

STAT-R

**Student Transition
Assessment Tool
Revised**

**Supported Independence
Student Version**





Student Transition Assessment Tool – Revised

Supported Independence Student Version

Guidelines for Administration and Scoring

Student Focused Administration:

- The STAT-R was designed with the intent that the student would be taking the assessment individually and marking their responses based on their knowledge.
- A “yes” means the student absolutely knows the information or possesses the skill, if any doubt the item should be answered “no”.
- Given that students taking the STAT-R are adolescents, it is suggested that the students fill out the form in the presence of an adult to assure that they are taking the process seriously.
- Adult mentors: The adult that assists in the administration of the STAT-R could be a teacher, parent, caseworker, teacher consultant, etc.

Group Administration:

- The STAT-R can be given in small groups as long as the administrator or evaluator interacts with students individually to assure the validity of their answers.

Repeat Administration:

- The STAT-R can be re-administered yearly or every two years to assess student progress toward achieving transition goals.
- The same forms can be reused. Have the person taking the STAT-R use a different color pen and re-evaluate the “no” answers to see if they are now a “yes”. Then re-total the yes answers for updated scoring.
- The score sheet allows for tracking the student over a five-year period from 8th grade through 12th grade, or over several years in an ungraded school setting.

Scoring With Excel/CD:

- Insert student demographic information.
- Insert Raw Scores (total of yes responses) for each section.
- Raw Scores automatically convert to percentages.
- Percentages yielded are general guidelines to identify areas of strength and concern. 80 – 100% Strength, 50 – 79% Developing Skills, 0 – 49% Concern.
- “No” answers can be converted to transition goals, services, or activities.

Parent Version:

- Can be given to compare the point of view of the student and the parent regarding the progress and abilities of the student.

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Pink Lady Press Authors: Sheryl Morris, Linda Ratliff, Martha Smith
Contact Info: lratliff@ecsd.us; mlgesmith@hotmail.com

STAT-R

Student Transition Assessment Tool - Revised Supported Independence Student Version Score Tables

Career/Employment Scores

Job/Career Goals		Work Experience		Getting A Job		Accommodations	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	20%	1	25%	1	14%	1	25%
2	40%	2	50%	2	29%	2	50%
3	60%	3	75%	3	43%	3	75%
4	80%	4	100%	4	57%	4	100%
5	100%			5	71%		
				6	86%		
				7	100%		

Post Secondary Education/Training Scores

Adult Life Scores

Future Plans		Self Advocacy		Adult Living		Daily Living	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	25%	1	17%	1	13%	1	8%
2	50%	2	33%	2	25%	2	17%
3	75%	3	50%	3	38%	3	25%
4	100%	4	67%	4	50%	4	33%
		5	83%	5	63%	5	42%
		6	100%	6	75%	6	50%
				7	88%	7	58%
				8	100%	8	67%
						9	75%
						10	83%
						11	92%
						12	100%

Community Participation Scores

Community Experiences		Recreation and Leisure Activities	
Raw Score	Percent	Raw Score	Percent
0	0%	0	0%
1	20%	1	17%
2	40%	2	33%
3	60%	3	50%
4	80%	4	67%
5	100%	5	83%
		6	100%

Total Scores

Total Career/ Employment		Total Post Secondary Education/Training		Total Adult Life		Total Community Participation	
Raw Score	Percent	Raw Score	Percent	Raw Score	Percent	Raw Score	Percent
0	0%	0	0%	0	0%	0	0%
1	5%	1	25%	1	4%	1	9%
2	10%	2	50%	2	8%	2	18%
3	15%	3	75%	3	12%	3	27%
4	20%	4	100%	4	15%	4	36%
5	25%			5	19%	5	45%
6	30%			6	23%	6	55%
7	35%			7	27%	7	64%
8	40%			8	31%	8	73%
9	45%			9	35%	9	82%
10	50%			10	38%	10	91%
11	55%			11	42%	11	100%
12	60%			12	46%		
13	65%			13	50%		
14	70%			14	54%		
15	75%			15	58%		
16	80%			16	62%		
17	85%			17	65%		
18	90%			18	69%		
19	95%			19	73%		
20	100%			20	77%		
				21	81%		
				22	85%		
				23	88%		
				24	92%		
				25	96%		
				26	100%		

STAT-R**Student Transition Assessment Tool - Revised
Supported Independence Student Version
Score Sheet**

Student:

Birth Date:

School:

Career/Employment

Date	Age	A) As an adult, what kind of work do you want to do?

Career/Employment

	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Job/Career Goals					
Work Experience					
Getting A Job					
Accommodations					
Total Career/Employment					

Post Secondary Education/Training

Date	Age	B) After finishing school, what additional education or training do you want?

