

Student Name: _____ Your Name: _____
 Location(s) of Observation: _____
 Date(s) of Completion of Form: _____
 Team Members Contributing to Completion of Checklist: _____
 Team Member Compiling Checklist Data: _____

Secondary School Success Checklist—Parent Version June 2014

The Secondary School Success Checklist (SSSC) is a tool that can be used by students, parents and families, and school staff to help identify priority goals for your son/daughter that will support a positive high school experience, and help in planning ahead for life after high school.

. The SSSC has two steps that will help teams to choose priority goals:

1. **Skill Evaluation:** You will rate the level of support needed and demonstration of skills across 4 domains: Independence and Behavior, Transition, Social, and Academic
2. **Priority Ranking:** You will rank the importance of each skill which will help identify priority goals

The Secondary School Success Checklist includes 4 domains, 13 subdomains, and many specific behaviors that are proven to contribute to successful experiences during high school as well as to optimize outcomes after high school.

Instructions

1. Complete as much of the *Skill Assessment* as possible.
2. Complete the *Priority Rankings* for non-mastered skills (i.e., scores of 0 or 1 in skill assessment).

Key for Step 1: Skill Assessment (left column)	Key for Step 2: Priority Ranking (middle column)
<p>0 = This is not like my son/daughter.</p> <ul style="list-style-type: none"> • My son/daughter is not/rarely able to demonstrate this skill with the supports provided to the group <p>1 = This is sort of like my son/daughter.</p> <ul style="list-style-type: none"> • My son/daughter is able to demonstrate this skill regularly with additional supports (e.g. individual attention, visual information, additional reminders, adjusted assignment) AND/OR • My son/daughter is able to demonstrate this skill sporadically with the supports provided to students in his/her classes. <p>2 = This is very much like my son/daughter.</p> <ul style="list-style-type: none"> • My son/daughter is able to demonstrate this skill regularly with the supports provided to students in his/her classes <p>N/O = I have not observed this skill area for my son/daughter</p> <p>N/A = This skill area is not applicable to my son/daughter</p>	<p>0 = Not a concern</p> <ul style="list-style-type: none"> • Though the skill is not demonstrated consistently and or independently, it is not a concern or priority <p>1 = Minor concern</p> <ul style="list-style-type: none"> • Demonstrating this skill consistently and/or independently would be helpful <p>2 = Major concern</p> <ul style="list-style-type: none"> • Demonstrating this skill consistently and/or more independently is a requirement

FIGURE 2.4. Example of Secondary Student Survival Checklist face page and items.

APPENDIX 3.4. Community Resource Mapping

CSESA Community Resource Mapping Form

Dates of Assessment _____ Compiled by _____

City/County/Community _____

The headings in **Community Assessment** are aligned with postsecondary outcomes specified in the definition of transition services from IDEA 2004. In addition, transportation is included to encourage optimal independence for students with disabilities.

School Identification Information:

School Name: _____

School Telephone(s): _____ School E-mail: _____

School Address: _____

1. Community Resources

(List organizations, services/activities, website/telephone)

1A. Recreational Resources

Parks and Recreation Services:

YMCA, Gym Facilities:

Community Theaters/Arts and Library Facilities:

Museums, Local Attractions:

Movie Theaters:

Other:

1B. Religious Resources (List organizations and services and website or telephone):

(continued)

CSESA Community Resource Mapping Form *(page 2 of 4)*

1C. Consumer Resources (List organizations/businesses and services and website or telephone):

Medical Services:

Health Services:

Social Services:

Grocery Stores, Banks:

Other:

2. Services for Individuals with Disabilities

(List state and/or local name, services, website/telephone, address)

2A. Vocational Rehabilitation

2B. Developmental Disabilities Resources

2C. Mental Health Services

2D. Social Security Benefits Office

2E. Local Adult Service Providers (Not-for-Profit Agencies)

2F. Legal Services

2G. Other

3. Employment Resources

(List organization/business, type of services, contact information, website/telephone)

3A. Sources for Job Openings

One-Stop Career Center:

Local Newspapers:

(continued)

CSESA Community Resource Mapping Form *(page 3 of 4)*

Websites for Community or State Listings:

Employment offices:

Vocational Rehabilitation:

Secondary Work–Study Teachers:

3B. Examples of Businesses within a 5-mile radius of the school

3C. Community Adult Service Providers

Which of the adult service providers fund individual job coaching?

Which of the adult service providers fund supported employment?

Which of the adult service providers fund day habilitation programs?

