Considerations for Students with Intellectual and Developmental Disabilities (IDD) and Autism Spectrum Disorder (ASD) Planning to Attend College or Higher Education

Skills Review (Student Completes)

Respond to the following skills areas and descriptions as honestly as you can. These are skills most students use at college and higher education experiences after high school. The skills you rate "no" or "sometimes" may be areas to work on now for greater success in the educational experience you choose.

Skill Area	Description	Rate yourself on how often you do the activities listed: Yes=most or all of the time Sometimes=half or more of the time No=rarely or never do it		
Executive Function ***(organizing, planning, getting started, being flexible)***	I get myself up in the morning with my own alarm, usually with no help from my parents or others.	Yes	Sometimes	No
	I use an online or physical calendar to keep track of classes, appointments, tests, work commitments, or other recreational activities.	Yes	Sometimes	No
	I use a checklist or other tool for keeping track of what I need to do at work (if I work), for homework (at school), to plan my day, set priorities, and keep track of things I need to do.	Yes	Sometimes	No
	I usually get started with homework without reminders from my parents or others.	Yes	Sometimes	No
	I work well in groups, such as team assignments at school, and can complete a project with them without many issues.	Yes	Sometimes	No
	I usually can work through changes to the schedule or routine pretty without much problem.	Yes	Sometimes	No
	It's easy for me to get started, for example on homework, chores at home, tasks at work.	Yes	Sometimes	No
	I can get overwhelmed or frustrated pretty easily if I have too many things to do.	Yes	Sometimes	No
	I can calm myself down if I get too frustrated (such as taking a walk, a break, counting to 10, or something else).	Yes	Sometimes	No
	I finish what I start, even if I'm bored or not sure of how to finish.	Yes	Sometimes	No
	I sometimes just have to say an answer or thought that comes to mind.	Yes	Sometimes	No
	I get super bored sitting and listening to lectures.	Yes	Sometimes	No
	I have a hard time paying attention for over 30 minutes at a time.	Yes	Sometimes	No

Skill Area	Description	Rate yourself on how often you do the activities listed: Yes=most or all of the time Sometimes=half or more of the time No=rarely or never do it
	I really like structure and routine, and have a hard time if plans change or things do not go according to the schedule.	Yes Sometimes No
	When I don't understand how to do something (like homework or a work task), I usually wait to see if I can figure it out before asking for help.	Yes Sometimes No
	I know how to problem-solve, look at options, and make a decision on my own.	Yes Sometimes No
	I sometimes need information broken down to fully understand what I am supposed to do.	Yes Sometimes No
	I know what to do when I get stuck on something.	Yes Sometimes No
	I can get super focused (stuck) on a thought, activity, idea, etc. and it's hard to get unstuck.	Yes Sometimes No
Social Communication ***(interacting with other people, working with school peers, understanding non-verbal and verbal communication)***	I know what a 2-way conversation is and give other people a chance to talk about their topics of interest.	Yes Sometimes No
	I know how to find a common interest with someone.	Yes Sometimes No
	I get along well with my peers at school or co-workers (if I am working).	Yes Sometimes No
	I like to follow rules and make sure other people are following the rules too.	Yes Sometimes No
	I am comfortable approaching someone I don't know if they are talking about a topic I am interested in.	Yes Sometimes No
	I think non-verbal body language is mainly the person's facial expression.	Yes Sometimes No
	I know people are reading my non-verbal body language.	Yes Sometimes No
	I would know if someone did or didn't want to talk to me by their body language.	Yes Sometimes No
	I am comfortable with being able to get into and out of conversations with groups.	Yes Sometimes No
	I get frustrated if people don't understand me.	Yes Sometimes No
	I think other people see things mostly like I do.	
	I stop and think about how someone might feel if I say something.	Yes Sometimes No
	I talk about some sensitive or personal topics with people I don't know well, as long as I know a lot about the topic or it's important at the moment (examples: their marriage, their age, why gender or political preferences are or are not okay).	Yes Sometimes No
	I think it's okay to tell the same joke time after time if it is super funny.	Yes Sometimes No
	I pay attention to the tone of voice of others during conversations.	Yes Sometimes No

