



- Yes, it was great!
- No, I would not prepare that meal.

Recreation/ Leisure

1. *Check any activity that you have done during the school closure:*

- Walking/ running
- Reading
- Watching Movies
- Board games
- Video games
- Computer
- Social Media

2. *Watch a movie or read a book.*

- a. *Who is the character?*
- b. *What is the story about?*
- c. *What was your favorite part of the story?*
- d. *Did you like the story?*

3. *Build a calendar of what activities you do throughout the week (fill-in calendar):*

Time of Day:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00PM					
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					

Examples of activities to fill-in calendar:

1. *What time do you get up in the morning?*



2. *When do you eat?*
3. *What activities do you do?*
4. *What time is dinner?*
5. *What time do you go to bed?*

Shopping

Are you going shopping this week?

1. *What store?*
 - Fred Meyers
 - Albertson's
 - Wal-Mart
 - Sherm's Thunderbird
 - Other: _____

2. *Create a list for shopping at the store. Include product, quantity, and how much each item costs.*

Item	QTY	\$
Produce (Lettuce, vegetables, and fruits)		
1.		
2.		
3.		
4.		
Grains (Bread, noodles, and cereals)		
1.		
2.		
3.		
4.		
Dairy (Cheese, milk, and butter)		
1.		
2.		
3.		
4.		
Meat (Beef, chicken, and fish)		
1.		
2.		
3.		
4.		
Total		



Pre-Employment Skills:

1. Customer orders a vanilla latte for \$4.25 and hands you \$10.00, how much money would the customer get back? _____
2. Customer orders a vanilla latte and a black tea for \$7.25 and hands you \$10.00, how much money would the customer get back? _____
3. Customer orders a mocha, latte, and breve for \$12.25 and hands you \$15.00, how much money would the customer get back? _____
4. Customer orders a large strawberry smoothie for \$5.25, hands you \$9.00. The customer tells you to keep the change as a tip. How much was the tip? _____

Hygiene- Weekly Checklist

(Check off each time you do your hygiene)

Hygiene activity	Monday	Tuesday	Wednesday	Thursday	Friday
AM Brush Teeth					
Shower AM					
Wash Hands AM					
Wash Hands PM					
Shower PM					
PM Brush Teeth					

2020-2021 Goals:

1. What do you want to improve on next year at transition?
2. What is something you would like to do more of?
3. Anything new you would like to try next year?