

## Transition Check Sheet - Living

Write **Y** (yes), **N** (no), **R** (with reminders), or **W** (needs to work on)

Living Skill	Student	Parent	Living Skill	Student	Parent
			Tell time (digital & analog)		
Adjusts to new situations			Uses a calendar to keep a schedule		
Resists peer pressure			Checks the weather		
Showers daily			Dresses appropriately for weather		
Uses deodorant			Has a bank account		
Brushes teeth			Uses a debit card		
Keeps fingernails & hair neat			Keeps track of expenses		
Takes medications as prescribed			Develops a budget		
Makes a doctor appointment			Writes a check		
Picks up prescriptions at pharmacy			Pay a bill by mail		
Does basic first aid			Pay a bill online		
Laundry (wash, dry, fold, put away)			Use a calendar for due dates		
Makes bed			Has a driver's permit/license		
Picks up after self			Use public transportation		
Dusts & vacuums			Read a bus schedule		
Cooks a meal in microwave			Make a shopping list		
Cooks a meal on stove or in oven			Find a restaurant		
Cooks a meal from scratch			Navigate the town		
Plans a menu			Order food in a restaurant		
Follows a recipe			Pay the check in a restaurant		
Cleans up kitchen after cooking/ do dishes			Tip the wait staff in a restaurant		