

## BASIC INFORMATION & SKILLS CHECKLIST

The following is a checklist of skills and behaviors. This is an activity that you should do several times, so you can see how well you are improving in those areas where you indicate you are not strong. You would get very good information about yourself by asking a parent or teacher to fill one out about you, then sit down and discuss your answers. Pick 2-4 that need work and check your progress on them in 6 months.

STUDENT INFORMATION	YES	NO	WORKING ON IT	DON'T KNOW
1. Can I name and describe my disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can I describe my strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I know what accommodative services I need? (e.g., extended time, separate location, use of a word processor, note taker, books on tape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I know what adaptive and/or assistive equipment I need to use? (e.g., screen reader, screen enlarger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC PREPARATION SKILLS	YES	NO	WORKING ON IT	DON'T KNOW
1. Do I have at least basic keyboarding skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have I had at least one year of high school mathematics, including algebra?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have I had at least three years of high school science, including at least one lab science?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I comprehend what I read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can I write a well-developed essay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDY SKILLS	YES	NO	WORKING ON IT	DON'T KNOW
1. Do I know how to use a library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do I know when to seek assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can I take notes from a lecture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I know who to take notes from a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do I know how to study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do I know how to take different kinds of tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Am I usually prepared for class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Am I usually on-time for classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do I skip classes often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are my school work and notes neat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Am I good at organizing my work? (e.g., folders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are my assignments completed on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>STUDY SKILLS (continued)</b>	<b>YES</b>	<b>NO</b>	<b>WORKING ON IT</b>	<b>DON'T KNOW</b>
13. Do I stay in my seat during class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do I behave appropriately in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do I work in groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL SKILLS</b>	<b>YES</b>	<b>NO</b>	<b>WORKING ON IT</b>	<b>DON'T KNOW</b>
1. Do I communicate appropriately with teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do I interact appropriately with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I know how to interact appropriately with different kinds of people in social situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I know how to let someone know I like them? (dating etiquette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can I handle rejection appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do I know how to use the telephone effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do I know when a conversation or discussion is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can I demonstrate problem-solving and decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BASIC LIFE SKILLS</b>	<b>YES</b>	<b>NO</b>	<b>WORKING ON IT</b>	<b>DON'T KNOW</b>
1. Do I know how to use transportation to go to and from campus, job, internships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do I use leisure time effectively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I know how to locate appropriate assistance when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I have adequate knowledge of my medical needs in regards to medications and health problems and am I able to express these needs to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can I manage money appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do I have basic cooking skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can I do my own laundry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can I do my own food and clothes shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from [Virginia College Quest](http://www.vacollegequest.org/tools/Skills%20Checklist_txt.php)  
[http://www.vacollegequest.org/tools/Skills%20Checklist\\_txt.php](http://www.vacollegequest.org/tools/Skills%20Checklist_txt.php)