

## TRANSITION PLANNING CHECKLIST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ●Career Planning

Does the student:

<b>Yes</b>	<b>No</b>	Have vocational assessment information in his/her file (include interests, aptitude, situational assessment information, when appropriate)?
<b>Yes</b>	<b>No</b>	Have a realistic career goal?
<b>Yes</b>	<b>No</b>	Have a realistic plan to reach the goal?
<b>Yes</b>	<b>No</b>	Have a community experience related to the career goal?
<b>Yes</b>	<b>No</b>	Have parental support for the career goal
<b>Yes</b>	<b>No</b>	Plan academic coursework?

### ●Employment Options

Does the student:

<b>Yes</b>	<b>No</b>	Demonstrate a basic understanding of his/her employment options?
<b>Yes</b>	<b>No</b>	Demonstrate the skills, aptitudes, and behaviors to reach his/her goal?
<b>Yes</b>	<b>No</b>	Learn and practice appropriate interpersonal, communication, and social skills for different settings?
<b>Yes</b>	<b>No</b>	Demonstrate the ability to complete W2 and/or W\$ and income tax forms?
<b>Yes</b>	<b>No</b>	Have a range of work experiences: explorations, job shadowing, mentoring internships?
<b>Yes</b>	<b>No</b>	Have a completed resume (and updated, as needed)?
<b>Yes</b>	<b>No</b>	Have the skills to meet the demands and expectations of the job(s) of interest?
<b>Yes</b>	<b>No</b>	Need additional related work experience?
<b>Yes</b>	<b>No</b>	Need assistance finding a job?
<b>Yes</b>	<b>No</b>	Need assistance keeping a job?
<b>Yes</b>	<b>No</b>	Is the student willing to relocate?

### ●Post-secondary education

Does the student:

<b>Yes</b>	<b>No</b>	Want or need post-secondary training? What type? Career tech? _____ CC _____ 4-YR _____
<b>Yes</b>	<b>No</b>	Identify a list of supports needed to attend post-secondary school?
<b>Yes</b>	<b>No</b>	Understand high school course requirements needed for post-secondary admissions?
<b>Yes</b>	<b>No</b>	Participate in entrance examinations (SAT/ACT, COMPASS, ASSET, etc.)?
<b>Yes</b>	<b>No</b>	Visit the campus prior to selection?

Yes	No	Need assistance selecting an institution?
Yes	No	Understand entrance requirements?
Yes	No	Meet criteria for admissions?
Yes	No	Need assistance with application procedures/financial aid forms?
Yes	No	Have the necessary self-advocacy skills to independently access available supports?
Yes	No	Understand the demands and expectations of the educational setting (accessibility, availability of support services, academic rigor, social culture, independent living setting)?
Yes	No	Identify natural supports, academic or physical accommodations, and support services?

**•Financial Assistance/Income**

Does the student:

Yes	No	Determine the need of financial assistance from an adult agency (MHDDAD, VR, SSI, Pell Grants, HOPE, etc.)?
Yes	No	Receive SSI and understand the various programs available?
Yes	No	Know how to access financial resources (SSI, Medicaid, etc.)
Yes	No	Know how to establish and live within a budget appropriate for the level of income?
Yes	No	Know how to open and maintain a checking and/or savings account?
Yes	No	Require ongoing assistance with financial matters?

**•Community Participation**

Does the student:

Yes	No	Demonstrate how to locate and utilize public utility companies, post offices, driver's license office, etc.?
Yes	No	Utilize public shopping malls, theaters, grocery stores, etc.?
Yes	No	Know how and/or where to register to vote?
Yes	No	Know where to take the driving test/get Georgia ID?
Yes	No	Know how and/or where to register for selective service?
Yes	No	Know how to access community support services (VR, CILS, etc.)?

**•Advocacy/Legal Services**

Does the student:

Yes	No	Demonstrate an understanding of his/her rights and responsibilities as a person with a disability?
Yes	No	Need ongoing advocacy support?
Yes	No	Explore legal status about decision making one-year prior to reaching the age of majority and consider the need for guardianship?
Yes	No	Need on-going guardian support?

**•Leisure/Recreation**

Does the student:

<b>Yes</b>	<b>No</b>	Demonstrate participation in school and/or community activities?
<b>Yes</b>	<b>No</b>	Demonstrate participation in both individual and group recreational activities?
<b>Yes</b>	<b>No</b>	Demonstrate appropriate communication and social skills in a variety of recreational settings?
<b>Yes</b>	<b>No</b>	Demonstrate the ability to seek out information on leisure activities of interest?

**•Transportation**

Does the student:

<b>Yes</b>	<b>No</b>	Use various modes of transportation available within his/her community?
<b>Yes</b>	<b>No</b>	Know how to access transportation when needed?
<b>Yes</b>	<b>No</b>	Have a driver's license?
<b>Yes</b>	<b>No</b>	Need special travel arrangements made on a regular basis?
<b>Yes</b>	<b>No</b>	Need support to meet transportation needs?

