

The About Me Transition Portfolio for Teenagers and Young Adults who are DeafBlind

The information contained in this portfolio is CONFIDENTIAL and should be appropriately protected.



Acknowledgements

This portfolio was adapted for the 2022 Midwest Transition Institute from:

Voelker, Shelly. (2022, February 9). *Transition Self-Advocacy Portfolio*. FAVI Deaf-Blind Collaborative, University of Florida College of Medicine. Retrieved February 25, 2022, from <https://deafblind.ufl.edu/2022/02/09/transition-self-advocacy-portfolio/>

Various sections of the *About Me Transition Portfolio for Teenagers and Young Adults who are Deaf-Blind* were informed or inspired by the sources listed below.

- Colorado Department of Education, Exceptional Student Services Unit. (2014) *Domain Skill Inventory and Skill Tracker*.
https://www.cde.state.co.us/cdesped/tk_tab07_teachertransitionteam
- Sapp, W., & Iowa ECC Resource Team. (rev. 2009, Blankenship, K.). *E. A. Rubric Expanded Core Curriculum Needs Screening Tool*.
<https://earubric.com/expanded-core-curriculum-needs-screening-tool/>
- NCDB (2017). *READY Tool*. <http://www.nationaldb.org/products/ready-tool/>

Instructions

This Transition Portfolio is intended to guide a young person who is DeafBlind and their educational team, including parent(s)/guardian(s), in developing a vision for the future AND a set of skills, experiences, and understandings that facilitate that vision.

The sections of the document represent different domains of adult life. A young person with disabilities will need to have experiences to develop skills and develop understandings in each of these areas.

Teams will address various domains, experiences, and skills, as applicable. **The domains of Work, Education, and/or Vocational Rehabilitation (VR) may or may not be pertinent to the individual or at the time.** The young person, the parent/guardian, or both, will also need to be able to advocate for accommodations described in each domain.

When completed to the maximum extent possible, add the date to the **PORTFOLIO DATE** field in the **About Me** section of the portfolio.

The sections and related questions/information can be completed in any order. This portfolio is not intended to be completed in one sitting, and information can be saved at any time using the **SAVE** button at the top of each page. Each page can also be printed or emailed using the **PRINT** and **EMAIL** buttons respectively. Please note, using the **EMAIL** button removes the ability to edit the fields on that copy of the portfolio. To email an editable version of the portfolio, press the **SAVE** button, then compose an email in your email application (for example, Gmail, Outlook) and attach the saved version of the file.

This portfolio does not replace IEP or vocational rehabilitation plans but is a way to gather and reflect on information. This portfolio is strengthened by the inclusion of current assessments and plans and will add perspectives specific to deafblindness these other plans may not.

Since individuals with deafblindness have a wide range of abilities and needs, they will accomplish some skills independently and others with assistance.

Text boxes allow for a description of a vision for the future, AND the description of strengths, needs, supports, and strategies for accomplishing this vision. Some sub-sections will ask for a rating of progress using one of the following indicators: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, or NOT APPLICABLE.** Because the portfolio can be repeated over time, the team will see progress toward these skills reflected by the indicators.

In addition to rated skills and text boxes to describe progress, this tool provides check boxes and text boxes to add individualized action steps to guide the team's work. Furthermore, drop-down lists may be used to indicate choices among technologies used, support persons, etc. At all times, the Team should ensure that the young person at the center of the Transition Portfolio is able to understand and describe the informed choices being made.

About Me

Enter the legal name for the individual in the **NAME** field. If the individual uses another name, enter it in the **MY PREFERRED NAME** field. Only enter a date in the **PORTFOLIO DATE** field once all the sections within the portfolio are completed.

Name:

Portfolio Date:

My Preferred Name:

Date of Birth:

My Email:

My Graduation Date:

Date Type:

My Diploma:

Diploma Type: drop-down:

After graduation, I plan to

When I start working, I am interested in

full-time work

part-time work

seasonal work

contract work

My Vision for Adult Living (Informed Choices)

In the items below, answer **Yes** or **No** to each statement, then rate your skill level using the drop-down box choices: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, or NOT APPLICABLE**. In the **ASSISTANCE LEVEL** drop-down box, pick **WITH ASSISTANCE, INDEPENDENTLY, or NOT APPLICABLE**. For each statement with a text box, share details or comments.