4. Postsecondary Education, Vocational Education, Adult and Continuing Education

Type	Programs/Activities	Website or Telephone
4a. Programs or Services for Students Ages 18–21 Funded by Local School Systems		
4b. Community College		
4c. Colleges or Universities		
4d. Continuing Education (Local School System)		
4e. Continuing Education (Community College)		
4f. Public Career–Technical Schools		
4g. Private Career–Technical Schools		
4h. Apprenticeship Programs		

(continued)

CSESA Community Resource Mapping Form (page 4 of 4)

5. Independent Living

(List name or organization that provides residential services and website/telephone)

5A. Agencies

Social Services:

Department of Housing:

Developmental Disabilities:

State Medicaid Waivers:

5B. Which of the adult service providers (identified in 2E) provide residential options or services to support individuals with disabilities to live independently?

6. Transportation Information

What type of transportation is available to employment and community resources?

Start your search on the Internet. Using Google, type city, county, or state and special transportation (also try paratransit or specialized transportation for people with disabilities).

Useful Websites: _____

6A. Public Transportation (attach appropriate information)

(If public transportation is available, please attach appropriate schedule)

Bus		Website or Telephone Number	Special Fare? Vouchers?
Subway			
Light Rail			
Special Public Bus			
Special Public Van			
Paratransit Options (State/county government)			

How does the student access special services and/or fares? _____

6B. Other Transportation Services (e.g., Carpools, Uber, Lyft) _____

APPENDIX 3.5. School Resource Mapping

School Resource Mapping Form

Directions: In and around each hexagon, write the corresponding information to help your school community identify important information about each topic. These forms should provide additional information to identify resources to be used to assist in the transition planning process.

The diagram consists of a central grey hexagon with the text "Main Office" in white. Surrounding this central hexagon are six white hexagons, each with a grey border and a drop shadow. Each of these six hexagons contains a specific label for information entry:

- Top: School's mission, vision, goal:
- Top-right: School's name and address:
- Bottom-right: School's website:
- Bottom: Principal's name:
- Bottom-left: School secretary's name:
- Left: School's telephone number:

Ask an administrator, teacher, or student volunteer to write any additional information necessary to know about the school's main office (e.g., school hours, fax number, uniform policy procedures, teacher mailbox location), in order to understand more about specific school regulations and policies.

(continued)

School Resource Mapping Form (page 2 of 3)

What supplemental aids are provided?	What are supplemental services?
Case Manager	
What are supplemental supports?	Counselor Name/Room #:

What clubs are available to join?	What sports are available to join?
Extracurricular	
What other honor societies are offered?	What other extracurriculars are available?

(continued)

School Resource Mapping Form *(page 3 of 3)*

Class Activities

Class advisors' names:

- The dates of senior prom, junior prom, and so forth, are:
- Homecoming will be during this week:
- The date of graduation is:
- Information about class trips:

Community Service

- School's next clothing drive is going to be on:
- School's next food drive is going to be on:
- Additional community service projects:

Postschool

- What are options for diplomas offered at school?
- Date/time of college fairs:

Health Suite

School Nurse's Name and Phone Number:

- Where are the school's alcohol and drug prevention services?
- What are the other health services offered in school?

Technology

What is the name of the school's technology aide?

- Where do I go for assistive technology?
- Where do I go to for access to the Internet or computers to type my work?

Hallways

What is the name of the school's hall monitor?

- Where is the most helpful information about the school/class?

Name: _____ Date: _____

Learning Log

Title of Text: _____

Before Reading

The key words are:

I have looked at the: Title Key words Pictures

I have visualized the: Pictures Demonstrations Video clips

During Reading

Fix Up Meanings

This does not make sense to me.

Now I get it!

FIGURE 4.3. CSR-HS Learning Log used to support students before, during, and after reading.

True or False?

Write the statement.	Answer	If false, rewrite to make the statement true.
_____	T / F	_____
_____	T / F	_____
_____	T / F	_____
_____	T / F	_____
_____	T / F	_____

