##### Project Aspiro Strengths/Problems Checklist

Name: Date:

Address:

Phone Number:

Mobile Number:

E-mail Address:

Emergency Contact:

Emergency Contact’s Phone Number:

Trainer:

**Strengths/Problems Checklist**

**Directions**

The Strengths/Problems Checklist is a tool designed for you to complete independently. The Checklist can help you figure out your strengths (competencies) and weaknesses (problems or challenges) as you prepare to enter the working world. Once you know your strengths and weaknesses, you can decide what you need to work on to prepare for your career and successfully search for a job. If you are working with a counsellor or job coach you can look at the checklist together once it’s completed and discuss goals and next steps. Or, you can use the Checklist to set personal goals. Remember as you complete this Strengths/Problems Checklist that there are no right or wrong answers—just what is true for you.

Please read each item (indicator) carefully and answer either yes or no. Try to think of examples from your life as you respond. For example, if the item is “I perform chores at home,” think of the things you do to help out at home such as washing the dishes or taking out the trash. If you are working with a counselor he or she may ask you for examples when you share your completed Checklist. Please respond to each item.

There is no time limit for completing the Checklist—take as much time as you need to read and respond to the items. You may change an answer, if you have second thoughts and feel you should have answered differently. Remember—there are no right or wrong answers!

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| Indicators | Yes | No |
| I perform chores at home. |  |  |
| I perform chores in other venues (volunteer placement, secular or religious facilities, etc.). |  |  |
| I participate in community activities (food drives, litter pick-up, fundraising for organizations, etc.). |  |  |
| I participate in community or membership organizations. |  |  |
| I volunteer. |  |  |
| I like people. |  |  |
| Other people like me. |  |  |
| I like home-based activities such as watching television, listening to the radio, or reading. |  |  |
| I like to go out with friends. |  |  |
| I like to go out by myself. |  |  |
| I participate in fitness activities or sports. |  |  |
| I like to watch athletic events. |  |  |
| I like community-based activities such as going to clubs, movies, or shopping. |  |  |
| I like to play computer or video games. |  |  |
| I like to walk or hike. |  |  |
| I have hobbies and spend time on them. |  |  |
| I get a lot of exercise. |  |  |
| I feel comfortable eating out. |  |  |
| It is difficult for me to go out and have a good time. |  |  |
| I provide favors for others, for example, helping a neighbor or relative with housework. |  |  |
| I return favors that have been done for me, for example, helping to pay for petrol when a friend drives me places. |  |  |
| I use gestures when I communicate (nodding, hand motions, etc.). |  |  |
| I am a good listener. |  |  |
| I am a good speaker. |  |  |
| I am comfortable asking for help. |  |  |
| I am comfortable speaking with someone I’ve just met. |  |  |

