

Independent Living Postsecondary Goal Worksheet IEP Team Decision Assistance Form

This form is designed to help the IEP team decide if a student needs a postsecondary goal in the area of independent living. *Independent living includes the skills and knowledge an individual needs to direct his or her life at home and in the community.* Transition assessment information should be taken into account when completing this form and additional assessment may be necessary to adequately identify goal(s).

Review each statement, and consider whether the student possesses the identified skills.

Yes – performs independently and consistently;

No – performs inconsistently or not at all; consider an independent living goal

NA – not an area of independence being considered at this time;

Home Living

	Yes	No	NA
Follows daily living routine (e.g., personal hygiene, dressing, selecting clothes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, prepares and stores food; maintains healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs light household maintenance (e.g., cleaning, unclogging drains or toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately makes and receives telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows disaster safety routines for fire and natural disasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household & Money Management

	Yes	No	NA
Creates and maintains checking & savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages money (e.g., counts money, makes change, budgets, pays taxes, and monthly bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates cost of services (e.g., banking, telephone, leasing, credit cards, loans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates & acquires place to live (e.g., finds housing, understands rental agreements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets up living setting (e.g., organizes furniture, arranges for utilities and services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the importance of a good credit rating, how to view and interpret a credit report, and methods to improve credit rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transportation

	Yes	No	NA
Selects appropriate method of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses required transportation documentation (e.g., driver's license, bus pass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes transportation (e.g., carpool partners, door-to-door bus or cab service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigates throughout community using preferred mode of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If driving, knows of automotive maintenance schedules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Law & Politics

	Yes	No	NA
Knows how to participate in voting and political decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands basic local, state, and national laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands rights as a person with a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Involvement

	Yes	No	NA
Locates & participates in leisure, recreation, and community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates and uses community services (e.g., stores, banks, medical facilities, recreation facilities, health department, police department, social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes paperwork for medical treatment, community services, insurance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans and acquires wardrobe (e.g., select appropriate clothes, compare prices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to environmental cues (e.g., signs, sirens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and Wellness

	Yes	No	NA
Knows how to obtain healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to access healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices healthy habits (exercise, eating, buckles seatbelt, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic medical care for common illness (colds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Safety and Interpersonal Relationships

	Yes	No	NA
Performs basic first aid and seeks medical assistance when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices community safety routines (e.g., when to talk to strangers, avoiding unsafe locations, locking doors, asking for directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands when it is appropriate to call 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows CPR and when it is necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains relationships with family and friends; establishes new friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the concepts of sexuality (e.g., physical self, reproductive process, dating, relationship, marriage).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes informed choices regarding sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of basic parenting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Advocacy

	Yes	No	NA
Expresses strengths and needs; asks for accommodations when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses preferences appropriately, identifies long- and short-range goals, and takes steps to reach goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assertively advocates for self in situations outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolves conflicts through discussion, reasoning, & compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Independent Living Skills

If “No” was answered for any of the skills identified above, a postsecondary goal should be considered for the area of independent living. The discussion questions below help further identify an appropriate goal.

Independent living goal(s) needed at this time? ☐ Yes ☐ No

Is additional assessment information needed in the area of independent living? Why?

What are the 3 most important independent living skills to be addressed in IEP?

1. _____
2. _____
3. _____

How can we work on these particular skills throughout this coming year (i.e., instruction, related services, post-school living objectives, daily living skills, and/or functional vocational evaluation)?

What annual IEP goal(s) will enable the student to meet the postsecondary independent living goal?