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	I may keep texting, emailing, or calling someone who is not responding, because they may not be getting my communication or messages.	Yes	Sometimes	No
	I ask open-ended questions during conversations.	Yes	Sometimes	No
	It is important for me to set goals.	Yes	Sometimes	No
	I have social anxiety around other people so it's just easier to not talk to them.	Yes	Sometimes	No
	I hang out with friends at least once a month.			
	Most of my friends are online.	Yes	Sometimes	No
	I can tell when a conversation is private.	Yes	Sometimes	No
	I stay away from web sites that are risky and could cause a problem for me with my parents, the school, or the law.	Yes	Sometimes	No
	I know hygiene is a form of non-verbal communication and people form impressions about me by my hygiene.	Yes	Sometimes	No
	It sometimes takes me a little longer to process what someone says, but I usually can understand if I have time.	Yes	Sometimes	No
Self-Advocacy *(knows supports and how to ask for them, knows how to get needs met by being proactive, knows how to ask for help, understands differences in high school and college, etc.)*	I did or do take part in my Individualized Education Program (IEP) at school.	Yes	Sometimes	No
	I helped set goals in my IEP (or my vocational rehabilitation plan) and input to my strengths, preferences, interests, and needs.	Yes	Sometimes	No
	I go to (or went to) teachers or resource people at school for help on homework or test issues, if I do not understand something, or to ask for help.	Yes	Sometimes	No
	I prefer to wait for my teachers, resource people, parents, or boss (if I work) to come to me first because it's too hard to ask for help or I might not be sure what to say.	Yes	Sometimes	No
	It's better if my teacher or boss comes to me if there's a problem as I may not be sure what to say to them.	Yes	Sometimes	No
	I do my own laundry at home and know how much soap to use and how operate the washer and dryer.	Yes	Sometimes	No
	I prepare my own meals at home for lunch or dinner at home.	Yes	Sometimes	No
	I get groceries for myself or my family.	Yes	Sometimes	No
	I make a list of food I need to get.	Yes	Sometimes	No
	I have used cleaning products to clean a bathroom at home (sink, shower or tub, toilet, floor).	Yes	Sometimes	No
	I make my own doctor or dentist appointments.	Yes	Sometimes	No
	I do most of the talking at my doctor or dentist.	Yes	Sometimes	No

Skill Area	Description	Rate yourself on how often you do the activities listed: Yes=most or all of the time Sometimes=half or more of the time No=rarely or never do it		
	If I take medication, I know what I take and why.	Yes	Sometimes	No
	If I take medication, I reorder my own refills.	Yes	Sometimes	No
	If I have a headache or needed an over-the-counter medication (like Tylenol or Advil), I know how much to take and how often.	Yes	Sometimes	No
	I get myself around to places by driving, riding a bike, or taking a bus.	Yes	Sometimes	No
	I mainly depend on my parents or someone else to get me around.	Yes	Sometimes	No
	I have a bank account and can use an ATM card.	Yes	Sometimes	No
	I know how to check the balance in my bank account.	Yes	Sometimes	No
	I have some sensory reactions and know how to manage them.	Yes	Sometimes	No
	I am comfortable asking for accommodations or help (such as help with note taking, more time on tests, clarification on an assignment).	Yes	Sometimes	No
	I take showers or bathe every 1-2 days without reminders from my parents.	Yes	Sometimes	No
	I wash my hair every 1-2 days.	Yes	Sometimes	No
	I comb or brush my hair every day.	Yes	Sometimes	No
	I wear deodorant every day.	Yes	Sometimes	No
	I brush my teeth daily without reminders.	Yes	Sometimes	No
	I make my own haircut appointments every 4-8 weeks and follow through with getting my hair cut.	Yes	Sometimes	No
	I clip my finger and toenails when they get too long without reminders from my parents or others.	Yes	Sometimes	No
	I think it's okay to wear clothes in public with food stains on them.	Yes	Sometimes	No
	I know what disclosure means and when it may be helpful to disclose a disability.	Yes	Sometimes	No
	I can tell if someone is trying to take advantage of me.	Yes	Sometimes	No
	If I am really stressed out, anxious, or depressed, I have some strategies to relax.	Yes	Sometimes	No
	If am anxious or depressed, I know who to talk to for help and advice.	Yes	Sometimes	No
	I would meet up with someone I met online if they showed me a picture of themselves first.	Yes	Sometimes	No