



**Exceptional Student Education
Transition Assessment (Ages 16+) Form A**

Student Name: _____ Date: _____

Student Signature: _____ Interviewer: _____

A. Self Advocacy

- 1. I know what my classroom and testing accommodations are: Yes No
- 2. I know how to advocate for my accommodations in class: Yes No
- 3. I have participated in my IEP meetings: Yes No
- 4. I need accommodations that are not on my IEP: Yes No

Describe: _____

B. Education and Training

- 1. Have you ever filled out a job application: Yes No
- 2. Have you ever created a resume: Yes No
- 3. Have you ever had a job interview: Yes No
- 4. Have you ever had a job: Yes No

If yes, where did/do you work and what are/were your responsibilities: _____

5. Which type(s) of education/training would you like to pursue after graduation?

- Attend a 2 or 4 year college (community college or university)
- Attend a vocational training program (occupational center or trade school)
- Join the military (Army, marine Corps, Air Force, Navy, Coast Guard)
- Not interested in additional education/training after high school
- Other: _____

6. Which of the following would be helpful to you in reaching your education/training goals?

- Visit post-secondary programs (colleges, trade schools, military recruiters, etc.)
- Request/complete a college/trade school/military application
- Fill out FAFSA (financial aid) application
- Sign up for the SAT/PSAT test and/or prep course
- Research a post-secondary program (location, cost, etc.)
- Information about Disability Resources Center at school/program of interest
- List of colleges/vocational schools that have programs in my area of interest
- Other: _____

D. Employment and Career

1. What are your employment goals after high school graduation?

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Be competitively employed | <input type="checkbox"/> Participate in an apprenticeship |
| <input type="checkbox"/> Participate in supported employment | <input type="checkbox"/> Be self-employed |
| <input type="checkbox"/> Participate in volunteer work | <input type="checkbox"/> Join the military |
| <input type="checkbox"/> Other: _____ | |

2. What area(s) of interest do you plan to pursue in postsecondary education?

- | | | |
|------------------------------------------|-----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Electrical | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> EMT/Firefighter | <input type="checkbox"/> Health Science | <input type="checkbox"/> Information Technology (IT) |
| <input type="checkbox"/> Law | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Military |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Science | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Education | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Other: _____ |

E. Independent Living

1. Where would you like to live as an adult?

- | | |
|-------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Live on my own | <input type="checkbox"/> Live in a support living arrangement |
| <input type="checkbox"/> Live with family | <input type="checkbox"/> Other: _____ |

2. Do you have a bank account?

- Yes No

3. Do you have a learner's Permit/Driver's License?

- Yes No

4. If you are 18 or older, have you registered to vote?

- Yes No

5. Which of the following would help you become more independent after high school?

- | | |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Maintain a planning calendar | <input type="checkbox"/> Open a checking/savings account |
| <input type="checkbox"/> Develop emergency procedures | <input type="checkbox"/> Locate needed items in a grocery store |
| <input type="checkbox"/> Prepare a personal budget | <input type="checkbox"/> Prepare and serve simple foods |
| <input type="checkbox"/> Sort, wash, dry, fold and put away laundry | <input type="checkbox"/> Select and order food from a menu |
| <input type="checkbox"/> Appropriately respond to emergency situations (missing the bus, getting lost, etc.) | |
| <input type="checkbox"/> Perform light household maintenance/choirs (change light bulb, vacuum, etc.) | |