

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.