbox"/> Use of restaurants <input type="checkbox"/> Other: _____	<input type="checkbox"/> Planning of well-balanced meals <input type="checkbox"/> Buying good food <input type="checkbox"/> Use a shopping list <input type="checkbox"/> Use of electronic appliances <input type="checkbox"/> Following a recipe <input type="checkbox"/> Use of restaurants <input type="checkbox"/> Other: _____
<b>Worries and difficulties</b>			
<b>Solutions and means</b>			

Comments: \_\_\_\_\_

Life Skills	Student	Parents	School Personnel
<b>Needs with respect to clothing</b>	<input type="checkbox"/> Buying clothes <input type="checkbox"/> Reading tags that describe care needed <input type="checkbox"/> Washing and drying clothes <input type="checkbox"/> Ironing <input type="checkbox"/> Use of appropriate cleaning materials <input type="checkbox"/> Use of washing machine and dryer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Buying clothes <input type="checkbox"/> Reading tags that describe care needed <input type="checkbox"/> Washing and drying clothes <input type="checkbox"/> Ironing <input type="checkbox"/> Use of appropriate cleaning materials <input type="checkbox"/> Use of washing machine and dryer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Buying clothes <input type="checkbox"/> Reading tags that describe care needed <input type="checkbox"/> Washing and drying clothes <input type="checkbox"/> Ironing <input type="checkbox"/> Use of appropriate cleaning materials <input type="checkbox"/> Use of washing machine and dryer <input type="checkbox"/> Other: _____
<b>Needs with respect to personal care and health</b>	<input type="checkbox"/> Personal hygiene <input type="checkbox"/> Dressing appropriately <input type="checkbox"/> Keeping physically fit <input type="checkbox"/> Understanding of the risks associated with illegal substance use <input type="checkbox"/> Recognition of signs of sickness and need for help <input type="checkbox"/> Use of C/SSS <input type="checkbox"/> Care of minor injuries <input type="checkbox"/> Taking medication <input type="checkbox"/> Knowing where to get help <ul style="list-style-type: none"> <li><input type="checkbox"/> parent</li> <li><input type="checkbox"/> friend</li> <li><input type="checkbox"/> agency worker</li> </ul> <input type="checkbox"/> Identification of emergency <input type="checkbox"/> Knowledge of emergency procedures <ul style="list-style-type: none"> <li><input type="checkbox"/> 911</li> <li><input type="checkbox"/> fire extinguishers</li> </ul> <input type="checkbox"/> Identification of dangerous situations <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Safe behavior <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Other: _____	<input type="checkbox"/> Personal hygiene <input type="checkbox"/> Dressing appropriately <input type="checkbox"/> Keeping physically fit <input type="checkbox"/> Understanding of the risks associated with illegal substance use <input type="checkbox"/> Recognition of signs of sickness and need for help <input type="checkbox"/> Use of C/SSS <input type="checkbox"/> Care of minor injuries <input type="checkbox"/> Taking medication <input type="checkbox"/> Knowing where to get help <ul style="list-style-type: none"> <li><input type="checkbox"/> parent</li> <li><input type="checkbox"/> friend</li> <li><input type="checkbox"/> agency worker</li> </ul> <input type="checkbox"/> Identification of emergency <input type="checkbox"/> Knowledge of emergency procedures <ul style="list-style-type: none"> <li><input type="checkbox"/> 911</li> <li><input type="checkbox"/> fire extinguishers</li> </ul> <input type="checkbox"/> Identification of dangerous situations <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Safe behavior <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Other: _____	<input type="checkbox"/> Personal hygiene <input type="checkbox"/> Dressing appropriately <input type="checkbox"/> Keeping physically fit <input type="checkbox"/> Understanding of the risks associated with illegal substance use <input type="checkbox"/> Recognition of signs of sickness and need for help <input type="checkbox"/> Use of C/SSS <input type="checkbox"/> Care of minor injuries <input type="checkbox"/> Taking medication <input type="checkbox"/> Knowing where to get help <ul style="list-style-type: none"> <li><input type="checkbox"/> parent</li> <li><input type="checkbox"/> friend</li> <li><input type="checkbox"/> agency worker</li> </ul> <input type="checkbox"/> Identification of emergency <input type="checkbox"/> Knowledge of emergency procedures <ul style="list-style-type: none"> <li><input type="checkbox"/> 911</li> <li><input type="checkbox"/> fire extinguishers</li> </ul> <input type="checkbox"/> Identification of dangerous situations <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Safe behavior <ul style="list-style-type: none"> <li><input type="checkbox"/> house</li> <li><input type="checkbox"/> community</li> <li><input type="checkbox"/> work</li> </ul> <input type="checkbox"/> Other: _____
<b>Worries and difficulties</b>			
<b>Solutions and means</b>			

