

PARENT/STUDENT FORM

Student Name: _____

Date Completed: _____

BRIEF TRANSITION ASSESSMENT

Preparing for your (child's) life after high school is an important part of their IEP. This brief transition assessment is designed to help the team set goals for after high school and for the development of your (child's) Transition goals in the IEP.

1. What kind of education/training do you see yourself doing after graduation (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> University/College (4 yr) | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Community College (2 yr) | <input type="checkbox"/> On-the-Job Training |
| <input type="checkbox"/> Technical/Vocational School | <input type="checkbox"/> Other _____ |

Have you researched possible education/training possibilities? _____ Yes _____ No
If yes, do you have an idea of where you would like to go? Please list/explain below:

2. What kind of employment/work do you see yourself doing after graduation?

- | | |
|--|---|
| <input type="checkbox"/> Full time work | <input type="checkbox"/> Full time employment in area of interest after college |
| <input type="checkbox"/> Part time work | <input type="checkbox"/> Part time employment in area of interest after college |
| <input type="checkbox"/> Full time work while in college | <input type="checkbox"/> Full time supported employment |
| <input type="checkbox"/> Part time work while in college | <input type="checkbox"/> Part time supported employment |
| <input type="checkbox"/> Other _____ | |

Have you thought about in what field you would like to work? (i.e., teaching, welding, computers, business, etc) _____

3. 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

4. Is there anything else I should know about your plans after high school?

This assessment was completed by: _____