Post Secondary Education/Training

	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Future Plans					
Total Post Secondary Education/Training					

Student:		Birth Date:	School:
Adult Life			
Date	Age	C) As an adult, where do you want to live?	

Adult Life					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Self Advocacy Skills					
Adult Living Skills					
Daily Living Skills					
Total Adult Life					

Community Participation		
Date	Age	D) As an adult, what hobbies and activities do you want?

Community Participation					
	Date:	Date:	Date:	Date:	Date:
	Age:	Age:	Age:	Age:	Age:
	Percentage Score	Percentage Score	Percentage Score	Percentage Score	Percentage Score
Community Experiences					
Recreation and Leisure					
Total Community Participation					

Notes/Comments:

STAT-R**Student Transition Assessment Tool - Revised
Supported Independence Student Version**

Name:

Birth Date:

School:

Career/Employment

Date	Age	A) As an adult, what kind of work do you want to do?

Job/Career Goals

1. I know what skills are needed for my job choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to contact to get more information about my job choice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have worked on my EDP (Educational Development Plan) at school to help me plan for my future.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I discuss my plans for my future with others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I have participated in a job shadow.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job/Career Goals Raw Score		

Work Experience

6. I know what work training is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I have had work training in school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I have chores at home.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I help my family or neighbors with chores or jobs, like yard work, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Experience Raw Score		

Getting A Job

10. I know what a job application is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I have practiced filling out a job application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I know what a job interview is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I have practiced a job interview.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. I have a current state ID card or driver's license.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. I know what a resume is.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. I have a resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Getting A Job Raw Score		

Accommodations

Accommodations are when a job task is adjusted so you can complete it. For example: use a watch or timer, use a task list or picture schedule.

17. I need help and accommodations to be a successful learner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I know the type of help and accommodations I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I understand that I may need help and accommodations to be a successful worker.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I know how to ask for support or accommodations if I need them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodations Raw Score		

Post Secondary Education/Training

Date	Age	B) After school, what additional education or training do you want?

Future Plans

1. Check only one of the following. Pick the one that you are most likely to do after leaving school.		
▪ I would like to do volunteer work in the community.	<input type="checkbox"/> Yes	
▪ I would like to work in a sheltered workshop.	<input type="checkbox"/> Yes	
▪ I would like a job in the community with support/accommodations.	<input type="checkbox"/> Yes	
▪ I would like a job in the community and don't need support/accommodations.	<input type="checkbox"/> Yes	
2. I may wish to participate in adult daily living classes and know how to ask for help to do this.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I know who to ask for information about future work or job opportunities (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know who to ask for information about more training for a job (community, workshop, or volunteer).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Future Plans Raw Score		

Adult Life

Date	Age	C) As an adult, where do you want to live?

Self Advocacy

1. I know my strengths and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know my limitations and can tell others what they are.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have an awareness of safety issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I can communicate my needs and ask for what I need.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I can handle stress appropriately.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I understand guardianship (and who my established guardian is, if one is needed).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Advocacy Raw Score		

Adult Living Skills

7. I have a method to communicate with others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can make personal choices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I know how to problem solve or request assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I can state my personal information or produce my state ID card.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I can use a calculator.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. I can write my name.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I know what to do in an emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. I can make and keep friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adult Living Skills Raw Score		

Daily Living Skills

Tell which things you can do **by yourself or with support** or accommodations.

15. I can make a simple meal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. I can use the washer and dryer to do my laundry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. I clean up after myself.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I can shop for a few grocery items.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. I can take my medication, if needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. I can make simple money transactions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. I can make change and count money.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. I can use a debit card to pay for items at the store.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. I can order food in a restaurant.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. I know basic first aid.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. I complete my personal grooming and hygiene daily (shower, comb hair, use deodorant, brush teeth).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. I can choose appropriate clothes for the situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily Living Skills Raw Score		

Community Participation

Date	Age	D) As an adult, what hobbies and activities do you want?

Community Experiences

1. I can walk or ride my bike to get around in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I know who to ask if I need transportation in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I can take public transportation to get around in the community. I can locate the bus stop and the times the bus comes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I know the location of important places in the community such as the post office, library, police station, hospital, stores, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I know at age 18 men have to register for the Selective Service (military).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Experiences Raw Score		

Recreation and Leisure Activities

6. I know how to use recreational centers such as the YMCA, a fitness center, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I attend school clubs, church, or family events in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. I can use the community for leisure activities, such as the theater, the mall, the bowling alley, the arcade, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I participate in leisure recreation classes such as art or cooking classes, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. I socialize (participate in fun activities) with friends in the community.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. I have a hobby or activity I enjoy in my free time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recreation and Leisure Activities Raw Score		