MACOMB ACADEMY

39092 Garfield Clinton Twp., MI 48038 Phone (586) 228-2201 Fax (586) 228-2210
macombacademy@macombacademy.net

NEW STUDENT INFORMATION CHECKLIST

Please return the following **COMPLETED** documents for your new student. A student will **NOT** be considered fully registered at Macomb Academy until all of these items are submitted to the Records Office. Please call if you have any questions or need assistance.

_____ Medication Control Form

_____ McKinney-Vento Residency Questionnaire (Pink)

_____ Emergency Information Card (Yellow)

_____ Hold Harmless Agreement (Blue)

_____ Media Release Form

_____ Off-Campus Permission Form

_____ Wellness Room Permission Form

_____ Guardian Verification Form (If applicable) along with Court Approved Guardianship Papers

_____ Social Security Card

_____ Birth Certificate

_____ Michigan ID Card (non-expired)

_____ Immunization Record

_____ MAC Student/Parent/Guardian/Teacher Contract

_____ LCCE Assessment Forms

_____ Student Transportation Information

_____ Statement of Varicella Disease

_____ Certificate of Completion

A student is **not** eligible for enrollment at Macomb Academy unless all of the required documents have been received prior to the student's anticipated start date.

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STUDENT REGISTRATION & INFORMATION

Today's Date _____ Registration Year _____
Resident District_____

PLEASE PRINT ALL REQUESTED INFORMATION

STUDENT INFORMATION

Name: _____ Birth Date: _____ Age: _____

Social Security No: _____-____-_____ Birth Gender: Male Female (circle one)

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Student Cell Phone: _____

Primary email: _____

Does student have a driver's license? ☐ YES ☐ NO If yes, please complete vehicle information sheet

PARENT/GUARDIAN INFORMATION

Does the student have a legal guardian? ☐ YES ☐ NO

☐ Parent ☐ Guardian ☐ Power of Attorney (check all that apply)

Guardian
Name: _____ Relationship:_____

Cell Phone: _____ Best time to call:_____

Primary email: _____

Address: _____

City: _____ State:_____ ZIP:_____

Guardian
Name: _____ Relationship:_____

Cell Phone: _____ Best time to call:_____

Primary email: _____

Address: _____

City: _____ State:_____ ZIP:_____

Does the student live with you? ☐ YES ☐ NO If no, with whom does the student live and what is his/her relationship to the student? _____

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STUDENT REGISTRATION & INFORMATION

STUDENT EDUCATIONAL HISTORY

Last school attended: _____ Year: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

School District: _____ County: _____

Special Education Category: _____

Date of last Individual Educational Plan (IEP): _____

Certificate of Completion date: _____

BENEFITS & SERVICES INFORMATION

Please check if student receives any of the following services/benefits:

☐ SSI (Supplemental Security Income from Social Security)

Agency Name: _____

Name: _____

Address: _____ City: _____ State: ___

Zip Code: _____

Phone number: _____

Email address: _____

☐ Medicaid

Agency Name: _____

Name: _____

Address: _____ City: _____ State: ___

Zip Code: _____

Phone number: _____

Email address: _____

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☐ Community Mental Health (CMH) services

Agency Name: _____

Name: _____

Address: _____ City: _____ State: ___

Zip Code: _____

Phone number: _____

Email address: _____

☐ Michigan Rehabilitation Services (MRS)

Agency Name: _____

Name: _____

Address: _____ City: _____ State: ___

Zip Code: _____

Phone number: _____

Email address: _____

☐ Other Services

Agency Name: _____

Name: _____

Address: _____ City: _____ State: ___

Zip Code: _____

Phone number: _____

Email address: _____

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STUDENT REGISTRATION & INFORMATION

BENEFITS & SERVICES INFORMATION

Did the student receive any of these services?

