# **Ready for College Checklist**

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## **Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t**  **Know** |
| Can I name and describe my disability? |  |  |  |
| Can I describe my strengths? |  |  |  |
| Do I know what accommodations I need? |  |  |  |
| Do I know what adaptive/ assistive equipment I need to use? |  |  |  |

## **Academic Preparation Skills**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t**  **Know** |
| Do I have at least basic keyboarding skills? |  |  |  |
| Have I had at least one year of high school mathematics, including algebra? |  |  |  |
| Have I had at least three years of high school science, including at least one lab? |  |  |  |
| Do I comprehend what I read? |  |  |  |
| Can I write a well-developed essay? |  |  |  |

## **Study Skills**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t**  **Know** |
| Do I know how to use a library? |  |  |  |
| Do I know when to seek assistance? |  |  |  |
| Can I take notes from a lecture? |  |  |  |
| Do I know how to take notes from a book? |  |  |  |
| Do I know how to study? |  |  |  |
| Do I know how to take different kinds of tests? |  |  |  |
| Am I usually prepared for class? |  |  |  |
| Am I usually on-time for class? |  |  |  |
| Do I skip classes often? |  |  |  |
| Are my school work and notes organized? |  |  |  |
| Are my assignments completed on time? |  |  |  |
| Do I stay in my seat during class? |  |  |  |
| Do I behave appropriately in class? |  |  |  |
| Do I work in groups? |  |  |  |

## **Social Skills**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t**  **Know** |
| Do I communicate appropriately with teachers? |  |  |  |
| Do I interact appropriately with peers? |  |  |  |
| Do I know how to interact appropriately with different kinds if people in social situations? |  |  |  |
| Can I handle rejection appropriately? |  |  |  |
| Do I know how to use a phone effectively? |  |  |  |
| Do I know when a conversation or discussion is over? |  |  |  |
| Can I demonstrate problem-solving and decision-making skills? |  |  |  |

## **Basic Life Skills**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t**  **Know** |
| Do I know how to use transportation to and from campus, job, and internships? |  |  |  |
| Do I use leisure time effectively? |  |  |  |
| Do I know how to locate appropriate assistance when needed? |  |  |  |
| Do I have adequate knowledge of my medical needs, including medications I take? |  |  |  |
| Am I able to communicate my medical needs to other people when appropriate? |  |  |  |
| Can I manage money appropriately? |  |  |  |