

TPI

Transition Planning Inventory

Modified Form for Students with Significant Disabilities

Section I. Student Information

Name _____

Date _____ Date of Next IEP _____

Birth Date _____ Age _____

School/Program Setting _____

Name of Person Completing Form _____

Section II. Likely Postschool Setting(s)

Directions: Fill in based on what you expect will happen after exiting school.

EMPLOYMENT/COMMUNITY PROGRAM

Work

- | | |
|---|------------------------------------|
| <input type="checkbox"/> competitive | <input type="checkbox"/> full-time |
| <input type="checkbox"/> noncompetitive | <input type="checkbox"/> part-time |
| <input type="checkbox"/> supported | |
| <input type="checkbox"/> sheltered | |
| <input type="checkbox"/> other _____ | |

Training

- community-based employment training
 vocational/technical school
 community-based life skills training
 other _____

LIVING SITUATION

- live alone
 live with others who are not related to him/her (without adult supervision)
 live with others who are not related to him/her (with adult supervision)
 live with parents or other relatives
 other _____

Section III. Planning Area Inventory

1. Rate the student based on current competence for each statement listed. Use the following key:

NA = Not applicable

FA = Further assessment needed

IC = Independently competent

IG = Instructional goal(s) needed

CS = Competent with support

LG = Linkage goal(s) needed

NC = Not competent

DK = Don't know

Check the appropriate column(s) to indicate what you feel represents the student's skill level.

2. In the last column, describe either (a) the type and nature of the support that is needed for the student to show competence on a particular item (i.e., where "CS" is selected) or (b) any further assessment that is needed.

3. If the student receives related services, share this form with the appropriate therapist or other professional for his/her input.

Planning Areas	NA	IC	CS	NC	DK	FA	IG	LG	Recommended Supports or Further Assessment
EMPLOYMENT									
1. Makes choices among occupation alternatives, based on his/her own interests, preferences, and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Demonstrates general job skills and work attitudes preferred by employers for keeping a job and advancing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the specific knowledge and skills needed to perform a particular skilled, semi-skilled, or entry-level job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
POSTSCHOOL TRAINING									
4. Can succeed in an appropriate postschool community training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Can succeed in an appropriate postschool community life skills program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DAILY LIVING									
6. Maintains personal grooming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Maintains personal hygiene.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is able to complete bathing routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is able to complete dressing routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Can choose among possible living situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Makes choices on how to set up a room, apartment, or other living situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Performs everyday household tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Manages own spending money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Uses local transportation systems when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LEISURE									
15. Performs various indoor leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Performs various outdoor leisure activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Uses settings that provide various types of entertainment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMUNITY PARTICIPATION									
18. Knows his/her basic legal rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has knowledge and skills to participate in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Has knowledge and skills to make legal decisions affecting his/her life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has knowledge and skills to use a variety of resources successfully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Can access financial assistance from specific state/federal agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Planning Areas	NA	IC	CS	NC	DK	FA	IG	LG	Recommended Supports or Further Assessment
HEALTH									
23. Maintains good physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is able to take care of physical problems that arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Maintains good emotional health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is able to take care of emotional problems that arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Knows how the reproductive system works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Makes good choices regarding sexual behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SELF-DETERMINATION									
29. Understands own strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Expresses feelings and ideas to others appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Expresses feelings and ideas to others confidently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Sets personal goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Makes personal decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMUNICATION									
34. Has functional speaking skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Has functional listening skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Has functional reading skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Has functional writing skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERPERSONAL RELATIONSHIPS									
38. Gets along well with family members (may include parents, siblings, or other relatives).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Establishes and maintains close and/or casual friendships in a variety of settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Maintains prosocial behavior in a variety of settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Demonstrates skills for getting along well with coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Demonstrates skills for getting along well with supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL PLANNING AREAS									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Life After School Questionnaire
(Parents' Preferences and Interests)**

Student's Name: _____

Date: _____

Parent completing the form: _____

Now that your child is getting older, it's time to begin thinking about what your child will be doing during the day once their school program is completed. Please think about what you and your child would like their day to look like once they have completed their school program.

Depending on the statements listed below you can either answer yes/no; make a check mark next to the appropriate box or write a brief statement. There is no right or wrong way to complete this form. We are trying to get an idea of you think the future should look like for your child. We will then take this information and develop school goals that will help your child meet their goals for the future.