1. I can describe my needs and concerns.

Yes

No

Skill level:

Assistance level:

2. I can describe my strengths, interests, and abilities.

Yes

No

Skill level:

Assistance level:

3. I can describe my likes, preferences, and dislikes.

Yes No

Skill level:

Assistance level:

4. I can describe my priorities.

Yes No

Skill level:

Assistance level:

5. I can describe the type of work I want to do.

Yes No

Skill level:

Assistance level:

6. I can describe where I want to work.

Yes No

Skill level:

Assistance level:

7. I can describe the education/training, I need to reach my goals.

Yes No

Skill level:

Assistance level:

8. I can describe how I will travel around my neighborhood and community. Yes No

Skill level:

Assistance level:

9. I can describe how I will participate in my community. Yes No

Skill level:

Assistance level:

About Me Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

My Transition Planning Team

Team Members

Answer **Yes** or **No** to each numbered statement below. For each statement with a text box, share details or comments.

When listing a team member, enter their first and last name, then select their role from the drop-down list in the **ROLE** field.

1. I am involved in my transition plan. Yes No

2. My family members are involved in my transition plan. Yes No

Family Team Members

Name: Role:

Name: Role:

Parent/Guardian Email:

3. My Deaf-Blind Project is involved in my transition plan. Yes No

DB Project Team Members

Name: Role:

Name: Role:

DB Project Team Lead Email:

4. My school team is involved in my transition plan.

Yes No

School Team Members

Name:

Role:

Name:

Role:

Name:

Role:

Name:

Role:

5. My Dept. of Vocational Rehabilitation is involved in my transition plan.

Yes No

VR Team Members

Name:

Role:

Name:

Role:

6. I have other people who can support my transition plan.

Yes No

Other Team Members

Name:

Role:

Name:

Role:

Name:

Role:

About My Hearing

My Level of Hearing Loss and the Effects of My Hearing Loss

Please explain how much you can hear and what this means for you as you go about your day.

My Hearing Support Skills

In the section below, answer **Yes** or **No** to each statement, then rate your skill level using the drop-down box choices: **MASTERED**, **SOME EXPERIENCE/STILL DEVELOPING**, **NO EXPERIENCE**, or **NOT APPLICABLE**. In the **ASSISTANCE LEVEL** drop-down box, pick **WITH ASSISTANCE**, **INDEPENDENTLY**, or **NOT APPLICABLE**. For each statement with a text box, share details or comments.

1. I use and care for hearing aid(s)/cochlear implant processor(s). Yes No

Skill level:

Assistance level:

2. I use Hearing Assistive Technology (for example, FM system, sound-field system, infrared system, hearing loop, one-to one communicator). Yes No

Skill level:

Assistance level:

3. I use ASL interpreter services.

In school: Yes No In the community: Yes No

Skill level:

Assistance level:

4. I use Intervener services.

In school: Yes No In the community: Yes No

Skill level:

Assistance level:

5. I use real-time captioning in class (for example, someone types when people are talking so I can read what is being said). Yes No

Skill level:

Assistance level:

6. I use note-taker support services in class. Yes No

Skill level:

Assistance level:

7. I ask for help when information is not clear to me. Yes No

Skill level:

Assistance level:

8. I can describe situations in which it's hard to understand speech or people talking. Yes No

Skill level:

Assistance level:

My Hearing Support Skills Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

About My Hearing Notes

After each meeting to discuss or review this section of the Transition Portfolio, enter the date of the meeting and any relevant notes in the chart below.

Meeting Date	Notes

About My Vision

My Level of Vision Loss and the Effects of My Vision Loss

Please explain how much you can see and what this means for you as you go about your day.

My Vision Skills

In the section below, answer **Yes** or **No** to each statement, then rate your skill level using the drop-down box choices: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, OR NOT APPLICABLE**. In the **ASSISTANCE LEVEL** drop-down box, pick **WITH ASSISTANCE, INDEPENDENTLY, OR NOT APPLICABLE**. For each statement with a text box, share details or comments.