- ☐ Social Work
- ☐ Speech & Language
- ☐ ESL
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Vision Impaired Teacher Consultant
- ☐ Orientation and Mobility Specialist
- ☐ Deaf/Hard of Hearing Teacher Consultant
- ☐ Audiologist

STUDENT EMPLOYMENT/VOLUNTEER/SCHOOL-BASED WORK EXPERIENCE HISTORY

WORK EXPERIENCE:

Employer name: _____

Address: _____

Phone: _____ Fax: _____

Contact person/supervisor: _____

Please detail job duties: _____

_____

_____

Is there a work environment in which the student has had particular success and should pursue further? _____

Are there any special interests regarding the type of work the student would like to do and in which the student is skilled? _____

_____

_____

Briefly describe your student and any information that would be beneficial in planning his/her education, employment, and social skills development:

_____

_____

_____

_____

_____

_____

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STUDENT REGISTRATION & INFORMATION

EMERGENCY CONTACT INFORMATION

Name: ____

Address: ____

Home phone: ____________________ Cell Phone: ____________________

Work phone: ____________________ Relationship to student: ____________________

Which phone is primary contact during school hours? ☐ HOME ☐ CELL ☐ WORK

Name: ____

Address: ____

Home phone: ____________________ Cell Phone: ____________________

Work phone: ____________________ Relationship to student: ____________________

Which phone is primary contact during school hours? ☐ HOME ☐ CELL ☐ WORK

Name: ____

Address: ____

Home phone: ____________________ Cell Phone: ____________________

Work phone: ____________________ Relationship to student: ____________________

Which phone is primary contact during school hours? ☐ HOME ☐ CELL ☐ WORK

Name: ____

Address: ____

Home phone: ____________________ Cell Phone: ____________________

Work phone: ____________________ Relationship to student: ____________________

Which phone is primary contact during school hours? ☐ HOME ☐ CELL ☐ WORK

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STUDENT REGISTRATION & INFORMATION

PHYSICIAN INFORMATION

Physician name: _____

Address: _____

Preferred Hospital/Practice name: _____

Telephone: _____ Fax: _____

Additional information: _____

_____

_____

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RACIAL/ETHNIC DECLARATION

All school districts are required by state and federal law to report the racial/ethnic origins of our student body as a group. This declaration is used for statistical purposes only and will NOT be kept as part of an individual students' record. Your cooperation regarding this effort is most appreciated.

PLEASE CIRCLE ONE:

☐ 1. **AMERICAN INDIAN OR ALASKAN NATIVE**: A person having origins in North America, or who maintains cultural identification through tribal affiliation or community Recognition

☐ 2. **ASIAN AMERICAN**: A person having origins in the Far East or Southeast Asia

☐ 3. **BLACK OR AFRICAN AMERICAN**: A person having origins in any of the black racial groups in Africa

☐ 4. **HISPANIC OR LATINO**: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin

☐ 5. **WHITE; NOT OF HISPANIC ORIGIN**: A person having origins in Europe, North Africa or the Middle East

☐ 6. **MULTI-RACIAL**

☐ 7. **HAWAIIAN OR PACIFIC ISLANDER**

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MACOMB ACADEMY STUDENT STATUS FORM

Free Appropriate Public Education (FAPE)

Please Attach a Current IEP to this Completed Form

Today's Date _____

Student Name: _____ Birthdate:_____ Age:_____

Gender: ☐ M ☐ F Parent(s) Name: _____

Address: _____

Home Phone: _____Cell Phone: _____ Work: _____

District in which student resides: _____ Last evaluation date: _____

Right to a Free Appropriate Public Education (FAPE)

- On _____(date) it was determined that your student is a student with a disability under the Individuals with Disabilities Education Act (IDEA).
- As a student with a disability: he/she is entitled to receive a Free Appropriate Public Education (FAPE) from the public school
- The _____ public school district stands ready to provide a FAPE should you/your student choose to continue his/her education until age 26 or his/her acceptance of a diploma

---

This form verifies that, _____, the student, has not accepted his/her high school diploma, nor will a diploma be held for the student to obtain at a later date. In addition, an IEP (Individualized Education Plan) has identified his/her disability and plan of work, which includes transition goals for daily living skills and employability training to exit your district. Therefore, the student, _____, is entitled to a Free Appropriate Public Education (FAPE) in the State of Michigan.

