

Student Transition Assessment Planning Interview

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| --- | --- | --- | --- |
| Date: |       | School: |       |
| Student name: |       | ID#: |       |
| Date of birth: |       | Grade: |       |

Teachers:

* Transition assessments must be completed on an annual basis prior to the individualized education plan IEP conference. According to *Article 7*, a transition IEP must be developed when the student enters grade nine (9) or becomes fourteen (14) years of age; whichever occurs first. This is an interview process, students should not be handed this document to complete alone, a teacher or other assigned staff person should interview the student to obtain this information.

**Students:**

* The purpose of this assessment is to help you think about your life after high school. You will have an opportunity to express your opinions, identify your wants, needs, and hopes for the future. Please “dream big” because there are no wrong answers to these questions. Now is the time to learn and practice your self-advocacy skills. The information you provide will be used to write your IEP.

Person completing the assessment:

[ ]  Student and teacher [ ]  Parent/guardian:

[ ]  Student with assistance from:

Education and training

I plan to earn the following:

[ ]  High School diploma [ ]  Certificate of Completion [ ]  General Equivalency Diploma (GED)

[ ]  Other:

What kind of accommodations of special consideration(s) might you need in a classroom setting to help you achieve the above goal?

After high school I plan to:

[ ]  Attend college (two (2) year or four (4) year)

[ ]  Attend a technical or vocational college

[ ]  Get a job (full or part-time)

[ ]  Use on the job training opportunities

[ ]  Enlist in the military

[ ]  Participate in an adult community rehabilitation program Name:

[ ]  Unsure/undecided

[ ]  Other:

Do you think you will need any help to achieve your education and training goals? [ ]  Yes [ ]  No

Questions or comments you may have about the education and training area for the IEP conference?

When you finish high school which of the following would you prefer?

[ ]  Full time employment [ ]  Part time employment [ ]  Sheltered workshop

[ ]  Day habilitation [ ]  Homemaker [ ]  Other:

Are you interested in any of the following job or career areas once you leave high school? Where might you want to work?

[ ]  Retail sales [ ]  Food service [ ]  Business professional [ ]  Skilled labor [ ]  Computer or technology

[ ]  Health occupations [ ]  Teaching [ ]  Manufacturing [ ]  Other:

Do you currently have a job or have you had any work experience(s) in the past? [ ]  Yes [ ]  No

If yes, was it [ ]  Paid [ ]  Volunteer? Approximately how many hours a week do/did you work?

What type of job was it:

(keep in mind babysitting, lawn mowing, etc. are types of jobs)

Do you think you will need help or assistance to achieve your employment goals? [ ]  Yes [ ]  No

Questions or comments you may have about employment for your transition IEP conference?

Independent living

After high school where would you like to live?

[ ]  At home with family [ ]  On my own in an apartment or share an apartment [ ]  Group home

[ ]  College dorm [ ]  Unsure [ ]  Other:

Do you have a driver’s license or permit or plan to get one once you become of age? [ ]  Yes [ ]  No

[ ]  Licenses [ ]  Permit

Will you need assistance in obtaining this? [ ]  Yes [ ]  No, specify:

If no, then how will you be transported? [ ]  Family [ ]  Public transportation

 Other:

Do you do cleaning at home? [ ]  Yes [ ]  No, specify what cleaning activities:

What type of support do you need to complete these activities?

[ ]  None, do independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

Do you cook or prepare meals at home? [ ]  Yes [ ]  No

[ ]  Independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

List examples of what you can cook:

Do you do laundry at home? [ ]  Yes [ ]  No, how often:

Do you take care of your personal grooming need? [ ]  Yes [ ]  No

[ ]  Independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

Do you take medications? Yes No, then who administers the medications?

[ ]  Independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

Do you manage your personal money? [ ]  Yes [ ]  No

[ ]  Independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

Do you shop and purchase items? [ ]  Yes [ ]  No

[ ]  Independently [ ]  With reminders [ ]  With some assistance [ ]  With total assistance

Do you carry cash with you for simple purchases? [ ]  Yes [ ]  No

Do you save cash or how do you choose to spend it?

Do you use any banking services (savings account, debit card)? [ ]  Yes [ ]  No

Do you know how to handle emergency situations? [ ]  Yes [ ]  No, give an example:

Do you have a cell phone? [ ]  Yes [ ]  No

Do you use a computer? [ ]  Yes [ ]  No

[ ]  At home [ ]  At school [ ]  At home and school

Do you have a curfew? [ ]  Yes [ ]  No

Can you tell time? [ ]  Yes [ ]  No [ ]  Digital [ ]  Analog

How do you spend your leisure or social time? What do you do for fun?

[ ]  School activities [ ]  Church groups [ ]  Hanging out with friends [ ]  Video games or computer [ ]  Participate in sports [ ]  Attend sports events [ ]  Other:

What kind of choices do you make for yourself?

Which choices are made for you that you would like to take charge of?

When I need something either from school or home I feel comfortable expressing my wants or ideas?

[ ]  Yes [ ]  No

Who is helping you think about your life after high school?

[ ]  Counselor [ ]  Parent/guardian (family members) [ ]  Teacher(s) [ ]  School to work teacher

 [ ]  Friend’s [ ]  Military recruiter [ ]  Vocational rehabilitation counselor [ ]  Other:

Questions or comments you have about life after high school to be discussed during your IEP conference?

Student signature: Date:

Comments:

Teacher’s note: Are student’s responses age appropriate? If not, an independent living goal is required.