

Student Transition Planning

Answer these questions before your meeting to help you participate in planning your IEP transition goals.

NAME: _____ **DATE:** _____

Living: Where do you think you might like to live after you finish high school?

At home _____

Away from home (*check all that apply*)

Alone _____

With others _____

In an apartment _____

In a dorm on a college campus _____

Learning: Are you interested in continuing your education after high school? YES NO

If yes what would you like to learn about?

Prefer to work, volunteer or pursue other goals? YES _____ NO _____ If yes please complete the appropriate section below.

Working: If you re interested in working kind of job would you be interested in?

Do you want to work full-time or part-time?

Full Time _____

Part Time _____

Volunteering: If you are interested in volunteering what kind of volunteer opportunity are you

interested in?

Do you want to volunteer full-time or part-time?

Full Time _____ Part Time _____

Other goals: What other goals do you have in mind?

Daily Living: Which skills you think you need to work on to be able to manage on your own after high school? (*check all that apply*)

- Cooking
- Shopping
- Cleaning
- Managing money and paying bills
- Doing laundry
- Taking care of my medical needs
- Taking care of my personal hygiene
- Driving

Recreation/leisure: What do you like to do for fun?

How would you like to spend your free time after you finish high school?

Choices: What choices do you make for yourself now?

What additional choices would you like to make for yourself in the future?

What do you need to learn to do to be able to make those choices for yourself in the future?