_____ _____

Signature of School Official Position

_____ _____

School District Date

MACOMB ACADEMY

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macombacademy@macombacademy.net

GUARDIAN VERIFICATION FORM

Please Print All Requested Information

I, _____, hereby certify that I have petitioned Probate Court and have been granted ☐ Partial ☐ Plenary Legal Guardianship of _____. This student is not to sign legal documents regarding school information.

Student Name

_____ _____

Guardian Signature Date

MACOMB ACADEMY MUST BE PROVIDED WITH COPIES OF CURRENT COURT DOCMENTS OF GUARDIANSHIP.
UNLESS/UNTIL THESE DOCUMENTS ARE PROVIDED, WE MUST TREAT THE STUDENT AS HIS/HER OWN GUARDIAN.

MACOMB ACADEMY

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STATEMENT OF VARICELLA DISEASE (CHICKEN POX)

HAS YOUR STUDENT EVER HAD THE CHICKEN POX? ☐ YES ☐ VACCINATION

(If yes, please complete the bottom portion of this form.)

Macomb County Immunization Regulations require all students admitted to any public, private or parochial elementary or secondary school, day care center, camp or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below only if your student has had varicella disease (chicken pox). This must be signed and witnessed at the student's school/child care program.

Please Print All Information Requested

I certify that the student _____

Last Name First Name M.I.

_____

Birth Date Grade Date of School Enrollment

has had varicella disease(chicken pox)_____

(when did varicella occur: age or date)

_____

Printed Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

_____

Witnessed by School/Program Staff Date

School District:

_____

School/Child Care Program: Macomb Academy

MACOMB ACADEMY

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STUDENT RELEASE OF INFORMATION

Macomb Academy students are over the age of 18 and, therefore, legal adults. Because of this, the Academy may not release certain information to anyone other than the student's legal guardian, if applicable, without first receiving written permission from the student. This includes parents and other family members.

To help us provide students the best educational experience while attending Macomb Academy, we request each student to grant the Academy permission to release information to and otherwise communicate with the student's parent(s) and others listed below by completing this form and returning it to our office promptly.

Student Name (please print):_____

By signing this form, I give Macomb Academy permission to release information to and otherwise communicate with the following individual(s):

Name:_____ Relationship:_____
Phone: _____

Name:_____ Relationship:_____
Phone: _____

Name:_____ Relationship:_____
Phone: _____

Name:_____ Relationship:_____
Phone: _____

Name:_____ Relationship:_____
Phone: _____

Name:_____ Relationship:_____
Phone: _____

I understand that this Release is in effect throughout my enrollment at Macomb Academy unless/until I revoke permission in writing. I understand that I may add or remove individuals on this list at any time.

_____

Student Signature Date

_____

Guardian Signature Date

Additional information and exceptions to this rule can be found at https://www2.ed.gov/policy/gen/guid/fpco/ferpa/ps-officials.html

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AUTHORIZATION for the RELEASE OF RECORDS

I HEREBY authorize Macomb Academy to obtain school and educational records pertaining to the following person for educational purposes.

MACOMB ACADEMY
Mrs. Mikelle Hillewaere, Director
39092 Garfield Rd-Clinton Township, MI 48038
Phone: (586) 228-2201 Fax: (586) 228-2210

_____ _____
Student Name Date of Birth

Requested Information

- ☐ Current IEP
- ☐ Psychological Report
- ☐ Current MET
- ☐ Social Worker Report
- ☐ Multidisciplinary Report
- ☐ Teacher Report
- ☐ Medical Report
- ☐ EDP (Educational Development Plan)
- ☐ **OFFICIAL** School Transcript with "Seal"
- ☐ MI Access Assessment or M-Step/MEAP Results
- ☐ UIC Number

_____ _____ _____
Student/Guardian Signature (Parent, if under 18) Relationship Date

MAC Student/Parent/Guardian/Teacher Contract

To accomplish our mission, students, parents/guardians, and teachers must work together. We ask for your agreement by signing the part of this contract that belongs to you.

