

PORTFOLIO CHECKLIST

Have you participated in the STEPS Program?

Yes No

Job Description(s):

If Yes, please provide Agency Name:

Contact Name:

Phone:

SECTION 5 – SKILLS ATTAINED:

Skills Attained:

Life Skill Training:

- Culinary
- Cleaning
- Laundry
- Safety
- Transportation
- Hygiene
- Banking
- Shopping/Dining
- Communication: Phone, Computer Safety
- Self Advocacy
- Housing Assistance
- Residential Placement Assistance
- Disclosure

Social/Employment Training:

- Social Pragmatics
- Conversation
- Workplace Etiquette
- Job Skill Training
- Résumé Writing
- Interview Skills
- Supported Employment
- Recreational/Volunteer Activities
- Support Groups
- Relationship Advice
- Educational Support/Tutoring
- Coping Skills

Parent/Caregiver Training:

- Medical Referrals
- Special Needs Planning
- Guardianship
- Government Benefits
- Financial Concerns
- Support Group

Do you require specific work accommodations: Yes No

If yes, please state:

Additional Comments:

Date:

Signature of Agency Contact:

The privacy of your information is important to us and will only be shared with the School Board of Broward County. We cannot; however, share information about you to any person or organization without your consent. I, _____ authorize the sharing of my Portfolio checklist and related material to the School Board of Broward County & LIFT / STEPS Providers.

LIFT / STEPS Participant Signature

Parent Signature (if guardian)