

Elementary Transition Inventory

Name: _____

Date: _____

I. Career Planning Options/Employment Options

Can the student

- | | | |
|---|-----|----|
| a. Explain parent(s) job(s)? | Yes | No |
| b. Name 10 types of jobs? | Yes | No |
| c. Explain their academic strengths and weaknesses? | Yes | No |

II. Postsecondary Training

Does the student

- | | | |
|--|-----|----|
| a. Express interest in postsecondary education? | Yes | No |
| b. Understand the need for postsecondary education for some jobs? | Yes | No |
| c. Understand the emphasis of academic skills for postsecondary education success? | Yes | No |

III. Financial Assistance/Income Support

- | | | |
|---|-----|----|
| a. Is the student receiving SSI? | Yes | No |
| b. Earn an allowance? | Yes | No |
| c. Does the student spend their allowance wisely? | Yes | No |

IV. Community Participation

Does the student

- | | | |
|---|-----|----|
| a. Go to movies, restaurants, library, etc? | Yes | No |
| b. Participate in sports activities? | Yes | No |
| c. Negotiate his neighborhood easily? | Yes | No |
| d. Participate in youth groups? | Yes | No |

V. Advocacy/Legal Services

- | | | |
|--|-----|----|
| a. Will the student be in need of these services in the future (guardianships, etc.)? | Yes | No |
| b. Do the parents/guardians communicate their needs/desires and their hopes for the student? | Yes | No |

VI. Leisure/Recreation

Does the student

- | | | |
|---|-----|----|
| a. Participate in school activities? | Yes | No |
| b. Participate in Physical Education classes? | Yes | No |
| c. Play games at home? | Yes | No |
| d. Express his interest in various recreational activities? | Yes | No |
| e. Have opportunities to participate in at least 3 different leisure/recreation activities outside of school? | Yes | No |

VII. Transportation

Can the student

- | | | |
|--|-----|----|
| a. Negotiate their neighborhood? | Yes | No |
| b. State various means of transportation (i.e. walk, bike, bus, car, train, etc.)? | Yes | No |
| c. Negotiate their way around the school independently? | Yes | No |

VIII. Self-Advocacy

Does the student

- | | | |
|---|-----|----|
| a. Communicate their needs effectively? | Yes | No |
|---|-----|----|

	b. Ask for help when needed?	Yes	No
	c. Participate in the IEP planning?	Yes	No
	d. Use communication devices efficiently (i.e. phone, letters, computers, etc.)?	Yes	No
	e. Resolve conflicts with others effectively?	Yes	No
IX.	Socializations/Friends		
	Does the student		
	a. Have age appropriate friends?	Yes	No
	b. Have friends who do not have a disability?	Yes	No
	c. Have opportunities to develop friendships?	Yes	No
	d. Demonstrate being a friend (sharing, etc.)?	Yes	No
	e. Participate in activities with friends?	Yes	No
X.	Personal Management		
	Does the student		
	a. Choose her clothes and dress their self?	Yes	No
	b. Perform personal hygiene tasks independently (bathing, brushing teeth, etc.)?	Yes	No
	c. Follow safety rules?	Yes	No
	d. Have home chores designated?	Yes	No
	e. Manage their time effectively?	Yes	No
	f. Manage their money effectively?	Yes	No
XI.	Living Arrangements		
	Can the student		
	a. Discuss various types of living arrangements (homes, duplexes, apartments, nursing homes, family, roommates, etc.)?	Yes	No
XII.	Medical		
	Can the student		
	a. Describe their medical needs?	Yes	No
	b. Take medicine (if needed) independently?	Yes	No
	c. Site their doctor's name?	Yes	No
	d. Will the student need ongoing medical care?	Yes	No
XIII.	Insurance		
	Do the parents/guardians		
	a. Have medical insurance on the student?	Yes	No
	b. Understand insurance options for the student (i.e. Medicaid/Medicare, etc.)?	Yes	No