

EMPLOYMENT RELATED QUESTIONS

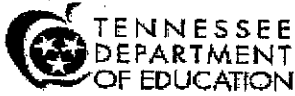
Student Name _____ Date _____

1. Who do you currently live with? _____
2. What do your parents do? _____
3. Do you have any older brothers/sisters? Yes No
 - a. If yes, what do they do? _____
 - b. Did they finish high school? Yes No *and* Yes No
4. Do you know any relatives, or persons that have what you consider to be a neat job? Yes No
 - a. If yes, who is the person? _____
 - b. If yes, describe the job. _____
5. What are some of your strengths? _____

6. What are some of your weaknesses? _____

7. What is your favorite class? _____
 - a. Why is this class your favorite class? _____
8. What is your least favorite class? _____
 - a. Why is this class your least favorite class? _____
9. What classes would you like to take? _____
10. What are three things you would like to learn in school this year?
 - a. _____
 - b. _____
 - c. _____
11. Do you plan to finish high school? Yes No
12. What do you plan to do after high school? _____
13. Where do you plan to live after high school? _____
14. Do you have a driver's license? Yes No
15. Do you have access to reliable transportation? Yes No
16. Tell me about your job history. _____

17. How many days of school did you miss last year? _____
18. Do you belong to any school, church or community groups? Yes No
 - a. If yes, please list them. _____
19. What are your hobbies or special interests? _____
20. What do you like to do on weekends? _____

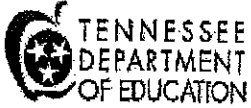


STUDENT DREAM SHEET

NAME:		D.O.B.:		GRADE:	
YEAR GRADUATING:		School:		Date:	

In order to prepare for your transition plan meeting, I want to ask you some questions about what you want to do after you finish high school.

➤	Where do you want to live? What town? What kind of housing?	
➤	Who do you want to live with?	
➤	Do you want to continue your education? Where?	
➤	What kind of job do you want now?	
	<input type="checkbox"/> Summer <input type="checkbox"/> Volunteer	Other: (specify)
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
➤	What kind of job will you want when you finish school?	
	<input type="checkbox"/> Summer <input type="checkbox"/> Volunteer <input type="checkbox"/> Military	Specify:
	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Other	
➤	Where do you want to work?	
➤	What chores do you do now?	
➤	What chores do you want to do?	
➤	What equipment can you use?	
➤	What equipment do you want to learn to use?	
➤	Can you cook?	
➤	What doctor and dentist do you use?	
➤	Do you know how to contact them?	
➤	Do you have any significant medical problems?	
➤	Do you take any medication?	
➤	What choices do you make now?	
➤	What choices are made for you that you want to take make?	
➤	What kind of transportation will you need?	
➤	What do you do for fun?	
➤	What do you do with your friends?	
➤	What are you interested in?	
➤	How much money will you need to live on?	
➤	How much money do you have now?	
➤	What bank will you use?	
➤	Where will you shop for food/clothes, etc.?	
➤	Do you know how to shop there now?	
➤	Do you have or want a pet?	
➤	Do you know how to take care of a pet?	
➤	Do you know how to do yard work?	
➤	Do you need a counselor, lawyer or support group?	
➤	What do you want to be when you grow up?	
➤	Other comments:	



MAKING THE TRANSITION

An Outcome/Skill Checklist for Transition Planning

STUDENT NAME: _____

EVALUATOR NAME: _____

DATE: _____

Checklist Orientation and Purpose

The purpose of this checklist is to help participants in the IEP meeting review plans for the student's transition into adult roles. Quality transition plans describe both adult outcomes and skill training objectives. This checklist reminds students, parents, teachers and others of the adult outcomes and life skills that are included in a comprehensive transition plan.

I. Adult Outcomes

How well does the plan specify adult outcome? If any of the following outcomes are not addressed and no justification is provided, the planning group should continue its work.

A. Are specific transition outcomes listed?

1 Postsecondary education options: Is the setting named *specifically*?

- | | |
|---|---|
| <input type="checkbox"/> 4-Year college | <input type="checkbox"/> GED Program |
| <input type="checkbox"/> 2-Year college | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> None, no justification |
| <input type="checkbox"/> Trade/technical school | <input type="checkbox"/> None, justification |
| <input type="checkbox"/> Adult continuing education | |

2 Postsecondary employment: Is the setting named *specifically*?

- | | |
|--|---|
| <input type="checkbox"/> Full-time employment without support | <input type="checkbox"/> Military |
| <input type="checkbox"/> Part-time employment without support | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Full-time supported/supervised employment | <input type="checkbox"/> None, no justification |
| <input type="checkbox"/> Part-time supported/supervised employment | <input type="checkbox"/> None, justification |
| <input type="checkbox"/> Adult/work center activity | |

3 Residential Options: Is the setting named *specifically*?

- | | |
|--|---|
| <input type="checkbox"/> Live alone without support | <input type="checkbox"/> Supervised apartment |
| <input type="checkbox"/> Live alone with support | <input type="checkbox"/> Residential/nursing facility |
| <input type="checkbox"/> Live with family/relative | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Live with roommate(s) | <input type="checkbox"/> None, no justification |
| <input type="checkbox"/> Group home-specialized training | <input type="checkbox"/> None, justification |

4 Community Involvement: Is the setting named *specifically*?

- | | |
|---|---|
| <input type="checkbox"/> School activities | <input type="checkbox"/> Voter registration |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Informal peer activities |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> 4H/Scouts | <input type="checkbox"/> None, no justification |
| <input type="checkbox"/> Hobbies/Clubs | <input type="checkbox"/> None, justification |

B. Is each transition outcome consistent with the student's program of study (indirect services, resource, and/or self-contained)?

1 Postsecondary education options: Is the setting named *specifically*?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | (If no, the planning group needs to continue its work). |
|------------------------------|-----------------------------|---|