Please address all areas that apply to your child.

HOME LIVING

I plan to have my child move away from home when they're _____ (age).

I do not plan to have my child move away from home _____

When my child gets their own place (with support), my preference is to have them live in:

_____ an apartment _____ a mobile home _____ a house _____ a condominium

I would like my child to live:

_____ alone _____ with one roommate _____ with a spouse _____ with several roommates _____ with support from an agency

Other: _____

I would like my child to participate in the following household activities: (check all that apply, whether they plan to stay at home or move out)

_____ cleaning _____ budgeting _____ laundry _____ paying bills _____ cooking

_____ grocery shopping _____ checking account _____ clothing shopping

_____ home repair _____ taking medications _____ scheduling of appointments

Other(s): _____

School staff can support my child in this area by:

COMMUNITY PARTICIPATION/RECREATION AND LEISURE

Places my child will go in the community: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> banks | <input type="checkbox"/> vote | <input type="checkbox"/> work |
| <input type="checkbox"/> department stores | <input type="checkbox"/> grocery stores | <input type="checkbox"/> movie theaters |
| <input type="checkbox"/> public library | <input type="checkbox"/> restaurants | <input type="checkbox"/> church |
| <input type="checkbox"/> friends' houses | <input type="checkbox"/> shopping malls | <input type="checkbox"/> join a gym/exercise |
| <input type="checkbox"/> video stores | | |

Others(s): _____

School staff can support my child in this area by:

ADULT DAY SERVICES

Right after finishing school, your child will be offered services by an adult program that is funded by Regional Center.

I would like my child to:

- attend a program that includes the following activities:
- | | | |
|---|---|---|
| <input type="checkbox"/> work (paid or non paid) | <input type="checkbox"/> leisure activities | <input type="checkbox"/> community access |
| <input type="checkbox"/> take classes at city college | <input type="checkbox"/> take adult education classes | |

Other: _____

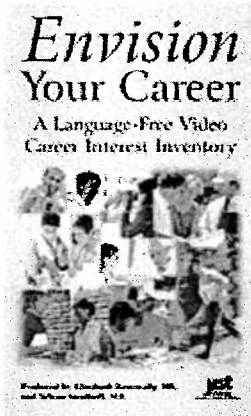
School staff can support my child in this area by:

Are you interested in finding out more information about :

- Social Security Benefits yes no
- Conservatorships/trusts yes no
- Adult programs
 - We have already visited them
 - We would like to visit adult programs
 - My child is already on a list for an adult program
- Housing Options
- How to transition from CCS services once my child turns 21 yes no

#149⁸⁰

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- **Measures career interests in people with little or no English skills and/or limited reading and writing abilities**
- **Combats career stereotyping by providing viewers with a broad spectrum of diverse occupations**
- **Based on John Holland's Theory of Types**

Now there's a visual, language-free career assessment!

JIST publishes a number of low-cost paper and pencil career assessments. But what can be used by people who can't take a paper-pencil device?

Envision Your Career is designed especially to measure career interests in people who have little or no English skills and/or limited reading and writing abilities. It is based on John Holland's Theory of Types. But its video administration requires no reading skills on the part of test takers, so it is an excellent alternative to language-based assessments and very good for group administration. This is the only program of its kind.

