Transition Self-Advocacy Portfolio of:

About My Vision

 I can describe my Level of Vision Loss, Conditions Affecting my Vision + Effects of My Vision Loss:

Skills (Levels: Mastered; Some experience/Still developing; No experience; OR Not applicable)

1. I use my Eyeglasses effectively across environments. Choose an item.

2. I use my Contact Lenses effectively across environments. Choose an item.

1. I use Co-Navigator / SSP services effectively across environments. Choose an item.

4. I use assistive technology effectively across environments. Choose an item.

 I can describe the assistive technology I use to support my access to visual information:

I can advocate for the following accommodations to support my visual access:

Action Plan:

 Goals for “My Vision” center on using and advocating for vision technologies / accommodations effectively.

 **Vision Goal 1:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**

 **Vision Goal 2:**

 **Notes (including Action Steps, Dates, and Person(s) Responsible):**