As a **student**, I will:

- Come to school ready and prepared to learn
- Show respect for peers and staff
- Demonstrate a good attitude
- Demonstrate a commitment to the goal of Macomb Academy
- Do my best work
- Do my part in keeping my school clean and safe

Signature: _____ Date: ____/____/ _____

As a **parent/guardian**, I/we will:

- See that my student is punctual and attends school regularly
- Support the school in its effort to maintain proper discipline
- Encourage my student's efforts to do his/her best
- Be aware of what my student is learning
- Attend staffing or IEP meeting and other school functions
- Establish a time for sharing daily school experiences and/or completing homework

Signature: _____ Date: ____/____/ _____

As a **teacher**, I will:

- Provide an environment conducive to learning
- Hold high expectations for my student and myself by using methods and techniques that work for my classroom
- Provide appropriate and meaningful assignments for my students
- Maintain open lines of communication with my students, their parents/guardians, and agency staff to support student learning
- Respect the students, their parents/guardians and the diverse cultures of the school

Signature: _____ Date: ____/____/_____

Macomb Academy
Emergency Information Card
Please COMPLETE by printing in black or blue ink and RETURN

Student's First Name:	Student's Last Name:	Primary Mode of Transportation:
Gender (check one) Male _____ Female_____	Student's Email:	Student's Phone #:
Student's Date of Birth: Is Student Own Guardian: Yes____ No____	Does student live: ____with parent/guardian ____ group home ____ supported living independent program ____ independently	Seizures: Yes _____ No_____ Frequency:
Address:	City, State, Zip Code:	Allergies: Yes_____ No_____ Type/Description: EPI Pen: Yes_____ No_____
Parent/Guardian #1 – First and Last Name	**Parent/Guardian #2 – First and Last Name**	Type/Description:
Home Phone #:	Home Phone #:	Please list any health/social problems that staff needs to be aware of:
Cell Phone #:	Cell Phone #:	
Work Phone #:	Work Phone #:	
Email:	Email:	Does student work with: ☐ MRS ☐ ARC ☐ CMH ☐ JOAK
Emergency Contact #1	**Emergency Contact #2**	Is their case currently : ☐ Open ☐ Closed
Name:	Name:	Case Worker's Name and Phone Number:
Phone #:	Phone #:	
Relationship:	Relationship:	

If you cannot be reached in an emergency, your student may be released only to the above listed emergency contacts. In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to secure emergency medical treatment.

Student/Parent/Guardian Signature:_____ Date:_____

Rev. 08/24/2020

Macomb Academy Student Residency Questionnaire

PLEASE PRINT

Student Name:_____
Last First Middle

Birth Date: ____/____/____ ☐ Male ☐ Female

The answer you give below will help determine eligibility for services under the McKinney-Vento Act.

Where is the student currently living? Please check one box.

- ☐ Permanent Housing (for example, family home, or group home)
- ☐ Homeless Shelter
- ☐ Victim Shelter
- ☐ Doubles-Up (temporally with another family member or other person due to loss of housing or other economic hardship)
- ☐ Motel/Hotel
- ☐ Other location (for example: in a car, park, bus, or campsite)
- ☐ Other temporary living arrangement – Please describe:_____

_____

Parent/Legal Guardian Name:_____

Address:_____Phone:_____

City, State:_____ ZIP:_____

Presenting a false record or falsifying records is an offense punishable by federal and state law. By signing below, you attest that all information provided on this form is true and accurate.

Parent/Legal Guardian Signature:_____Date:_____

PLEASE RETURN

HOLD HARMLESS AGREEMENT

THIS AGREEMENT is made this _____ day of _____, 20_____ between MACOMB ACADEMY, of 39092 Garfield Road, Clinton Township, Michigan 48038 and _____(hereinafter "STUDENT") and
Student Name
_____, (hereinafter "Parent/Guardian").
Parent/Guardian Name

BACKGROUND

A. **MACOMB ACADEMY** is a public school, chartered by Central Michigan University that began operating in 1989 to offer school-to-work classes to students who required assistance in the transition from school to productive adult life in the community.

B. **MACOMB ACADEMY'S** primary goal is to provide hands-on life skills and employment training in a real-world adult environment fostering personal, social, vocational and emotional growth so that each student can reach his/her fullest level of independence.

