

Name:

My Trail to Success Checklist



Graduation Day!

My graduation date is: _____

To graduate, I need this many credits: _____

Today, I have this many credits: _____

I participate in my IEP meetings.

I lead my IEP meetings.



My Support Team

Parent/Guardian: _____

Trusted Advisor: _____

Trusted Advisor: _____



I can list my interests.

I enjoy: _____

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I'm good at: _____

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To prepare for work, I completed work readiness training activities and now I can:

Locate information about the job duties, education requirements and pay of various jobs.

Identify jobs that match my interests and abilities. I chose to explore the following jobs:

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Interview an employer for information about a job

Complete a job application

Prepare for a job interview

Describe & demonstrate the work habits employers expect from me.

Get myself to and from school or work

I participated in or more work experiences

I have gathered my work documents including:

Birth Certificate

Social Security Card

Photo ID or Driver's License

Work Permit

Master Application



I explored my training options and decided that the following choice is right for me:

College

I applied on: _____

Trade School

I applied on: _____

Certificate Prog.

I applied on: _____

Job Corp

I applied on: _____

Apprenticeship

I applied on: _____

On-the-Job-Training



Leadership

I have completed the following leadership activities:

Reviewed NCWD Disability History Timeline

Completed NCWD Disability History Self-Assessment

Attended Youth Leadership Forum Camp (or similar)

Watched the film: The Great Fight for Disability Rights

Because of my leadership activities, I can:

Make informed decisions

Explain disability history to others

Describe my rights and responsibilities

Be a mentor to others



My Support Services After High School

I explored support services and applied for the ones that I decided are right for me:

Independent Living Services

Contact Person: _____

Mental Health Services

Contact Person: _____

Developmental Disability Services

Contact Person: _____

Benefits Counseling Services

Contact Person: _____

Other:

Contact Person: _____

