

Transition Life Planning

Name: _____ BirthDate: _____ Year of Graduation: _____
School: _____ Caseload Teacher: _____ Grade: _____ Date: _____

After completing your education (high school and post secondary), what are your career plans?
What do you need to reach your goal?

INSTRUCTION

1. Describe your disability.

2. How does it interfere with your learning?

3. What is the easiest way for you to learn?

4. Do you ask for help when needed?

5. What academic classes have you enjoyed?

6. What elective classes have you enjoyed? (examples: ceramics, physical education, etc.)

7. What modifications do you need in your class in order to succeed?

8. Do you want to be more involved in you IEP?

Community Experiences

1. What community service do you use? (examples: Library, post office, bank, etc.)

2. What school activities or clubs are you involved in?

3. What other activities do you do?

4. Do you have a driver's license? Yes No
Do you need help passing driver's education? Yes No
5. Are you aware that age 18:
You may register to vote? Yes No
If you are a male, you must register for the draft? Yes No