

## Establishing Transition Goals and Objectives Worksheet

Student  
Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

High School Years

Remaining: \_\_\_\_\_

Employment/Postsecondary Education or Training (check all that apply)

### *Long-Term Goal*

**When you son or daughter graduates from high school, what are your hopes/expectations?**

- ☐ Full/Part-Time Competitive Employment
- ☐ Supported Employment
- ☐ College
- ☐ Community – Technical College
- ☐ Apprenticeship Program
- ☐ Military
- ☐ Other

### *Short-Term Objectives*

**What does your son or daughter need in order to achieve his/her Employment/Postsecondary goal? How are these needs going to be met in the upcoming year?**

#### **Vocational Assessment Process**

- |  |  |
|--|--|
| <input type="checkbox"/> Career Interest Testing                                 | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Aptitude  | <input type="checkbox"/> Social          |
| <input type="checkbox"/> Achievement   | <input type="checkbox"/> Behavioral      |
| <input type="checkbox"/> Intelligence  | <input type="checkbox"/> Learning Styles |
| <input type="checkbox"/> Situational Assessment in Community-Based Training Site |  |

#### **Functional Assessment**

- ☐ Independent Living
- ☐ Community Participation
- ☐ Recreation/Leisure
- ☐ Student Questionnaire
- ☐ Family Questionnaire
- ☐ Career Awareness/Counseling Activities
- ☐ Applied Technology Courses
- ☐ Job Skills Training Course (Job Seeking and Keeping)
- ☐ Career Exploration/Job Shadowing
- ☐ Field Trips to Employment Sites in Community

Adapted from Connecticut State Department of Education/Bureau of Special Education  
Transition Task Force/Transition Training Manual