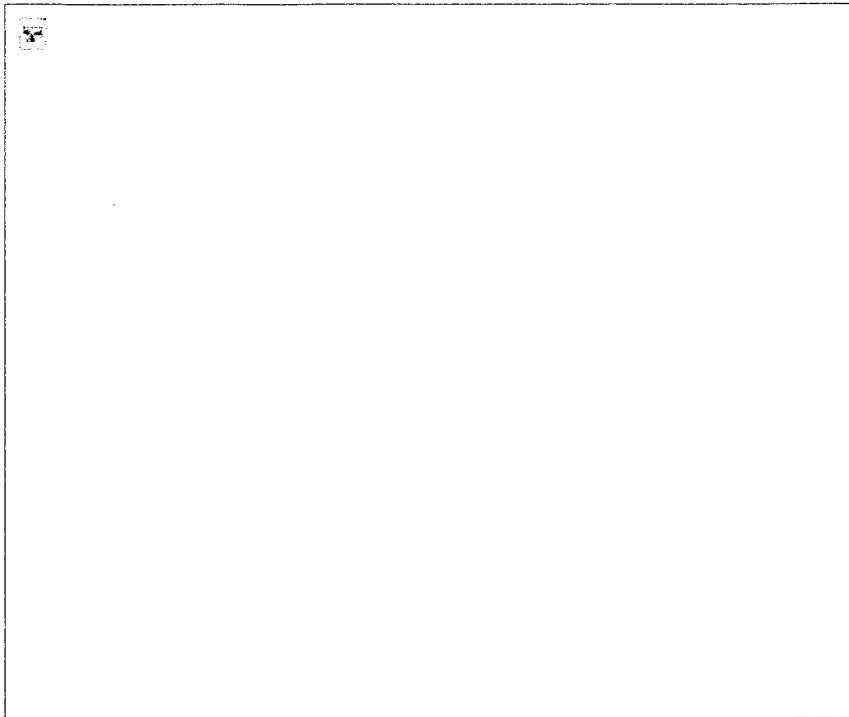
How the Assessment Works

Test takers watch videos of various occupations, 66 total. Each test taker will then fill out a scoring sheet. After viewing each occupation they circle numbers on a scale of 1 to 5 corresponding to the degree to which they like the occupation.

After rating all occupations, columns are totaled for scores. Each column represents one of John Holland's occupational types: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional.

The program was tested extensively in programs where the majority of clients were non-readers or did not speak English.

View a clip from *Envision Your Career*.



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Scoring Sheet for *Envision Your Career*

A Language-Free Video Career Interest Inventory

Name _____ Last _____ First _____ Date _____

Scoring Key	
1	= Strongly dislike
2	= Dislike
3	= Neutral
4	= Like
5	= Strongly like

Sample Test	
A)	1 2 3 4 5
B)	1 2 3 4 5
C)	1 2 3 4 5

Results					
R	I	A	S	E	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1) 1 2 3 4 5	2) 1 2 3 4 5	3) 1 2 3 4 5	4) 1 2 3 4 5	5) 1 2 3 4 5	6) 1 2 3 4 5
7) 1 2 3 4 5	8) 1 2 3 4 5	9) 1 2 3 4 5	10) 1 2 3 4 5	11) 1 2 3 4 5	12) 1 2 3 4 5
13) 1 2 3 4 5	14) 1 2 3 4 5	15) 1 2 3 4 5	16) 1 2 3 4 5	17) 1 2 3 4 5	18) 1 2 3 4 5
19) 1 2 3 4 5	20) 1 2 3 4 5	21) 1 2 3 4 5	22) 1 2 3 4 5	23) 1 2 3 4 5	24) 1 2 3 4 5
25) 1 2 3 4 5	26) 1 2 3 4 5	27) 1 2 3 4 5	28) 1 2 3 4 5	29) 1 2 3 4 5	30) 1 2 3 4 5
31) 1 2 3 4 5	32) 1 2 3 4 5	33) 1 2 3 4 5	34) 1 2 3 4 5	35) 1 2 3 4 5	36) 1 2 3 4 5
37) 1 2 3 4 5	38) 1 2 3 4 5	39) 1 2 3 4 5	40) 1 2 3 4 5	41) 1 2 3 4 5	42) 1 2 3 4 5
43) 1 2 3 4 5	44) 1 2 3 4 5	45) 1 2 3 4 5	46) 1 2 3 4 5	47) 1 2 3 4 5	48) 1 2 3 4 5
49) 1 2 3 4 5	50) 1 2 3 4 5	51) 1 2 3 4 5	52) 1 2 3 4 5	53) 1 2 3 4 5	54) 1 2 3 4 5
55) 1 2 3 4 5	56) 1 2 3 4 5	57) 1 2 3 4 5	58) 1 2 3 4 5	59) 1 2 3 4 5	60) 1 2 3 4 5
61) 1 2 3 4 5	62) 1 2 3 4 5	63) 1 2 3 4 5	64) 1 2 3 4 5	65) 1 2 3 4 5	66) 1 2 3 4 5

R I A S E C

INDIVIDUALIZED COMMUNITY ASSESSMENT

Name: _____ Interview Date: _____

Person(s) interviewed: _____

How long interviewee has known individual: _____

Relationship to individual (self/parent/professional/etc.): _____

ANSWER THE FOLLOWING QUESTIONS REGARDING THE INDIVIDUAL:

