

<b>JOB SHADOW FEEDBACK FORM</b>		
Student: _____	Date of Job Shadow: _____	
Job Shadow Site: _____	Phone: _____	Email: _____
Job Shadow Contact: _____		
1. Did you have any concerns or comments about the student's behavior?	Yes	No
2. Would you be willing to have another student job-shadow?	Yes	No
3. Would you like to be a job training or internship site for students?	Yes	No

**FIGURE 8.2.** Job Shadow Workplace Supervisor Feedback Form.

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### JOB SHADOW WORKSHEET

Student: \_\_\_\_\_ Date of Job Shadow: \_\_\_\_\_

Job Shadow Site: \_\_\_\_\_

Job Shadow Contact: \_\_\_\_\_ Number of Hours on the Job Shadow: \_\_\_\_\_

#### Experience Summary

1. What type of job did you observe? \_\_\_\_\_

\_\_\_\_\_

2. What types of job tasks did the employee complete? \_\_\_\_\_

\_\_\_\_\_

3. Where tasks do you think you would enjoy completing? \_\_\_\_\_

\_\_\_\_\_

4. What tasks do you think you would not enjoy completing? \_\_\_\_\_

\_\_\_\_\_

5. What type of training or education is required for the job you observed? \_\_\_\_\_

\_\_\_\_\_

**FIGURE 8.3.** Job Shadow Worksheet.

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Rate the following descriptions of skills according to this scale:	
4 = skill mastered or very good	3 = skill is emerging
1 = skill is absent or very weak	NA = not applicable
	2 = skill is starting; needs work
	DK = don't know
Skill area	Rating
STUDY SKILLS	
1. When I read, I write or dictate notes. Later, I go back and review my notes.	1 2 3 4 NA DK
2. When in class, I take notes <i>and</i> record the lecture.	1 2 3 4 NA DK
3. I ask my instructor how to effectively take notes to get the information I need.	1 2 3 4 NA DK
4. I use a Dictaphone or other recording device to take notes during class.	1 2 3 4 NA DK
5. I play back my recorded notes at a later time and memorize important material.	1 2 3 4 NA DK
6. When I study my notes from class sessions, I use strategies to help me memorize long lists and complex concepts.	1 2 3 4 NA DK
7. When I write essays, I can think critically and analyze various topics.	1 2 3 4 NA DK
8. I use graphic organizers, concept maps, or outlines to assist in my writing.	1 2 3 4 NA DK
9. When I read, I use strategies to help me memorize lists or unfamiliar concepts.	1 2 3 4 NA DK
10. I study about 3 hours for every hour of class time.	
TIME MANAGEMENT	
11. I use a daily schedule or planner to record assignment due dates and information.	1 2 3 4 NA DK
12. I refer to my daily schedule and planner frequently each day.	1 2 3 4 NA DK
COMPUTER/COURSE MANAGEMENT SYSTEMS	
13. I use word processing, presentation, and database programs.	1 2 3 4 NA DK
14. I organize my files on a computer.	1 2 3 4 NA DK
15. I use search engines and databases, and cite sources from the Internet.	1 2 3 4 NA DK
16. I upload/download files from the Internet.	1 2 3 4 NA DK
17. I use the university computer and course management systems.	1 2 3 4 NA DK
18. I get definitions of terms and get answers to questions using the Internet.	1 2 3 4 NA DK
19. I know whom to contact if I need answers to computer questions.	1 2 3 4 NA DK
20. I back up my files and I do it frequently.	1 2 3 4 NA DK
SELF-ADVOCACY	
21. I can seek help from my instructor after class or during office hours.	1 2 3 4 NA DK
22. I can describe my disability, learning style, and learning needs to DSO staff.	1 2 3 4 NA DK
23. I can ask instructors to repeat information or give more explanation if needed.	1 2 3 4 NA DK
TEST PREPARATION/TEST TAKING	
24. I use flashcards or quiz apps to help memorize vocabulary terms.	1 2 3 4 NA DK
25. I help organize and attend study groups.	1 2 3 4 NA DK

(continued)

**FIGURE 9.1.** A PSE Preparation Rating Scale, to be completed by the student, parent, and teacher.

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<b>Activity</b>	<b>No assistance</b>	<b>Partial assistance</b>	<b>Full assistance</b>
<b>Mobility—wheelchair</b> (includes pushing a manual wheelchair, clearing a path for the wheelchair, opening doors, daily maintenance of wheelchair)			
<b>Positioning</b> (includes amount of help needed for comfort or to relieve pressure while sitting or sleeping or positioning of pillows or wedges)			
<b>Toileting</b> (includes assistance needed for bowel programming, catheter and/or colostomy cares, and general toileting assistance)			
<b>Transfers</b> (includes moving from one position to another, e.g., moving from bed to a wheelchair or sitting to standing position)			
<b>Medications</b> (includes medications that need to be taken in the morning, evening, during the day, and/or during sleeping hours)			
<b>Meal planning and food preparation</b>			
Menu planning			
Grocery shopping			
Putting food away in cupboards and refrigerator			
Preparing food (cutting, cooking)			
Putting food on plates and table			
Serving food			
Clearing the table			
Putting away leftovers			
Washing dishes/putting dishes in dishwasher			
<b>Laundry</b>			
Sorting clothes			
Putting soap in washing machine			
Putting clothes in washing machine			
Putting clothes in dryer			
Folding clothes			
Ironing clothes			
Putting clothes away			

(continued)

**FIGURE 10.1.** Activities of Daily Living Worksheet. Adapted from National Collaborative on Workforce and Disability for Youth (2010). Adapted by permission.

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<b>Activity</b>	<b>No assistance</b>	<b>Partial assistance</b>	<b>Full assistance</b>
<b>Medical appointments</b>			
Assistance to vehicle			
Accompaniment to appointment			
Help into/out of building or office			
Registering as a patient			
Going to exam room			
Taking notes during exam			
Filling prescriptions			
Transferring onto exam tables/chairs			
<b>Light housekeeping and chores</b>			
Sweeping			
Mopping			
Dusting			
Taking out the garbage			
Making the bed			
Cleaning the windows			
Cleaning the bedroom, kitchen, and bathroom			
<b>Shopping</b>			
Preparing a shopping list			
Assistance into vehicle/nearest public transportation			
Help into/out of store			
Taking items off the shelf			
Carrying the items/pushing the cart			
Handling money			
Loading/unloading purchases into/from vehicle			
Putting items away at home			
<b>Outings/events</b>			
Keeping calendar of events			
Getting directions			
Assistance into a vehicle			
Help at an event			

**FIGURE 10.1.** *(continued)*

Preferred job: \_\_\_\_\_

Friends and family to contact:

Name	Phone	E-mail	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FIGURE 13.2.** A Friends and Family Support Network Form.

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