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)		
		On-the-Job Training (at current or future job)	
	Technical/Vocational School		
		on or adult service provider for training to get and/or keep a job	
	Other		
2.	This information may help you with setting your post-secondary employment goal.		
		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 Other:	Part-time supported employment	
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 a		
	In a house/condo	In a house/condo - supported In an apartment - supported	
	In an apartment With family	Group home	
	With failing Military Base	Other:	
	Dorm	Other	
5.	What type of community activities do you hope to participate in as a young adult? (i.e. clubs,		
	political/religious/community groups, recreation	onal 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, coo	oking) Shopping for food, clothing, other necessary items	
	Personal safety (stranger awareness, p	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 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 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		
	O. 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? YesNo		
10.	Please check any of the other transition services below that you fill you may need once you exit school. Bureau of Developmental Disabilities Services (Medicaid Waiver) Work One Residential/Supported living/group home support & information Medicaid Mental health support/counseling Guardianship Information Social Security Administration Transportation support Department of Family Services Other		