1. Does individual seem to work better indoors or outdoors? (Add comments):

2. Better around many people or fewer people? _____

3. Standing vs. sitting? _____

4. Mobile vs. stationary? _____

5. Describe fine motor abilities (What can they do?): _____

6. Describe gross motor skills: _____

7. Expressive communication ability: _____

8. Any adaptations used? (Signing, gestures, voice box, etc.): _____

9. Receptive language ability (How does person best receive & understand information?)

10. Receptive adaptations used (picture, sign or written word, etc.):

INDIVIDUALIZED COMMUNITY ASSESSMENT

11. How does person learn best? (Describe learning style- auditory, visual, kinesthetic/ motor or combination):

12. Describe self-care/hygiene/toileting support needs: _____

13. Behavioral concerns in community & around others (Please differentiate from behavior in classroom or home settings):

14. Vocational related skills: _____

15. List hobbies/job interests s/he has: _____

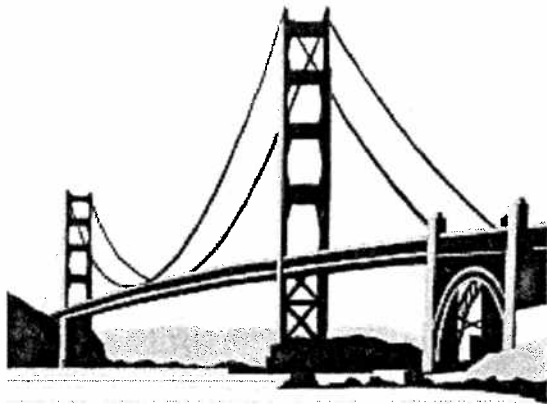
16. What type of job placements, adult education, college classes, or YMCA/recreation classes do you see this person being successful in with adequate supports?

17. What supports will s/he need to be successful? _____

18. Adaptations or other interventions suggested: _____

OTHER COMMENTS:

INTERVIEWER: _____



Adapted from Personal Futures Planning (Mount) for Project TRANSITION, the School-to-Work Interagency Transition Partnership (SWITP) for Napa County, by Allen, Shea & Associates, 5/94.

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Getting from Where I Am to Where I Want to Be! Bridges Version

What's this all about? Your answers to these questions can help you put together a transition plan. A plan to help you reach the best possible future.

The questions are written in the first person, so that the focus is always on you, the person in transition. You can use this in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; (3) you can work on it with a teacher, counselor, or someone else; or (4) family and friends can help you with it.

When you work on it with other people and they give you ideas for your plan, make sure you put their initials next to their ideas. That way, you will remember what you said and what others said.

1. Who is this about?

2. What are some great things about you?

Getting from Where I Am to Where I Want to Be!
Things About You

3. What do you like to do? around town? at home? for fun?

4. What new things would you like to do? around town? at home? for fun?

5. What makes you happy?

6. What makes you sad or mad or frustrated?

Getting from Where I Am to Where I Want to Be! About Work

7. What are you doing now? going to school? working? something else? If you're not working now, please go to question #9.

8. How's your job?

	Yes	No
Is it the kind of job you like?	<input type="checkbox"/>	<input type="checkbox"/>
Are the hours and days okay?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get job support you need?	<input type="checkbox"/>	<input type="checkbox"/>
Does the pay cover your bills?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get benefits?	<input type="checkbox"/>	<input type="checkbox"/>

How do you get along with people at work?
 ___ great ___ okay ___ not very well

When you think about your job (check the one that shows how you feel most of the time):

___ you're glad you got it
 ___ it's okay that you got it
 ___ you're sorry that you got it

9. Do you want a job, or a different job than you have right now? If so, what kinds of jobs have you had?

If working or a different job is not important to you now, please turn to the page called **About How You Live and Would Like to Live.**

10. What kinds of jobs or careers interest you?

11. Do you need support in getting a job?

	Yes	No
Are you looking for your first job?	<input type="checkbox"/>	<input type="checkbox"/>
Does it take you a long time to learn a job?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need support in things like using money or getting to work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need any specialized training or work experience?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **yes** to any of these questions, you could probably use some support in getting and keeping a job.

Getting from Where I Am to Where I Want to Be! About How You Live and Would Like to Live

12. How do you live now?

- Alone?
- With a roommate?
- With your parents?
- With other relatives?
- In a group home?
- Other? _____

13. What are the best things about where you live right now?

14. What could be better about where you live right now?

15. What kinds of support do you need where you live right now?

16. Are you living where you want to live and with whom you want to live?

17. All things possible, where would you like to live and with whom?

If you're living where you want to live for now, please go to question #18.

