Transition Needs

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_ Exiting School Services Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Transition Planning Areas:** | School/Recorder: Date: Age:  | School/Recorder: Date: Age:  | School/Recorder: Date: Age:  |
| --- | --- | --- | --- |
| Personal Management Skill needs: Self care, clothing, cooking, shopping, banking, nutrition etc. |  |  |  |
| Voc. Training Wk. Exp. Placements?Areas to train in:Food service, grounds keeping, care services, clerical, janitorial, assembly, construction, warehouse, laborer, service industry, others |  |  |  |
| **Leisure & Recreation****Activities:**Special Olympics, ScoutsChurch, volunteer, hobbies, etc. |  |  |  |
| **Transportation Plans**Street, Bus, Bike, car, etc. |  |  |  |
| **Student’s Preferences, Interests, Needs and Strengths** |  |  |  |
| **DD Services, CSI, Mental Health, Others?** What is their status or plans (family supports, friends, school network, etc.?). Are they signed up or need assistance? |  |  |  |
| Students Vision of Life When School Services End What do you see as … |  |  |  |
| DMV- ID card or Driver License/Permit Age 16 |  |  |  |
| Transfer of Rights info:Future planning: Wills, Guardianship, Trusts, etc.  |  |  |  |
| **Social Security Status SSI/SSDI** |  |  |  |
| Medical Insurance:Private/OHP/Care OregonMedical Card Eligible?Medicaid/OHP+ |  |  |  |
| Vocational Rehabilitation or Commission for the BlindStudent is Ready to work. Summary of Performance, Resume, Assessment Information which includes stamina, coaching needs, work preference, etc. included in VR Referral. Long term support available if needed.  |  |  |  |
| Civic Responsibilities:Register to vote, Males register for Selective Service-Age 18 |  |  |  |
| Living Arrangements:Family, foster care, supported living. Sign up for HUD. |  |  |  |
| Personal & Family Relationships  |  |  |  |
| **Other:** |  |  |  |