

Transition IEP Services/Activities Worksheet

| | |
|--|--|
| <p>Post-secondary Education/Training</p> <p>Specific area of study _____</p> <p>School of interest _____</p> <p>ASVAB _____ PSAT/SAT _____ accommodations _____</p> <p>College fairs _____ College/facility tour _____</p> <p>Application _____ Financial Aid _____</p> <p>Note taking _____ Organizational skills _____</p> <p>Time management _____ Self-disclosure _____</p> <p>Documentation _____</p> <p>Recent _____</p> <p>_____ Licensed psychologist _____</p> <p>_____ Rationale for accommodations _____</p> <p>_____ Request accommodations _____</p> <p>_____ Hiram Andrews information _____</p> <p>_____ Specific Academic Skill Deficit (list in grid, need MAG)</p> <p>_____ Specific Behavioral/Organizational Skill Deficit (list in grid, need MAG)</p> | <p>Independent Living - Residential</p> <p>_____ Home responsibilities _____</p> <p>_____ Participate in apartment program _____</p> <p>_____ Summer camps _____</p> <p>_____ Open case with MH/MR Base Service Unit _____</p> <p>_____ Supports Coordination _____</p> <p>_____ Community Living Arrangements _____</p> <p>_____ Respite care _____</p> <p>_____ Companionship / social groups _____</p> <p>_____ Community-based instruction _____</p> <p>_____ Shopping/money skills _____</p> <p>_____ Pedestrian safety _____</p> <p>_____ Social skills/communication _____</p> <p>_____ Section 8 housing _____</p> <p>_____ Specific Academic Skill Deficit (list in grid, need MAG)</p> <p>_____ Specific Behavioral/Organizational Skill Deficit (list in grid, need MAG)</p> |
| <p>Employment</p> <p>Specific career interest _____</p> <p>_____ Career exploration _____</p> <p>_____ Choices software _____</p> <p>_____ Guest speakers _____</p> <p>_____ Graduation project _____</p> <p>_____ In-school work experience _____</p> <p>_____ Community service _____</p> <p>_____ Job shadowing _____</p> <p>_____ Job tryouts _____</p> <p>_____ Work experience _____</p> <p>_____ Career and Technical Center _____</p> <p>_____ Tour _____</p> <p>_____ Shadow vocational programs _____</p> <p>_____ Co-op job placement (career/tech center) _____</p> <p>_____ Community-based instruction _____</p> <p>_____ Pre-employment skills _____</p> <p>_____ Travel training _____</p> <p>_____ Social skills _____</p> <p>_____ CareerLink _____</p> <p>_____ Career TRACK _____</p> <p>_____ DPW Employment Program referral _____</p> <p>_____ OVR referral _____</p> <p>_____ Determination of eligibility _____</p> <p>_____ Employment services _____</p> <p>_____ Job training _____</p> <p>_____ MH/MR referral _____</p> <p>_____ Sheltered employment _____</p> <p>_____ Adult Training Facility program _____</p> <p>_____ Specific Academic Skill Deficit (list in grid, need MAG)</p> <p>_____ Specific Behavioral/Organizational Skill Deficit (list in grid, need MAG)</p> | <p>Independent Living - Recreation / Leisure</p> <p>Current hobbies _____</p> <p>Current clubs _____</p> <p>Current social activities _____</p> <p>_____ Community-based instruction _____</p> <p>_____ Recreation facilities (YMCA, etc.) _____</p> <p>_____ Social skills _____</p> <p>_____ Sports _____</p> <p>_____ Local clubs, teen centers _____</p> <p>_____ Service organizations (AkTion Club, Kiwanis, etc) _____</p> <p>_____ Church groups _____</p> <p>_____ Specific Academic Skill Deficit (list in grid, need MAG)</p> <p>_____ Specific Behavioral/Organizational Skill Deficit (list in grid, need MAG)</p> |
| <p>Agencies</p> <p>_____ Office of Vocational Rehabilitation _____</p> <p>_____ Mental Health _____</p> <p>_____ Mental Retardation _____</p> <p>_____ Blind and Visual Services _____</p> <p>_____ Department of Public Welfare _____</p> <p>_____ Children and Youth Services _____</p> <p>_____ Juvenile Justice System _____</p> <p>_____ Social Security Administration _____</p> <p>_____ CareerLink _____</p> <p>_____ The Arc _____</p> <p>_____ Centers for Independent Living _____</p> <p>_____ AccessAbilities, Inc. _____</p> | <p>Miscellaneous issues</p> <p>_____ Family planning _____</p> <p>_____ Parent counseling/training (workshops, etc) _____</p> <p>_____ Parent support / advocacy groups _____</p> <p>_____ Trusts / wills / guardianship _____</p> <p>_____ SSI _____</p> <p>_____ Medical / Health insurance _____</p> <p>_____ Medical assistance _____</p> <p>_____ Private insurance _____</p> <p>_____ Assistive technology _____</p> <p>_____ School attendance _____</p> <p>_____ Show transition agency video _____</p> <p>_____ Give Transition handbook / agency brochures _____</p> <p>_____ Healthcare checklist _____</p> <p>_____ PYLN Toolkit _____</p> |