1. I use eyeglasses/contact lenses.	Yes	No
Skill level:	Assistance level:	
2. I use sighted guide.	Yes	No
Skill level:	Assistance level:	
3. I use co-navigator/Support Service Provider (SSP) services.	Yes	No
Skill level:	Assistance level:	
4. I use a white cane.	Yes	No
Skill level:	Assistance level:	
5. I use a guide dog.	Yes	No
Skill level:	Assistance level:	
6. I use Intervener services.	Yes	No
In school: Yes No	In home/community	Yes No
Skill level:	Assistance level:	
7. I use braille transcription services.	Yes	No
In school: Yes No	In home/community	Yes No
Skill level:	Assistance level:	

8. I use one-to-one support services.		Yes	No
In school:	Yes No	In home/community:	Yes No
Skill level:		Assistance level:	
9. I use assistive technology (for example, braille, screen magnifiers, screen readers, CCTVs, digital talking book players, OrCam).		Yes	No
Skill level:		Assistance level:	
10. I can explain what is difficult for me to understand or see. (For example, if I cannot see words on the board, I can tell the teacher how to make them bigger or request she send me a PDF to read.)		Yes	No
Skill level:		Assistance level:	
11. I can tell people when I am having trouble understanding and seeing what's happening at school and at home.		Yes	No
Skill level:		Assistance level:	
12. I can ask for technology to help me get the information I need (for example, iPad apps that help me get information).		Yes	No
Skill level:		Assistance level:	

My Vision Skills Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

About My Vision Notes

After each meeting to discuss or review this section of the Transition Portfolio, enter the date of the meeting and any important notes in the chart below.

Meeting Date	Notes

About My Communication

My Receptive Communication Skills

In the section below, answer **Yes** or **No** to each statement. For yes answers, pick the environment and distance, then rate your skill level using the drop-down box choices: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, OR NOT APPLICABLE**. For each statement with a text box, share details or comments.

- | | | |
|---|---------------------|-------------------|
| 1. I understand Speech. | Yes | No |
| Skill level: | If yes, in a | place when |
| 2. I understand Speech plus Lip Reading. | Yes | No |
| Skill level: | If yes, in a | place when |
| 3. I understand Speech plus Sign Language. | Yes | No |
| Skill level: | If yes, in a | place when |
| 4. I understand Sign Language. | Yes | No |
| Skill level: | | |
| 5. I use Tactile Sign Language communication. | Yes | No |
| Skill level: | | |
| 6. I can ask for help to get information others receive. | Yes | No |
| Skill level: | | |
| 7. Other information about my Receptive Communication: | | |

My Expressive Communication Skills

In the section below, answer **Yes** or **No** to each statement, then rate your skill level using the drop-down box choices: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, OR NOT APPLICABLE**. For each statement with a text box, share details or comments.

- | | | |
|--|------------|-----------|
| 1. I use Speech to communicate. | Yes | No |
| Skill level: | | |
| 2. I use Speech and Sign Language to communicate. | Yes | No |
| Skill level: | | |

3. I use Sign Language to communicate. **Yes** **No**

Skill level:

4. I use an AAC device to communicate. **Yes** **No**

Skill level:

5. I can ask for help to share what I want to say. **Yes** **No**

Skill level:

6. I can describe other things that help me share information. **Yes** **No**

Skill level:

7. Other information about my Expressive Communication:

My Communication Skills Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

About My Communication Notes

After each meeting to discuss or review this section of the Transition Portfolio, enter the date of the meeting and any relevant notes in the chart below.

Meeting Date	Notes

My Adult Living Skills

Existing Independence Skills Assessment

If the team already completed an independence skills assessment, enter the date and summary in the fields below. In the **ATTACHED** field, pick **YES**. Remember to attach the assessment. In the remaining sections, you need only complete items for the information that is **not** in the summarized assessment.

