

Transition Planning Checklist

Student Name: _____ Date: _____ SSD# _____

Completed By: _____ Relationship to Student: _____

Level A

Directions: Complete on all students age 15 turning 16 prior to next IEP and older. Bring this completed form to the IEP meeting.

Year Column: Record current school year. Use the following code to record what you think this student can do right now: Code: N (No), NS (Needs Support), NA (Not applicable) or Y (yes).

IEP Column: Record an "x" if this transition need should be discussed at the IEP. These items could result in writing an Action Plan or Goal in the IEP.

I. Career/Voc-Ed/Employment (Can/does/will the student...)	Year 20 ____	IEP	Year 20 ____	IEP
Demonstrate necessary skills and behavior to succeed in meeting criteria for post-secondary goal? (supported employment, sheltered workshop, day program, other)				
Have access to vocational/post-secondary information?				
Need community integration training?				
Need volunteer experience?				
Have a Transition Portfolio?				
Have a support plan?				
Perform regular chores/jobs/pre-vocational tasks at home?				
Perform regular chores/jobs/pre-vocational tasks at school?				
Need personal care assistance at work or day program?				
Additional information/comments/questions:				
II. Post-secondary Education (Can/does/will the student/family...)	Year 20 ____	IEP	Year 20 ____	IEP
Have educational ambitions beyond graduation? (College for Living, Continuing Education, community experiences etc.)				
Need individual supports to access post-secondary education?				
Understand available options in this area?				
Have interest in hobby, recreation leisure classes?				
Understand day program options? (ADHC, center-based, community integration)				
Know how to apply for programs or services?				
Additional information/comments/questions:				

III. Leisure/Recreation/Socialization (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Investigate/participate in community activities? (i.e. church, temple, YMCA, summer camp, volunteer programs, etc)				
Participate in school extracurricular activities? (i.e. dances, Special Olympics, team sports, clubs etc.)				
Investigate/use various community services (i.e. museums, movies, retail stores, parks, fast food, garage sales, etc.)				
Receive recreation publications?				
Participate in agency activities? (socialization, support groups etc.)				
Need ongoing assistance?				
Additional information/comments/questions:				
IV. Transportation (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Practice pedestrian safety? (proximity when walking, buddy system when walking, cross the street, etc.)				
Have or need Metro ADA card (Call-a-Ride) or Disability card (reduced fare)?				
Utilize public transportation safely? (seatbelt, use curb cuts, safety vest etc.)				
Knows how to plan and schedule public/private transportation appointments when needed? (OATS, EMT, taxi, family, friends etc.)				
Require assistive technology/adaptive devices?				
Need ongoing support?				
Additional information/comments:				
V. Living Arrangements (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Circle the desired post-school placement: Live with family; ISLA, 24 hour supported living, group home, residential care facility, skilled nursing facility				
Have goal for living included in Regional Office Person Centered Plan?				
Have the potential to live in the community with supervision?				
Need in-home personal care assistance?				
Have linkages to residential services agencies?				
Additional information/comments:				

VI. Medical (Can/does/will the student/family...)	Year 20 ____	IEP	Year 20 ____	IEP
Have specific physical limitations requiring medical assistance? List:				
Have Medicaid or Medicare?				
Require ongoing support for managing medical needs?				
Report significant injuries/illness when needed?				
Develop/follow emergency procedures at school and at home?				
Have orthotics, prosthetics, and/or other disability-specific devices or health needs? List:				
Select an appropriate health care giver, dentist and specialist if needed?				
Need counseling/family support?				
Additional information/comments:				
VII. Self-Advocacy (Can/does/will the student...)	Year 20 ____	IEP	Year 20 ____	IEP
Attend/make choices in IEP, transition plan?				
Express opinions and needs effectively? (circle primary method: language, line drawings, photos, voice output device, other:				
Express personal interests?				
Ask for help or assistance when needed?				
Make personal choices and decisions regarding routine affairs?				
Carry/wear personal identification?				
Does the family or student know how to access agency advocacy supports?				
Does the family or student know how to access agency advocacy supports?				
Need ongoing assistance?				
Additional information/comments:				
VIII. Personal Management (Can/does/will the student...)	Year 20 ____	IEP	Year 20 ____	IEP
Get self up in the morning independently? With assistance				
Choose appropriate clothing independently? With assistance?				
Dress self independently? With assistance?				
Perform/cooperate with personal hygiene and grooming?				
Prepare simple or prepackaged foods independently? With assistance?				

VIII. Personal Management cont.	Year 20__	IEP	Year 20__	IEP
Manage time effectively (i.e. go to bed, get ready to go out etc.)				
Manage money independently? With assistance? (i.e. make simple purchases, carry money safely etc.)				
Perform simple household cleaning chores independently? With assistance?				
Demonstrate good citizenship? (follow rules, register to vote, etc.)				
Does the family know how to manage finances for student? (personal asset limits, Family Midwest Needs Trust, etc.)				
Practice personal safety rules in all environments?				
Know how to access community service providers?				
Need ongoing assistance?				
Additional information/comments:				
IX. Social Skills (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Demonstrate friendly behavior? (i.e. shake hands, eye contact, share etc)				
Demonstrate appropriate interactions with peers?				
Use appropriate conversation/communication skills?				
Cooperate with supervisors and authority figures?				
Uses personal and/or public property responsibly?				
Participate appropriately during group activities?				
Demonstrate self-control when faced with a stressful situation?				
Accept redirection and constructive criticism appropriately?				
Additional information/comments:				
X. Insurance (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Have medical insurance beyond age 21?				
Maintain contact with insurance agent(s) for changes due to age, etc.?				
File insurance claims, i.e. equipment needs/maintenance?				
Additional information/comments:				

XI. Financial Assistance/Income Support (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Receive SSI?				
Know how to obtain SSI or other financial assistance?				
Understand other benefits available (food stamps, ADC, Medicaid)?				
Understand eligibility requirements for adult agency support after age 18 or after graduation?				
Additional information/comments:				
XII. Advocacy/Legal Services (Can/does/will the student...)	Year 20__	IEP	Year 20__	IEP
Have an active file with DMH? (St. Louis Regional Office, BJC)				
Have a social worker?				
Need ongoing advocacy or legal services?				
Need partial or full guardianship in the areas of medical, financial or legal matters?				
Additional information/comments:				
XIII. Other (Can/does/will the student...)				
Need to be connected with Division of Vocational Rehabilitation?				
Does the family need to attend Transition Planning Workshops?				
Additional information / comments:				

Level A: For students with significant/severe disabilities.
Special School District of St. Louis, MO

8/07