



Exceptional Student Education
Transition Assessment (Ages 14-16)- Form C

Student Name: _____ Date: _____

Student Signature: _____ Interviewer: _____

A. Self Advocacy

- 1. I am able to ask for accommodations when needed: [] Yes [] No
2. I am able to identify long and short-term goals: [] Yes [] No
3. I am able to advocate for myself outside of school: [] Yes [] No
4. I respond appropriately to typical exchanges with others: [] Yes [] No
5. I can resolve conflict through discussion and compromise: [] Yes [] No

B. Education and Training

- 1. What kind of education/training do you see yourself doing after graduation?
[] College/university (4 year) [] Military service
[] College/university (2 year) [] On-the-job training
[] Technical/vocational school [] Training at a day programming
[] Other: _____
2. In what areas or classes do you feel you need more help or instruction in order to help you meet your educational/training goals after high school? _____
3. Which of the following would be helpful to you in achieving your education/training goals?
[] College visit [] Career/technical school visit
[] Meet with military recruiter [] Job/career visit/shadowing
[] Job exploration, research, assessment [] Other: _____

C. Employment and Career

- 1. What kind of employment/work do you see yourself doing after high school?
[] Full-time work while in college [] Full time employment after college
[] Part-time work while in college [] Part-time employment after college
[] Full-time work (no support) [] Full-time supported employment
[] Part-time work (no support) [] Full-time supported employment
[] Other: _____

2. What type of field of work are you interested in?

- | | |
|---|--|
| <input type="checkbox"/> Working indoors | <input type="checkbox"/> Working outdoors |
| <input type="checkbox"/> Working independently | <input type="checkbox"/> Working with the public |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Computers/technology | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Building things/construction | <input type="checkbox"/> Medical/health care |
| <input type="checkbox"/> Hair/skin/nail care | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Music/acting/performing | <input type="checkbox"/> Retail/customer service |
| <input type="checkbox"/> Taking care of children | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Military |

D. Independent Living/Community Experience:

1. Where do you plan to live after high school or as an adult?

- | | |
|---|---|
| <input type="checkbox"/> In a house/condo | <input type="checkbox"/> In a house/condo (supported) |
| <input type="checkbox"/> In an apartment | <input type="checkbox"/> In an apartment (supported) |
| <input type="checkbox"/> With family | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Military base | <input type="checkbox"/> Campus dorm |
| <input type="checkbox"/> Other: _____ | |

2. Do you feel you have the skills necessary to live on your own?

- Yes (or will obtain support from family)
- No, I need help/instruction/support in the following areas
- | | |
|--|--|
| <input type="checkbox"/> Handling money/budget | <input type="checkbox"/> Personal hygiene |
| <input type="checkbox"/> Using a debit/credit card | <input type="checkbox"/> Ordering at restaurants |
| <input type="checkbox"/> Household chores | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Other: _____ |