Date: **Attached:** **Yes** **No**

Summary:

My Skills Assessment

In the sections below, answer **YES** or **NO** to each statement, select a skill (**DRESSING, FOOD PREPARATION, FRIENDSHIPS & PERSONAL RELATIONSHIPS, HEALTH & SAFETY, HOUSEKEEPING & HOME, LAUNDRY, LEISURE, MAINTENANCE, MONEY CONCEPTS & USE, PERSONAL HYGIENE & GROOMING, TIME CONCEPTS**), then rate your skill level using the drop-down box choices: **MASTERED, SOME EXPERIENCE/STILL DEVELOPING, NO EXPERIENCE, OR NOT APPLICABLE**. In the **ASSISTANCE LEVEL** drop-down box, pick **WITH ASSISTANCE, INDEPENDENTLY, OR NOT APPLICABLE**. For each statement with a text box, share details or comments.

My Self-Care Skills

1. I can groom/dress myself for weather and activities outside my home. **Yes** **No**

Skill level: **Assistance level:**

2. I have acquired Independent Living Skills. **Yes** **No**

Skill

Skill Level

Assistance Level

My Travel Skills

1. I can move around a room. **Yes** **No**

Skill level: **Assistance level:**

2. I can move around a building.		Yes	No
Skill level:	Assistance level:		
3. I can travel in my neighborhood.		Yes	No
Skill level:	Assistance level:		
4. I can travel at night.		Yes	No
Skill level:	Assistance level:		
5. I can travel in unfamiliar environments.		Yes	No
Skill level:	Assistance level:		

My Transportation Skills

Complete this section if you are 18 years of age or older.

1. I can use a taxi.		Yes	No
Skill level:	Assistance level:		
2. I can use Uber/Lyft.		Yes	No
Skill level:	Assistance level:		
3. I can use a bus.		Yes	No
Skill level:	Assistance level:		
4. I can use paratransit.		Yes	No
Skill level:	Assistance level:		
5. I can use a train.		Yes	No
Skill level:	Assistance level:		
6. I can use a plane.		Yes	No
Skill level:	Assistance level:		
7. I can describe the help I need to support my mobility and travel.		Yes	No

My Independent Living

Answer **yes** or **no** to the statements below. Share any questions or comments, including dates and notes in the space provided.

1. I use a service dog.	Yes	No
--------------------------------	------------	-----------

2. I have identified independent living interests. Yes No

3. My team and I have identified the Adult Services Yes No
Needs Resources Providers
that I will use after graduation.

4. I have independent living accomplishments. Yes No

My Independence Skills Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

My Work Exploration & Readiness

Preliminary Questions

Answer **YES** or **NO** in the statement below. If you answer **NO** and you will need the document, consider adding an action step to get the documentation in *Work Exploration Questions & Action Plan*. **NOTE:** Not every person will require every item below.

I have . . .

A social security card	es	No	A work permit	es	No
A driver s license or state I. D.	es	No	A resume/job portfolio	es	No

Existing Vocational Assessment

If the team already completed a vocational assessment, enter the date and summary in the fields below. In the **ATTACHED** field, pick **YES** or **NO**. In the **ATTACHED** field, pick **YES**. Remember to attach the assessment. In the remaining sections, you need only complete items for the information that is **not** in the summarized assessment.

Date:	Attached:	Yes	No
Summary:			

Vocational Education Experiences

Complete this section if you are 16 years of age or older. Answer **YES** or **NO** to the statements below. Share any questions or comments, including dates and notes in the provided space, if needed.

- | | | |
|---|------------|-----------|
| 1. I have completed a vocational interest/aptitude survey. | Yes | No |
| 2. I have completed a job application. | Yes | No |
| 3. I have researched jobs/careers/fields of interest. | Yes | No |

4. I have identified jobs/careers/fields of interest. **Yes No**

5. I researched education/training opportunities for these jobs/careers. **Yes No**

6. I am enrolled in a pre-employment transition services program. **Yes No**

Skills & Interests

Complete items 1-2. If you are 16 years of age or older, also complete items 3-6. For the items below, pick the skills or answer **yes** or **no** to the statements. Share any questions or comments, including dates and notes in the provided space, if needed.

1. I have the workplace/career skills below. (Please pick all that apply.)

I am on time.

I complete assigned tasks within given timelines.