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| Indicators | Yes | No |
| I recognize when I have a problem. |  |  |
| I try to solve my problems myself. |  |  |
| I ask for help with a problem when I need it. |  |  |
| I consider several solutions to my problems. |  |  |
| I understand the possible consequences of my choices. |  |  |
| I take steps to solve a problem. |  |  |
| I evaluate the outcome of my solutions. |  |  |
| Other people try to solve my problems for me. |  |  |
| I feel comfortable asking others not to interfere when I am trying to solve a problem. |  |  |
| I can comfortably describe my disability to others. |  |  |
| I can describe the accommodations that I need to others. |  |  |
| I ask for accommodations when needed. |  |  |
| I handle my own affairs (doctor’s appointments, scheduling training or meetings, etc.). |  |  |
| I know what resources are available to assist me in meeting my future goals. |  |  |
| I understand my legal rights and responsibilities. |  |  |
| I read using: (***Rank order your choices – #1 = preferred*** ) |  |  |
| Regular print without low vision devices. |  |  |
| Regular print with low vision devices. (Type of devices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| Large print (size \_\_\_\_\_\_\_\_\_\_\_\_). |  |  |
| Braille (Grade 1 \_\_\_ Grade 2 \_\_\_). |  |  |
| Computer with speech output. |  |  |
| Cassette Tapes or CDs. |  |  |
| Digital Books. |  |  |
| Human Reader (paid or volunteer). |  |  |
| Reading Machine. |  |  |
| My reading speed is \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |
| I can read at that speed for \_\_\_\_\_\_\_\_\_\_\_\_\_(length of time). |  |  |
| Indicators | **Yes** | **No** |
| I typically write: (***Rank order your choices – #1 preferred***) |  |  |
| Notes in regular print. |  |  |
| Notes in cursive script. |  |  |
| Using a computer and listen to what I’ve written using a screen reader. |  |  |
| Using a slate and stylus to write notes in braille. |  |  |
| Using a mechanical brailler to write notes in braille. |  |  |
| Using a braille embosser to produce notes I’ve written on a computer. |  |  |
| Using a notetaking device (type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). |  |  |
| Using a tape recorder for notes. |  |  |
| I can access printed materials. |  |  |
| I can generate printed materials. |  |  |
| I use orientation and mobility skills. |  |  |
| I usually travel in the following ways: |  |  |
| Family or friends drive me places. |  |  |
| Someone helps me arrange transportation. |  |  |
| I use school transportation. |  |  |
| I use public transportation (bus, train). |  |  |
| I use paratransit services. |  |  |
| I drive my car (motorcycle). |  |  |
| I have a driver (paid). |  |  |
| I use private cab companies. |  |  |
| I walk with a cane. |  |  |
| I walk without a cane. |  |  |
| I walk with a dog guide. |  |  |
| I usually walk with a sighted guide. |  |  |
| I use a sighted guide in new locations. |  |  |
| I know how to route plan in my neighborhood. |  |  |
| I can read a map. |  |  |
| I know pertinent bus/train schedules. |  |  |
| Indicators | **Yes** | **No** |
| I travel outside of my home town (by air, train). |  |  |
| I do the following: |  |  |
| Purchase my own clothes. |  |  |
| Shop for groceries. |  |  |
| Attend to personal hygiene needs. |  |  |
| Laundry (wash/dry). |  |  |
| Store (fold & hang) my clothes. |  |  |
| Bank (checking or savings). |  |  |
| Vacuum or sweep. |  |  |
| Polish and/or dust furniture |  |  |
| Wash/dry dishes. |  |  |
| Take out the trash. |  |  |
| I keep a calendar. |  |  |
| I make and keep appointments. |  |  |
| I have money for incidentals at the end of the month. |  |  |
| Sometimes I wonder if I can afford the things I want. |  |  |
| I know the schedule for trash collection at my house. |  |  |
| I pay my bills on time. |  |  |
| I know when holidays are upcoming. |  |  |
| I plan meals in advance. |  |  |
| I have too many things to do. |  |  |
| I don’t have enough things to do to stay active. |  |  |
| When I shop, I take a shopping list. |  |  |
| I budget my money. |  |  |
| My room/apartment/home is well organized. |  |  |
| Other people say my room/apartment/home is tidy. |  |  |
| I have trouble keeping my clothes clean. |  |  |
| Other people say that I look well groomed. |  |  |
| When I have an emergency, I know what to do. |  |  |
| Indicators | **Yes** | **No** |
| I use the following technology devices: |  |  |
| Computer with speech output (Name of software:\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| Computer with magnification software (Name of software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| Computer with braille output (Name of device:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| Braille embosser |  |  |
| Electronic notetaking device (Name of device: \_\_\_\_\_\_\_\_\_) |  |  |
| CCTV |  |  |
| Reading machine/scanner |  |  |
| Voice activated computer |  |  |
| Talking calculator |  |  |
| Talking watch |  |  |
| Electronic dictionary |  |  |
| Specialized work tools with speech/audio output. List items: |  |  |
| I use the Internet. |  |  |
| List other technology that you use routinely: |  |  |
| My keyboarding rate is \_\_\_\_\_\_\_WPM |  |  |
| I have participated in employability skills training. |  |  |
| I have participated in vocational preparation classes. |  |  |
| If yes, LIST classes completed: |  |  |
| I know how to find information about jobs. |  |  |
| I know the most popular fields of work in my community. |  |  |
| I know the most popular fields of work in my county. |  |  |
| I know the most popular fields of work in my country. |  |  |
| I know the most popular fields of work being performed by other blind or partially sighted people. |  |  |
| Indicators | **Yes** | **No** |
| I have used the following resources to find out about jobs: |  |  |
| Internet sites specific to people with disabilities |  |  |
| Library |  |  |
| Telephone |  |  |
| Internet- generic websites |  |  |
| Attending meetings of blind or partially sighted people. |  |  |