Getting from Where I Am to Where I Want to Be!
Looking Ahead

18. What are your dreams and hopes for the future?

19. What worries you about your future? What worries those around you (family, friends)?

20. All things possible, what do you see yourself doing 3-5 years from now?

21. What support would you need to get to where you want to be?

Getting from Where I Am to Where I Want to Be!

Looking Ahead

22. What are some first steps to take towards your desired future?

23. Looking back at what you wrote for #22, which things would you like to discuss at your next transition meeting?

24. Who should be at your transition meeting (family, friends, teachers, agencies) to help you plan?

25. Who worked on this with you?

Date: _____ Individual: _____		Getting from Where I Am to Where I Want to Be!			
Moving towards your desired future, what do you need, want, or hope to happen in the next 1-3 years?	By what date?	What Kinds of Support Will You Need? Who can do what?			I need additional help from . . .
		I can . . .	Family, friends can help me by . . .	Agencies or programs can help me by . . .	
How will we know if your plan has worked?					

Name: _____

My Dreams.... My Goals.....

Work: 1.

2.

Living:

Fun:

Transition Planning Profile

My Strengths

-
-
-
-

Chores I Do at Home

-
-
-
-

My Learning Styles

(Circle one)

Seeing

Hearing

Hands-On

My Challenges

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-
-
-
-

My Interests

-
-

In the Community, I can.....

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-
-

I can learn about Employment by...

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-
-

Accommodations that may help me

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-
-
-
-

My School can help me.....

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-
-
-

Name _____

Date _____

Strengths and Skills I Possess

Employability Skills

<input type="checkbox"/>	I go for what I want
<input type="checkbox"/>	I am good at what I do
<input type="checkbox"/>	I do what I say I will
<input type="checkbox"/>	I do things on my own
<input type="checkbox"/>	I have lots of energy
<input type="checkbox"/>	I can easily "switch gears"
<input type="checkbox"/>	I work hard
<input type="checkbox"/>	I like being in charge
<input type="checkbox"/>	I want to do a good job

<input type="checkbox"/>	I get a lot of work done
<input type="checkbox"/>	I am honest
<input type="checkbox"/>	I am willing to learn
<input type="checkbox"/>	I stick to the job
<input type="checkbox"/>	I am on time
<input type="checkbox"/>	I can solve problems
<input type="checkbox"/>	I get lots of work done
<input type="checkbox"/>	I see the positive side
<input type="checkbox"/>	I keep things in order

People Skills

<input type="checkbox"/>	I care for others
<input type="checkbox"/>	I am nice to be around
<input type="checkbox"/>	I watch for other's feelings
<input type="checkbox"/>	I get along well with others
<input type="checkbox"/>	I am positive with others
<input type="checkbox"/>	I am friendly
<input type="checkbox"/>	I am a good listener
<input type="checkbox"/>	I am helpful
<input type="checkbox"/>	I don't try to get attention

<input type="checkbox"/>	I am dependable
<input type="checkbox"/>	I have respect for others
<input type="checkbox"/>	Others can count on me
<input type="checkbox"/>	I work well with others
<input type="checkbox"/>	I am sincere
<input type="checkbox"/>	I am sensitive to feelings
<input type="checkbox"/>	I have a sense of humor
<input type="checkbox"/>	I am patient
<input type="checkbox"/>	I am kind to others

Talents and Abilities

<input type="checkbox"/>	I am artistic
<input type="checkbox"/>	I am good at sports
<input type="checkbox"/>	I can cook and bake
<input type="checkbox"/>	I create with ideas
<input type="checkbox"/>	I create with metal
<input type="checkbox"/>	I create with pictures
<input type="checkbox"/>	I create with wood
<input type="checkbox"/>	I create with words
<input type="checkbox"/>	I create with my hands

<input type="checkbox"/>	I can repair things easily
<input type="checkbox"/>	I can perform or act
<input type="checkbox"/>	I can play music
<input type="checkbox"/>	I have good computer skills
<input type="checkbox"/>	I am good at math
<input type="checkbox"/>	I am good with sales
<input type="checkbox"/>	I am good with children
<input type="checkbox"/>	I am good with animals
<input type="checkbox"/>	I can design fashions