Comments: \_\_\_\_\_

Life Skills	Student	Parents	School Personnel
<b>Needs with respect to handling money</b>	<input type="checkbox"/> The value of money <input type="checkbox"/> Use of money <input type="checkbox"/> Care whit payments <input type="checkbox"/> Purchases <input type="checkbox"/> Counting up to \$20 <input type="checkbox"/> Use of vending machines <input type="checkbox"/> Budgeting <input type="checkbox"/> Bank transactions <input type="checkbox"/> Use of credit card <input type="checkbox"/> Getting change <input type="checkbox"/> Saving money <input type="checkbox"/> Calculating discounts <input type="checkbox"/> Filling out income tax forms <input type="checkbox"/> Other:	<input type="checkbox"/> The value of money <input type="checkbox"/> Use of money <input type="checkbox"/> Care whit payments <input type="checkbox"/> Purchases <input type="checkbox"/> Counting up to \$20 <input type="checkbox"/> Use of vending machines <input type="checkbox"/> Budgeting <input type="checkbox"/> Bank transactions <input type="checkbox"/> Use of credit card <input type="checkbox"/> Getting change <input type="checkbox"/> Saving money <input type="checkbox"/> Calculating discounts <input type="checkbox"/> Filling out income tax forms <input type="checkbox"/> Other:	<input type="checkbox"/> The value of money <input type="checkbox"/> Use of money <input type="checkbox"/> Care whit payments <input type="checkbox"/> Purchases <input type="checkbox"/> Counting up to \$20 <input type="checkbox"/> Use of vending machines <input type="checkbox"/> Budgeting <input type="checkbox"/> Bank transactions <input type="checkbox"/> Use of credit card <input type="checkbox"/> Getting change <input type="checkbox"/> Saving money <input type="checkbox"/> Calculating discounts <input type="checkbox"/> Filling out income tax forms <input type="checkbox"/> Other:
<b>Worries and difficulties</b>			
<b>Solutions and means</b>			

Comments: \_\_\_\_\_

Life Skills	Student	Parents	School Personnel																																													
<b>Methods of transport</b>	<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	<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	<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																																													
<b>Needs with respect to transport</b>	<table border="1"> <thead> <tr> <th></th> <th>Information</th> <th>Accompaniment</th> <th>Training</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Public Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Adapted Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Information	Accompaniment	Training	Other	<input type="checkbox"/> Public Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adapted Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>Information</th> <th>Accompaniment</th> <th>Training</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Public Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Adapted Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Information	Accompaniment	Training	Other	<input type="checkbox"/> Public Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adapted Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>Information</th> <th>Accompaniment</th> <th>Training</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Public Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Adapted Transport</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Information	Accompaniment	Training	Other	<input type="checkbox"/> Public Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adapted Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Needs with respect to travel</b>	<input type="checkbox"/> Knowledge of the Driving Code <input type="checkbox"/> Planning itineraries <input type="checkbox"/> Other: _____	<input type="checkbox"/> Knowledge of the Driving Code <input type="checkbox"/> Planning itineraries <input type="checkbox"/> Other: _____	<input type="checkbox"/> Knowledge of the Driving Code <input type="checkbox"/> Planning itineraries <input type="checkbox"/> Other: _____																																													
<b>Worries and difficulties</b>																																																
<b>Solutions and means</b>																																																

Comments: \_\_\_\_\_

Social Relations	Student	Parents	School Personnel
<p><b>Needs with respect to social relations</b></p>	<p><input type="checkbox"/> Enter into relationships with others</p> <p><input type="checkbox"/> Knowledge of rules of etiquette regarding others</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> parents</li> <li><input type="checkbox"/> friends</li> <li><input type="checkbox"/> teachers</li> <li><input type="checkbox"/> employers</li> </ul> <p><input type="checkbox"/> Respect for others:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> parents</li> <li><input type="checkbox"/> friends</li> <li><input type="checkbox"/> teachers</li> <li><input type="checkbox"/> employers</li> </ul> <p><input type="checkbox"/> Following instructions</p> <p><input type="checkbox"/> Respect the opinion of others</p> <p><input type="checkbox"/> Giving and receiving compliments and criticisms</p> <p><input type="checkbox"/> Identify problems and conflicts in different situations</p> <p><input type="checkbox"/> Knowledge of rights and responsibilities:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> individual</li> <li><input type="checkbox"/> employee</li> <li><input type="checkbox"/> renter</li> </ul> <p><input type="checkbox"/> Self respect</p> <p><input type="checkbox"/> Knowledge of rules of etiquette in different milieus</p> <p><input type="checkbox"/> Respect of rights and property of others</p> <p>Understand:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> effect of behaviour on others</li> <li><input type="checkbox"/> effect of others on behaviour</li> </ul> <p><input type="checkbox"/> Identify helpful resources in environment</p> <p><input type="checkbox"/> Use of helpful resources</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Enter into relationships with others</p> <p><input type="checkbox"/> Knowledge of rules of etiquette regarding others</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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<p><b>Worries and difficulties</b></p>			
<p><b>Solutions and means</b></p>			

Comments: \_\_\_\_\_

Other Dreams	Student	Parents	School Personnel
Dreams with respect to other parts of life			
Skills and qualities to realize these dreams			
Limitations or difficulties with realizing dreams			
Solutions and means to realize dreams			