C. **MACOMB ACADEMY** shall provide employment training for _____
Student Name
who is considered ready for said experience based upon the unanimous agreement of the **STUDENT, PARENT/GUARDIAN,** and **MACOMB ACADEMY** staff.

HOLD HARMLESS AND INDEMNIFICATION

NOW THEREFORE, in consideration of the background above, and the terms, conditions and requirements set forth herein, the **STUDENT** and his/her **PARENT/GUARDIAN**, agree as follows:

1. **STUDENT** hereby agrees to comply with all **MACOMB ACADEMY** Rules, Regulations and Practices during the duration of **STUDENT'S** employment training provided by **MACOMB ACADEMY**.

2. The **STUDENT** and **PARENT/GUARDIAN** agree to hold harmless and release **MACOMB ACADEMY** and Central Michigan University, from all claims and/or liabilities of whatsoever nature or extent arising out of or as the result of **STUDENT'S** employment training experience.

3. **STUDENT** and **PARENT/GUARDIAN** further indemnify **MACOMB ACADEMY** and Central Michigan University from any expense, cost, obligation(s), claim(s), and/or damage(s) including reasonable attorney fees, as he result of any claims or liabilities of whatever nature or extent, arising out of or as a result of **STUDENT'S** employment training.

STUDENT NAME (Print):_____

STUDENT SIGNATURE:_____

PARENT/GUARDIAN SIGNATURE:_____

PLEASE RETURN

MACOMB ACADEMY
MEDICATION CONTROL FORM and OTC MEDICATION ADMINISTRATION APPROVAL
****Please Note Form Must Be Updated Every Year****

Student: _____ Birth Date: _____ Teacher: _____ School Year: _____

Physician's Name: _____ Phone: _____

I. Macomb Academy ◯ **has permission** ◯ **does not have permission** to provide over the counter medication, if needed, to my student. If allowed, please check your preference. ◯ Tylenol (acetaminophen) ◯ Motrin (ibuprofen) ◯ Benadryl (allergy relief)
If no choice is indicated, no medication will be provided.

II. _____ Check here if students does not take any medication

III. Student takes the following medication(s) **AT HOME**:

1. Medication _____ Dosage _____ Time Taken _____ Comments _____
2. Medication _____ Dosage _____ Time Taken _____ Comments _____
3. Medication _____ Dosage _____ Time Taken _____ Comments _____

For the following section, please include both prescription and over the counter medication. OTC medication will not be provided by the school, and must be brought in to the office in the original bottle with the student's name on it.

IV. Student will bring and may take the following medication(s) **AT SCHOOL**:

1. Medication _____ Dosage _____ Time Taken _____ Comments _____
2. Medication _____ Dosage _____ Time Taken _____ Comments _____
3. Medication _____ Dosage _____ Time Taken _____ Comments _____

I give permission for the above medication(s) to be taken at school. These instructions are in compliance with the instructions of the physician.

Parent/Guardian Signature: _____ Student: _____ Date: _____

Physician Signature: _____ Date: _____

IMPORTANT: All medication must be sent to school in the original container and labeled with the date of the prescription, student's name, exact dosage and time to be taken. A new medication form must be completed whenever there is a change in medication orders.

Macomb Academy

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Welcome Everyone!

We are all excited for the new school year to start. One way we work on our independent skills is to offer the students an opportunity to go off campus during lunch period. This is optional for every student.

The students can walk to Dollar Tree (crossing parking lot), 7-Eleven (crossing 17 Mile), Tim Horton's (crossing Garfield), or Chicken Shack (crossing Garfield), Jet's Pizza (crossing Garfield) to purchase items. Students are required to bring their own money. They will also be required to sign out when they leave and sign in when they return.

Please fill out the following form and return to school regarding if or how your student will be allowed to leave campus during their lunch period.

Best regards,

Mikelle Hillewaere
Administrator
mhillewaere@macombacademy.net

Student's Name: _____ School Year: _____

Please check one of the appropriate boxes.

☐ My student can leave campus on their own.

☐ My student can leave campus with an assigned peer.