I maintain a clean and organized workspace.

I am honest when communicating with others.

I follow safety guidelines, once learned and with needed accommodations.

I accept directions to change my behaviors.

I follow a series of directions, with or without accommodations.

I can explain my disability as it relates to my work and needed accommodations.

(Adapted from Colorado Department of Education, Exceptional Student Services Unit. (2014) *Domain Skill Inventory and Skill Tracker*. https://www.cde.state.co.us/cdesped/tk_tab07_teachertransitionteam)

2. I have job skills in line with my strengths and interests. **Yes No**

3. I have identified a need for specific education or training.	Yes	No
--	------------	-----------

4. I have identified career/workplace concerns.	Yes	No
--	------------	-----------

5. I have identified career/workplace interests.	Yes	No
---	------------	-----------

6. I have career/workplace accomplishments.	Yes	No
--	------------	-----------

Work Experiences

Answer **YES** or **NO** to the statements below. Share any questions or comments, including dates and notes in the provided space, if needed.

1. I have job shadowing experience(s).	Yes	No
---	------------	-----------

2. I have volunteer experience(s).	Yes	No
---	------------	-----------

3. I have past work experience(s).	Yes	No
---	------------	-----------

4. I am currently working.	Yes	No
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In the fields below, share your work experiences, including dates and notes.

In-school experiences:

Off-campus experiences:

Work-based experiences:

Internship(s):

Integrated environments experienced:

I am moving toward (answer all that apply) . . .

Competitive Employment by:

Supported Employment by:

Other Employment by:

Work Exploration Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

My Education

Education Information

Complete items 1-4. If you are 16 years of age or older, also complete items 5-7. Answer **Yes** or **No** to the comments or questions below. If **yes**, enter the date in the **DATE** field. If an item is attached, pick **yes** in the **ATTACHED?** field. Remember to attach the document.

1. I have completed testing to graduate. Yes No

Test Name: Date

2. I am prepared to start education/training programs. Yes No

When?

3. Has an IEP Transition Plan been developed? Yes No

Date: Attached? Yes No

4. I am interested in program(s).

5. I have talked or emailed with the Disability Support Services office at the above program(s). If the answer is yes, note the program(s) in the notes below. Yes No

6. I can describe the help I need to receive instruction. Yes No

7. I can describe the help I need to complete activities, assignments, and tests. Yes No

Post High School Plans

Complete this section if you are 16 years of age or older. Answer **Yes** or **No** to the statements below. Share any questions or comments, including dates and important notes, in the provided space, if needed.

- | | | |
|--|------------|-----------|
| 1. I have post high school questions and concerns. | Yes | No |
|
 | | |
| 2. My team is addressing my post high school needs and prerequisites. | Yes | No |
|
 | | |
| 3. I have learned about post high school options. | Yes | No |
|
 | | |
| 4. I have identified post high school learning interests. | Yes | No |
|
 | | |
| 5. I have accomplishments (for example, specific classes, programs, training, experiences) to help me with post high school learning. | Yes | No |

Educational Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

My Vocational Rehabilitation Services

Vocational Rehabilitation Services Checklist

Complete this section if you are 17 years of age or older. For the items below, check if completed and give the date. Share any comments or notes in the space provided.

VR Application submitted

Date

Application approved/Eligibility determined

Date

Individualized Plan for Employment (IPE) developed

Date

Existing Vocational Rehabilitation Assessment

If the team already completed a vocational rehabilitation assessment, enter the date and summary in the fields below. In the **ATTACHED** field, pick **YES**. Remember to attach the assessment. In the remaining sections, you need only complete items for the information that is **not** in the summarized assessment.

Date:

Attached: Yes No

Individualized Plan for Employment

Complete this section if you are 17 years of age or older (if not, go to Placement Evaluation Report). Answer **YES** or **NO** to the question below. Share notes (including date) in the space provided.

1. Has an Individualized Plan for Employment (IPE) been developed? Attached: Yes No

Date:

INotes:

Place a check mark in front of each IPE service implemented and include the date of that item.
Please provide the IPE details in the text fields that follow each item. (Check as many as apply.)