After Reading

Generate Questions

"Why" Question	Response
_____	_____
_____	_____
_____	_____

"How" Question	Response
_____	_____
_____	_____
_____	_____

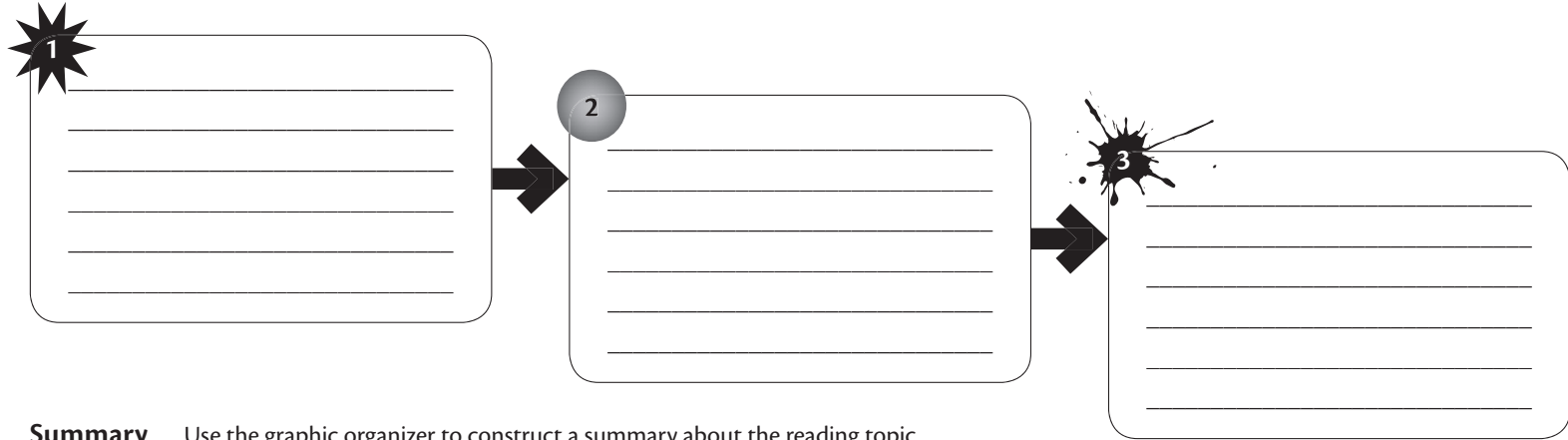
"What," "Where," or "Who" Question	Response
_____	_____
_____	_____
_____	_____

FIGURE 4.3. *(continued)*

Graphic Organizer

Who or what is the story mainly about?

What are the three most important things about the **who** or **what**?



Summary Use the graphic organizer to construct a summary about the reading topic.

FIGURE 4.3. *(continued)*

Peer Network Orientation Meeting Checklist

(to be completed by the facilitator after the orientation meeting)

Student: _____ Facilitator: _____

Date: _____ Total number of students at meeting: _____

Circle Y (yes) or N (no) based on whether the following occurred:

1. Y N Was the student present?
2. Y N Were all of the network members in attendance? List names of partners who were present.

3. Y N Did the partners and student introduce themselves and participate in introductory activities appropriately (if student is mostly nonverbal, did I introduce him or her to the group and give nonconfidential background information?)?
4. Y N Did students talk about areas of shared interests? If so, what?

5. Y N Did the group discuss the goals for the group? List any goals suggested by group members.

6. Y N Did the group discuss ways to work toward the goals of the peer network?
7. Y N Did I discuss the importance of confidentiality and respectful language?
8. Y N Did the group talk about when social interactions can occur?
9. Y N Did I offer specific suggestions on ways to interact socially?
10. Y N Did the group schedule regular meetings or discuss the date of the next meeting?

Comments: _____

FIGURE 5.2. Orientation Checklist.

Peer Support Plan

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At the beginning of class . . .

<i>The student could . . .</i>	<i>Classmates could . . .</i>	<i>The facilitator could . . .</i>

When there are lectures or whole group instruction . . .

<i>The student could . . .</i>	<i>Classmates could . . .</i>	<i>The facilitator could . . .</i>

When there are small group or lab activities . . .

<i>The student could . . .</i>	<i>Classmates could . . .</i>	<i>The facilitator could . . .</i>

(continued)

FIGURE 5.3. Blank Peer Support Plan.

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When there is independent seatwork . . .

<i>The student could . . .</i>	<i>Classmates could . . .</i>	<i>The facilitator could . . .</i>

At the end of class . . .

<i>The student could . . .</i>	<i>Classmates could . . .</i>	<i>The facilitator could . . .</i>

Big Ideas for Peers

- Get to know your partner; ask lots of questions and find out what he or she enjoys.
- Involve your partner in conversations with other classmates; interacting with others is an important goal.
- Look for opportunities to involve your partner in class activities, even in small ways.
- Make sure you complete your own work; learning the class material is still your priority.

Specific Ways to Offer Support

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FIGURE 5.3. *(continued)*

Peer Support Orientation Meeting Checklist

Student: _____ School: _____

Facilitator: _____ Coach: _____ Date: _____

Peer Supports Present: _____

Topics covered:

- Rationale for peer supports strategies
- Background about focus student
- General goals
- Confidentiality and respectful language
- Expectations specific to the classroom (drawing from Peer Support Plan)
- Peer support strategies relevant to the student, including communication system (if applicable), promoting class participation, promoting interactions with classmates, and student motivation and feedback
- Guidance on when to seek assistance from educators or paraprofessionals
- Additional roles and responsibilities for peer support:

- Questions or concerns raised by peer supports:

FIGURE 5.4. Peer Support Orientation Meeting Checklist.

