**Pre-Vocational Skills Checklist**

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| **Student:****Date:****Grade Level:** **Date of Birth:** |

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| **A**=Always **S**=Sometimes **N**=Never  **FA**=with full assistance **SA**=some assistance **MA**=with minimal assistance |

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| **Communication Skills: Is the student able to:** | **A** | **S** | **N** | **FA** | **SA** | **MA** |
| Indicate wants or needs verbally, by sign, or with an Augmentative Technology(A.T.) device |  |  |  |  |  |  |
| Speak , sign, or A.T. device at least 10 words |  |  |  |  |  |  |
| Speak, sign, or A.T. device at least 30 words |  |  |  |  |  |  |
| Follow one-step directions |  |  |  |  |  |  |
| Follow two-step directions |  |  |  |  |  |  |
| Make appropriate eye-contact with an adult or child |  |  |  |  |  |  |
| Maintain appropriate distance when talking |  |  |  |  |  |  |
| Indicate his or her name with voice or A.T. device |  |  |  |  |  |  |
| Respond to a greeting with a voice or A.T. device |  |  |  |  |  |  |
| **Self-Help Skills: Is the student able to:** | **A** | **S** | **N** | **FA** | **SA** | **MA** |
| Self-toilet (including indicating need to use the toilet) |  |  |  |  |  |  |
| Feed him or herself finger food |  |  |  |  |  |  |
| Utilize feeding utensils effectively |  |  |  |  |  |  |
| Dress him or herself including fasteners |  |  |  |  |  |  |
| Undress him or herself including fasteners |  |  |  |  |  |  |
| Wash his or her hands effectively  |  |  |  |  |  |  |
| Maintain a workspace such as a table or cubby |  |  |  |  |  |  |
| Physically sit independently and upright in a regular desk without supports |  |  |  |  |  |  |
| Move about the classroom and school without physical supports |  |  |  |  |  |  |
| Use a pencil with adult like grasp |  |  |  |  |  |  |
| Snip with scissors safely |  |  |  |  |  |  |
| **Social & Behavioral: Is the student able to or does the student:** | **A** | **S** | **N** | **FA** | **SA** | **MA** |
| Exhibit disruptive behavior or dangerous to self or others  |  |  |  |  |  |  |
| Safely sit or stand next to another student (keeps hands and feet to self) |  |  |  |  |  |  |
| Take turns knowingly and willingly |  |  |  |  |  |  |
| Follow a variety of classroom and school rules with some independence |  |  |  |  |  |  |
| Walk in a line |  |  |  |  |  |  |
| Allow others to sit next to him or her |  |  |  |  |  |  |
| Able to accept transition from a desired to a non-desired task |  |  |  |  |  |  |
| Able to accept a change in the schedule |  |  |  |  |  |  |
| Control his or her temper |  |  |  |  |  |  |
| Accept constructive criticism |  |  |  |  |  |  |
| Require a visual schedule and or a “first-then” schedule system |  |  |  |  |  |  |
| Identify emotions of him or herself or others |  |  |  |  |  |  |
| Make choices from a picture or object board when presented to him or her |  |  |  |  |  |  |
| Able to effectively manage items inside or on top of his or her desk or table |  |  |  |  |  |  |
| **Related Services and Therapies: Does the student:** | **A** | **S** | **N** | **FA** | **SA** | **MA** |
| Have occupational therapy listed on his or her IEP |  |  |  |  |  |  |
| Participate effectively without additional adult support in occupational therapy |  |  |  |  |  |  |
| Have physical therapy listed on his or her IEP? |  |  |  |  |  |  |
| Participate effectively without additional adult support in physical therapy |  |  |  |  |  |  |
| Have speech or language therapy listed on his or her IEP |  |  |  |  |  |  |
| Participate effectively without additional adult support in speech or language therapy |  |  |  |  |  |  |