**•Self-Advocacy**

Does the student:

<b>Yes</b>	<b>No</b>	Demonstrate assertiveness with friends and adults?
<b>Yes</b>	<b>No</b>	Invite desired participants to IEP meetings?
<b>Yes</b>	<b>No</b>	Participate in IEP planning?
<b>Yes</b>	<b>No</b>	Participate in the development of long-range goals?
<b>Yes</b>	<b>No</b>	Demonstrate the skills needed to coordinate his/her own IEP meeting?
<b>Yes</b>	<b>No</b>	Express opinions and needs appropriately and effectively?
<b>Yes</b>	<b>No</b>	Demonstrate the ability to request assistance if needed?
<b>Yes</b>	<b>No</b>	Identify needed personal assistant services, and if appropriate, learn to direct and manage these services?
<b>Yes</b>	<b>No</b>	Understand and effectively express limitations and/or needs as well as strengths?
<b>Yes</b>	<b>No</b>	Have understanding of his/her needed accommodations on the job or in the school and effectively express them to disability service providers?

**•Socialization/Friends**

Does the student:

<b>Yes</b>	<b>No</b>	Have age-appropriate friends?
<b>Yes</b>	<b>No</b>	Demonstrate different levels of personal relationships (intimate friends, acquaintances)?
<b>Yes</b>	<b>No</b>	Have non-disabled friends?
<b>Yes</b>	<b>No</b>	Participate in social activities with friends?

**•Personal Management**

Can the student

<b>Yes</b>	<b>No</b>	Wake up independently in the morning?
<b>Yes</b>	<b>No</b>	Use good judgment about sleep habits?
<b>Yes</b>	<b>No</b>	Practice independent living skills, e.g., shopping, cooking, housekeeping?
<b>Yes</b>	<b>No</b>	Manage money effectively?
<b>Yes</b>	<b>No</b>	Manage time effectively?
<b>Yes</b>	<b>No</b>	Perform routine household maintenance chores (dishes, cleaning, replacing light bulbs, etc.)?
<b>Yes</b>	<b>No</b>	Select appropriate clothes for various settings?
<b>Yes</b>	<b>No</b>	Maintain appropriate personal grooming and hygiene skills?
<b>Yes</b>	<b>No</b>	Access needed natural supports, accommodations, and support services?

**•Living Arrangements**

Can the student:

<b>Yes</b>	<b>No</b>	Select a realistic and affordable living environment?
<b>Yes</b>	<b>No</b>	Manage the demands and expectations of the adult living environment?
<b>Yes</b>	<b>No</b>	Need support to meet the demands and expectations of the adult living environment?
<b>Yes</b>	<b>No</b>	Identify potential service providers to assist the individual in meeting the demands and expectations of the adult living environment?

**•Medical**

Does the student:

<b>Yes</b>	<b>No</b>	Demonstrate what to do in emergency?
<b>Yes</b>	<b>No</b>	Have medical insurance?
<b>Yes</b>	<b>No</b>	Demonstrate how to file his/her insurance?
<b>Yes</b>	<b>No</b>	Independently take his/her medication?
<b>Yes</b>	<b>No</b>	Make a doctor's appointment?
<b>Yes</b>	<b>No</b>	Discriminate between serious and minor illnesses?
<b>Yes</b>	<b>No</b>	Know how to locate emergency and other medical services?

<b>Yes</b>	<b>No</b>	Explain his/her disability to medical personnel?
<b>Yes</b>	<b>No</b>	Identify health care providers and become informed about sexuality and family planning issues?
<b>Yes</b>	<b>No</b>	Describe family medical history and any allergies to medicine?
<b>Yes</b>	<b>No</b>	Will the student need ongoing assistance in this area?

**•Insurance**

Does the student:

<b>Yes</b>	<b>No</b>	Have auto insurance<if needed?
<b>Yes</b>	<b>No</b>	Have dental insurance?
<b>Yes</b>	<b>No</b>	Know how to complete and file insurance claim forms?
<b>Yes</b>	<b>No</b>	Understand the various insurances available (unemployment, medical, dental, car, life, rental, homeowner's, etc.)?
<b>Yes</b>	<b>No</b>	Will student need ongoing assistance in the area?

**At least one year before the student graduates and/or exits the school system, the following have been accomplished (date completed).**

<b>Date completed</b>	<b>Student has:</b>
_____	Applied for financial support programs (List names of programs)_____
_____	_____
_____	Specify desired job paid employment with supports as needed.
_____	Register to vote. Register for selective service (Males only).
_____	Coordinate with adult service providers and ensure that appropriate referrals have been made. List Providers:_____
_____	_____
_____	_____
_____	_____
_____	_____