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Peer Support Weekly Meeting Checklist

Facilitator: _____ Student: _____ Date: _____

Peer Supports Present: _____

Circle Y (yes) or N (no) based on whether these behaviors occurred during the observation.

Complete one time per week and provide to your intervention coach.

1. **Y N** Are peer supports in **close proximity** to the student during class?
Y N Do the students sit next to each other?
N/A Y N Do the students remain in close proximity during out-of-seat class activities?
N/A Y N During group activities, do the students join the same group?

Other notes about proximity? _____

When does proximity occur during class (circle all that apply): Beginning Middle End

2. **Y N** Are peer supports **interacting** with the student in class?
Y N Do they greet the student (e.g. "Hi" or "See you later")?
Y N Do students engage in conversation?
Y N Do peer supports include the focal student in interactions with other peers?

Other notes about interactions? _____

When do interactions occur during class (circle all that apply): Beginning Middle End

3. **Y N** Are peer supports assisting the focus student **academically**?
Y N Do the peer supports help the student participate in class activities?
Y N Do peer supports repeat or rephrase instructions for the student?
Y N Are peer supports appropriately prompting the focus student?
Y N Do peer supports provide appropriate feedback to the focus student?
Y N Do students work together on classroom activities?
Y N Do students share work materials?

Other notes about academic assistance? _____

When do support behaviors occur during class (circle all that apply): Beginning Middle End

4. **Y N** Are **you (facilitator) supporting** peer supports and the target student?
Y N Do you facilitate interactions during class when appropriate?
Y N Do you provide reminders/feedback to peer supports before/during/after class?
Y N Do you provide praise and feedback to students during or outside of class?

Other notes about supporting students? _____

Examples of feedback to give peer supports:

- "Matt really appreciates it when you ask him about his weekend."
- "Lily might not always respond to your questions, but she loves connecting with you and other students in the class. If you give her a bit of time to answer and she still doesn't, you can ask her the question again."
- "You do a great job always sharing your notes with Kelsey."

Feedback you gave, or will give, to peer support: _____

FIGURE 5.5. Implementer Checklist for Weekly Meetings.

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Ecomap

Name _____ Date _____

Facilitator _____

 Immediate Family

 Adolescent with ASD

 Pediatrician

 Friends

 Respite

 Health Clinic

 Relatives

 Name of Parent

 Community Center

 Religion or Spirituality

 Social Service Agency

 Parent's Health Insurance

 Work

 Children's Health Insurance

 School Child Attends

FIGURE 7.2. Ecomap tool developed for use during parent Joining Sessions.

From DaWalt, L. S. (n.d.). *Transitioning Together: Adolescents with autism spectrum disorder and their parents—Parent Facilitator Guide*. Madison: Waisman Center, University of Wisconsin–Madison. Reprinted with permission from The Center on Secondary Education for Students with Autism Spectrum Disorders (CSESA) in *Supporting Adolescents with Autism in Secondary Schools* edited by Samuel L. Odom (The Guilford Press, 2023). Permission to photocopy this material is granted to purchasers of this book for personal use or use with students (see copyright page for details).

Student Snapshot Interview Questions 1

Directions:

- Take turns asking your partner a question from the sheet
- Write the answer to your partner's question down on the sheet
- If time allows, share your partner's response with the larger group

1. What is your name?

2. What are your interests or hobbies?

3. What are you good at? What are your talents?

(continued)

FIGURE 7.3. Student Snapshot Interview used during Teen Group sessions to foster self-determination.

From DaWalt, L. S. (n.d.). *Transitioning Together: Adolescents with autism spectrum disorder and their parents—Parent Facilitator Guide*. Madison: Waisman Center, University of Wisconsin–Madison. Reprinted with permission from The Center on Secondary Education for Students with Autism Spectrum Disorders (CSESA) in *Supporting Adolescents with Autism in Secondary Schools* edited by Samuel L. Odom (The Guilford Press, 2023). Permission to photocopy this material is granted to purchasers of this book for personal use or use with students (see copyright page for details).

Student Snapshot Interview Questions 1

4. What are the things you like to do in school?

5. What are you most looking forward to this year in high school?

6. What are you most concerned about this year in high school?

FINISHED? Hand the completed sheet to a facilitator.

FIGURE 7.3. *(continued)*