Assessment	Date
Details:	
VR Counseling	Date
Details:	
VR Referral to:	Date
Details:	
Technical Assistance (TA)/Consultation	Date
Details:	
Vocational Training Services	Date
Details:	
Job-Related Services	Date
Details:	
Supported Employment Services	Date
Details:	
Customized Employment Services	Date
Details:	
Post-Employment Services	Date
Details:	
Transportation Services	Date
Details:	
Occupational License(s)	Date
Details:	

Tools/Equipment/Supplies	Date
Details:	
Rehabilitation Services	Date
Details:	
Rehabilitation Technology	Date
Details:	
VR Services to Family Members	Date
Details:	

Additional Notes

Placement Evaluation Report

In the sections below, report on each job-sampling opportunity. If you already completed a **Work Placement Report** for a specific opportunity, do not complete a *Placement Evaluation*. Instead, complete the **LOCATION** and **DATE** fields below, then pick **YES** in the **ATTACHED** field. Remember to attach the report.

Location 1:	Date:	Attached:	Yes	No
Location 2:	Date:	Attached:	Yes	No
Location 3:	Date:	Attached:	Yes	No

Placement Evaluation #1

Name of placement location:

Date:

Tasks:

Skills:

Adaptations:

Likes/Preferences:

Dislikes:

What worked?

What didn't work?

Notes:

Placement Evaluation #2

Name of placement location:

Date:

Tasks:

Skills:

Adaptations:

Likes/Preferences:

Dislikes:

What worked?

What didn't work?

Notes:

Placement Evaluation #3

Name of placement location:

Date:

Tasks:

Skills:

Adaptations:

Likes/Preferences:

Dislikes:

What worked?

What didn't work?

Notes:

Vocational Rehabilitation Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person

My Self-Advocacy

Existing Self-Advocacy Assessment

If the team already completed a self-advocacy assessment, enter the date and summary in the fields below. In the **ATTACHED** field, pick **YES**. Remember to attach the assessment. In the remaining sections, you need only complete items for the information that is **not** in the summarized assessment.

Date:

Attached: **Yes** **No**

Summary:

Skill Identification

Choose the self-advocacy skills you have learned below. If any needed skill is unchecked, consider adding developing it as an action step in *Self-Advocacy Questions & Action Plan*.

I have developed the self-advocacy skills below.

Self-Awareness

Decision-Making

Problem-Solving

Goal Setting and Attainment

Self-Observation, Evaluation and Reinforcement

Self-Instruction

Positive Self Image

Facilitation of IEP and other meetings

Able to describe and explain vision and hearing conditions and needed accommodations

Other (explain):

(Adapted from Sapp, W., & Iowa ECC Resource Team. (rev. 2009, Blankenship, K.). *E. A. Rubric Expanded Core Curriculum Needs Screening Tool*. <https://earubric.com/expanded-core-curriculum-needs-screening-tool/> and NCDB (2017). *READY Tool*. <https://www.nationaldb.org/products/ready-tool/>)

Self-Advocacy Activities & Opportunities

Answer **yes** or **no** to the statements below. Share any questions or comments, including dates and notes in the provided space, if needed.

1. I have self-advocacy questions and concerns.	Yes	No
--	------------	-----------

2. I have been given self-advocacy opportunities and activities.	Yes	No
---	------------	-----------

3. I have been given peer mentoring activities.	Yes	No
--	------------	-----------

4. I have self-advocacy accomplishments.	Yes	No
---	------------	-----------

Supported Decision Making

Answer **yes** or **no** to the statements below. Share any questions or comments, including dates and notes in the provided space, if needed.

1. I am moving toward supported decision making.	Yes	No
---	------------	-----------

2. I have identified my priorities and preferences.

Yes No

3. My team has held Person-Centered Planning meetings/activities.

Yes No

Self-Advocacy Questions & Action Plan

Write questions, concerns, and action steps below. For each action step, give the name of the person(s) responsible for helping the individual with that step. For completed steps, add the date it was completed.

Questions & Concerns

Action Plan

Action Step	Responsible Person

Completed Steps

Date Completed	Action Step	Responsible Person