| Attending professional conferences or networking meetings. |  |  |
| Attending special interest meetings or conventions |  |  |
| Community resources. List: |  |  |
| Career exploration software. List: |  |  |
| Other Resources. List: |  |  |
| I have found my own job(s). |  |  |
| I can find my own job in the future. |  |  |
| Others have helped me find jobs in the past. |  |  |
| I know what assistance I will need to work in the future. |  |  |
| In order to work, I will need help with transportation. |  |  |
| In order to work, I will need help with housing. |  |  |
| In order to work, I will need help with managing my home. |  |  |
| In order to work, I will need help with scheduling my time. |  |  |
| In order to work, I will need help with managing my money. |  |  |
| In order to work, I will need help with performing on the job (job coaching). |  |  |
| In order to work, I will need help with tools, equipment, etc. |  |  |
| I learn best by: (**Please pick only one**) |  |  |
| Indicators | **Yes** | **No** |
| Reading a manual or directions |  |  |
| Listening to someone describe what to do |  |  |
| Watching someone perform a task |  |  |
| Doing the task while someone watches me and  provides feedback on my performance |  |  |
| Having someone show me how to perform by doing the  Task with me…hand-over-hand |  |  |
| Self-Awareness Indicators | **Yes** | **No** |
| I know my interests. |  |  |
| I know my abilities and talents. |  |  |
| I know my values (beliefs). |  |  |
| I know my weaknesses and barriers to work. |  |  |
| I know how others view me. |  |  |
| I know what kind of work best fits my personality traits. |  |  |
| I have reasons to go to work. |  |  |
| I understand the impact of my behaviors on other people. |  |  |
| Career Exploration Indicators | **Yes** | **No** |
| I know what jobs are available. |  |  |
| For the jobs I know about, I can describe: |  |  |
| The salary range; |  |  |
| The work environment; |  |  |
| The required training; |  |  |
| The availability of these jobs in my community. |  |  |
| I have explored jobs in the following ways: |  |  |
| Reading about jobs; |  |  |
| Informational interviews with sighted workers; |  |  |
| Informational interviews with visually impaired workers; |  |  |
| Job shadowing; |  |  |
| Job site visits; |  |  |
| Job analysis. |  |  |
| Job Seeking Skills Indicators | **Yes** | **No** |
| I am comfortable calling for information about job openings. |  |  |
| I can get to a business to apply for a job. |  |  |
| I have a personal data sheet. |  |  |
| I use my personal data sheet to complete job applications. |  |  |
| I have a resume. |  |  |
| I know how to use a resume. |  |  |
| I know how to find job leads. |  |  |
| I can follow-up on a job lead. |  |  |
| I know when it is appropriate to disclose my disability to an employer. |  |  |
| I know how to prepare for an interview. |  |  |
| I have interviewed for a job. |  |  |
| I have followed-up after an interview. |  |  |
| I keep records of interviews I have had and with whom I’ve interviewed. |  |  |
| Job Maintenance Skills Indicators | **Yes** | **No** |
| I have good attendance at school. |  |  |
| I have good attendance at work. |  |  |
| I am punctual at school. |  |  |
| I am punctual at work. |  |  |
| I have worked. |  |  |
| I have held a job for a year or more. |  |  |
| I can list my best work habits. |  |  |
| I know when to ask for help on a job. |  |  |
| I get along well with my co-workers (peers). |  |  |
| I make friends easily. |  |  |
| I can’t say “no” to people. |  |  |
| I can usually speak up for myself. |  |  |
| I go to the doctor often. |  |  |
| Indicators | **Yes** | **No** |
| I miss commitments/work at least one day a month. |  |  |
| I often feel lonely. |  |  |
| I do not like to ask for help. |  |  |
| I have applied for and received promotions. |  |  |
| I become upset if someone tells me I’m not working well. |  |  |
| I have been fired from a job. |  |  |
| I always try to do a good job. |  |  |
| I have met some of my present friends at work. |  |  |
| I have completed a personnel evaluation with an employer. |  |  |
| Employment Skills | **Yes** | **No** |
| I am employed. |  |  |
| I understand my pay check (net income versus gross income, voluntary versus involuntary deductions). |  |  |
| I have notified the authorities that I am working (if necessary). |  |  |
| I know what work benefits I am eligible for (sick leave, medical/dental insurance, retirement, etc.) |  |  |
| I understand my current work status (probation period, amount of leave time, disciplinary actions). |  |  |
| I have records of my work experience. |  |  |
| I have been oriented to the rules and regulations of my work place (emergency evacuation plan, purchasing, getting supplies, paperwork procedures). |  |  |
| I understand the chain of command at my work place. |  |  |
| I know to whom to go if I need assistance on the job (supervisor, O&M instructor, rehabilitation engineer, rehabilitation counselor, job coach). |  |  |
| I use my compensatory skills on the job (O&M, note taking skills, etc.). |  |  |
| I have participated in non-paid work. |  |  |
| I have participated in paid work. |  |  |

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| --- | --- | --- | --- | --- |
| **List all of the jobs (paid and non-paid) you have held:** | | | | |
| **Job Title** | **Employer** | **Dates** | **Paid Yes/No** | |
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| Indicators | | | **Yes** | **No** |
| I can address employers’ safety concerns. | | |  |  |
| I can explain how I access printed materials. | | |  |  |
| I can explain how I generate printed materials. | | |  |  |
| I can get to and from work. | | |  |  |
| I can travel within a work environment without assistance from others. | | |  |  |
| I can produce as much work as my sighted peers. | | |  |  |
| I do not make any more mistakes than my sighted peers. | | |  |  |
| I understand how employers’ expectations change over time. | | |  |  |

Notes: