

Transition Assessment – Student (and Parent) Interview Form

Student Name:

Date Completed/Revised:

This transition assessment is designed to help you with setting your goals for after high school and for the development of your Transition IEP. We want to ensure we are teaching the necessary skills, providing you with the needed classes, and identifying resources which will help you in your future.

1. What kind of education/training do you see yourself doing after graduation? (Check all that apply)

This information may help you with setting your post-secondary education/training goal.

- University/College (4 yr) Military Service
 Community College (2 yr) On-the-Job Training (at current or future job)
 Technical/Vocational School Training in a center based day program
 Connect with Vocational Rehabilitation or adult service provider for training to get and/or keep a job
 Other _____

2. What kind of employment/work to do see yourself doing after graduation?

This information may help you with setting your post-secondary employment goal.

- Full time work while in college Full time employment in area of interest after college
 Part time work while in college Part time employment in area of interest after college
 Full-time work - no support Full-time supported employment
 Part-time work – no support Part-time supported employment
 Other: _____

3. Have you determined or do you have any ideas about where you would like to work or in what field you would like to work? (i.e., teaching, welding, computer programming, business administration, firefighter, retail, farming, childcare, construction, restaurant, etc.) _____

4. Where to you hope to live after high school and/or as an adult?

- In a house/condo In a house/condo - supported
 In an apartment In an apartment - supported
 With family Group home
 Military Base Other: _____
 Dorm

5. What type of community activities do you hope to participate in as a young adult? (i.e. clubs, political/religious/community groups, recreational activities) _____

6. Do you feel you have the skills necessary to live on your own?

- Yes (or will obtain support from family)
 No, I feel I need help/instruction/support in the following areas:
 Handling money/budget – cash Personal hygiene
 Using a debit and/or credit card Ordering at restaurants
 Household management (laundry, cooking) Shopping for food, clothing, other necessary items
 Personal safety (stranger awareness, personal information)
-
-

- Community safety (street crossing, staying with group or adult)
- Transportation (drivers education information; public bus, rural transit, taxi, family, friends, etc.)
- Other: _____

7. In what areas or classes do you feel you need more help or instruction in order to help you meet your educational and/or work goals once you exit high school? _____

8. Check any of the following services that you feel would be helpful in achieving your educational or work goals.

Career Planning

- College visit(s)
- Career/technical school visit(s)
- Military recruiting office presentation
- Job /career visitations or shadowing
- Job/career exploration, research, and interest/ability assessment
- Other _____

Academic/Career/Job Instruction (High School)

- Core 40 or Advance Placement course work
- Career Tech course work
- Career/job skills course work & practice (writing resume, filling out job applications, social skills, interviewing)
- Independent living skill development (money, budgeting, household management, hygiene, laundry, cooking, transportation, self-advocacy, etc.)
- Other _____

Work and Community Experiences

- In-school work experiences
- On-the-job training/apprenticeship/internship – community work experiences
- Community volunteer work experiences (in volunteer settings)
- Community paid work experience
- Other _____

9. Vocational Rehabilitation is an adult service provider that can help you with certain college related expenses, or help pay for training to get or keep a job. There is an application process and you must qualify for the services. Would you like more information about VR so that you and your family can decide if you should take advantage of their services once you exit high school? _____ Yes _____ No

10. Please check any of the other transition services below that you fill you may need once you exit school.

- | | |
|--|---|
| <input type="checkbox"/> Bureau of Developmental Disabilities Services (Medicaid Waiver) | <input type="checkbox"/> Work One |
| <input type="checkbox"/> Residential/Supported living/group home support & information | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Mental health support/counseling | <input type="checkbox"/> Guardianship Information |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Transportation support |
| <input type="checkbox"/> Department of Family Services | |
| <input type="checkbox"/> Other _____ | |