☐ My student can leave campus accompanied by a staff member.

☐ My student may NOT leave campus.

Date: _____

_____ _____

Parent/Guardian Name Parent/Guardian Signature

_____ _____

Student Name Student Signature

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STUDENT TRANSPORTATION INFORMATION

Student Name: _____

Please check one:

☐ I will be driving myself to school everyday

☐ I will drive myself to school occasionally

Make, Model & Year of Vehicle: _____

License Plate Number: _____

OR

Personal Transportation:

☐ I will be picked up and dropped off by a family member

Make, Model & Year of Vehicle: _____

License Plate Number: _____

OR

Community Transportation:

☐ SMART Bus
- ☐ Fixed Route
- ☐ Connector Service or Flex Service

OR

Other (please describe): _____
_____
_____

MAC Wolves Wellness Room Permission Form

The following rules **must** be followed to use the MAC Wolves Wellness Room:

1. Entry to the Wellness Room requires the permission and presence of a staff member
2. All participants must warm-up and stretch before exercising and/or using any of the equipment.
3. The Wellness Room and equipment must be used for their intended purposes.
4. If your student feels any pain when exercising or while using equipment, they should STOP IMMEDIATELY.
5. If your student feels faint or does not feel well, they should STOP EXERCISING, SIT DOWN IMMEDIATELY, and NOTIFY STAFF.
6. Students using the Wellness Room and/or the equipment for purposes other than intended will be removed from the room.
7. All students must have a signed permission slip on file in order to participate in the MAC Wolves Wellness Room.

I understand the rules of the Wellness Room on the previous page.

I **GIVE PERMISSION** for my student to participate in and use the equipment in the Macomb Academy Wolves Wellness Room.

_____ _____

(Please print student's full name) (Please print parent/guardian name)

_____ ____/____/_____ _____

(Student signature) (Date) (Parent/Guardian signature)

I **DO NOT GIVE** permission for my student to participate in and/or use the equipment in the MAC Wolves Wellness Room.

_____ _____

(Please print student's full name) (Please print parent/guardian name)

_____ ____/____/_____ _____

(Student signature) (Date) (Parent/Guardian signature)

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Macomb Academy – Media Release

As we continue to grow and enhance our program at Macomb Academy, we are looking to share with our community. Throughout the year, we often take picture and videos of students to share through social media, on our website, and through our yearbook. We hope you will consider allowing us to show your student's image and/or name throughout these platforms.

Student Name (please print): _____

Please Check Only One:

____ I give permission to publish videos and/or photos of me online and/or in print (may include my name).

____ I give permission to publish video and/or photos of me online and/or in print, **but would like my full name to NOT be published.**

____ I give permission to publish photos of me **only in the Macomb Academy yearbook and internal documents.**

____ **I DO NOT give permission** for Macomb Academy to use, publish, or release any photos/videos of me for any reason. Checking this option means you will not appear in the yearbook in any way.

_____

Student Signature Date

_____

Parent/Guardian Name Parent/Guardian Signature Date

At Macomb Academy, we administer the Life Center Career Education Assessment to our students. This assessment is given to determine your student's skill level in the categories of daily living skills, social emotion development, and employment skills. These results allow us to ensure we are providing academic instruction and support at an appropriate level for your student while promoting continuous skill growth.

Please complete the following assessment based on your student's current skill level at home and in the community. Your valuable input helps us to tailor your student's educational experience while allowing us to create targeted, measurable IEP goals to further their independence at home, at school and in their community.

Below is the scoring chart to complete the assessment.

Score Key				
0	1	2	3	4
Does not demonstrate knowledge of required skill set	Can complete task with physical demonstration	Can complete task with verbal instructions	Can complete task with non-verbal instructions such as gesturing.	Can complete task independently

Please answer in the box below each task, following the main description, with the corresponding number that matches your student's ability.

Example:

Managing Personal Finances	Count Money and make correct change	Make responsible expenditures	Keep basic financial records	Calculate and pay taxes	Use credit responsibly	Use banking services
	1	4	2	1	3	1
Selecting and Managing a Household	Seek adequate housing	Set up a household	Maintain home exterior	Maintain home interior	Uses appliances	Uses tools
	4	1	1	4	3	2

Student Assessment

Student Name:

DOB: | **School Year: 2026-2027**

Person Completing Form:

Daily Living Skills

Managing Personal Finances	Count Money and make correct change	Make responsible expenditures	Keep basic financial records	Calculate and pay taxes	Use credit responsibly	Use banking services
Selecting and Managing a Household	Seek adequate housing	Set up a household	Maintain home exterior	Maintain home interior	Uses appliances	Uses tools
Caring for Personal Needs	Obtain, interpret and understand health informtion	Demonstrate knowledge of physical fitness, nutrition and weight	Exhibit proper grooming and hygiene	Dress appropriately	Demonstrate knowledge of common illness, prevention and treatment	Practice personal safety
Demonstrating Relationship Responsibilities	Understand relationship roles with friends and others	Understand relationship roles with families	Understand changes with friends	Understand changes with others	Understand changes with families	Demonstrate care of children
Buying, Preparing, and Consuming Food	Plan and eat balanced meals	Purchase food	Store food	Clean preparation area	Preparing and clenaing up after dining	Demonstrate appropriate eating habits
Buying and Caring for Clothing	Wash clothing	Clean clothing	Purchase clothing	Iron clothing	Mend clothing	Store clothing
Exhibiting Responsible Citizenship	Demonstrate knowledge of civil rights and responsibilities	Know the nature of local and state governments	Know the nature of the federal government	Demonstrate knowledge of the law	Demonstrate ablility to follow the law	Demonstrate knowledge of citizen rights and responsibilities
Utilizing Recreational Facilities and Engaging in Leisure	Demonstrate knowledge of available community resources	Choose and plan activities	Demonstrate the value of recreation	Engage in group activities	Engage in individual activities	Plan a vacation time
Choosing and Accessing Transportation	Demonstrate knowledge of traffic rules and safety	Demonstrate knowledge and use of various means of transportation	Find ways around the community	Drive a car		

Self-Determination and Interpersonal Skills						
Understand Self-Determination	Understand personal responsibility	Identify and understand motivation	Anticipate consequences to choices	Communicate needs		
Being Self-Aware	Understand personal characteristics and roles	Identify needs: physical, emotional, social and educational	Identify Preferences: physical, emotional, social, and educational	Describe others perception of self	Demonstrate awareness of how one's behavior affects others	
Developing Interpersonal Skills	Demonstrate listening and responding skills	Establish and maintain relationships	Make and maintain friendships	Develop and demonstrate appropriate behavior	Accept praise and criticism	Give praise and criticism
Communicating with others	Communicate with understanding	Know subtlities of communication	Assertive communication	Effective communication	Recognize emergency situations	Respond to emergency situations
Good Decision Making	Problem solving	Identify and set goals	Develop plans and attain goals	Self-evaluation and feedback	Develop alternatives	Evaluate alternatives
Developing Social Awareness	Develop respect for others rights	Develop respect for others property	Recognize authority	Follow Instructions	Demonstrate appropriate behavior in public settings	Understand the motives of others
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Understanding Disability Rights and Responsibilities	Identify disability rights and responsibilities	Understand disability rights and responsibilities	Identify needed services and supports	Appropriately access needed services and supports		
Employment Skills						
Knowing and Exploring Employment Possibilities	Identify personal values met through work	Identify social values met through work	Identify remunerative aspects of work	Locate sources of employment and training information	Classify jobs into employment categories	Investigate local employment and training opportunities
Exploring Employment Choices	Identify major employment interests	Identify employment aptitudes	Investigate realistice emploument	Identify requirements of desired and available emplouments	Identify major employment needs	
Seeking, Securing, and Maintaining Employment	Search for a job	Apply for a job	Solve job related problems	Functions of meeting and exceeding job standards	Maintain and advance in employment	
Exhibiting Appropriate Employment Skills	Follow directions and observe regulations	Recognize importance of attendance, punctuality and importance of supervision	Demonstrate knowledge of work place safety	Work with others	Meet demands for quality work	Work at expected levels of productivity