



**Exceptional Student Education  
Transition Assessment (Ages 16+) Form B**

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

Student Signature: \_\_\_\_\_ Interviewer: \_\_\_\_\_

**A. Self Advocacy**

- 1. I know what my classroom and testing accommodations are:  Yes  No
  - 2. I know how to advocate for my accommodations in class:  Yes  No
  - 3. I have participated in my IEP meetings:  Yes  No
  - 4. I need accommodations that are not on my IEP:  Yes  No
- Describe: \_\_\_\_\_

**B. Education and Training**

- 1. Do you independently get ready for school?  Yes  No
- 2. Do you get to school on time?  Yes  No
- 3. Do you start tasks on your own without begin told?  Yes  No
- 4. Do you have good school attendance?  Yes  No
- 5. Do you make an effort to do your best?  Yes  No
- 6. Do you use a calendar or planner to organize yourself?  Yes  No
- 7. Do you use your time in class to work on assignments?  Yes  No
- 8. Do you cooperate with others when working on assignments?  Yes  No
- 9. Are you organized at school?  Yes  No

10. Which type(s) of education/training would you like to pursue after graduation?

- Attend a 2 or 4 year college (community college or university)
- Attend a vocational training program (occupational center or trade school)
- Join the military (Army, marine Corps, Air Force, Navy, Coast Guard)
- Not interested in additional education/training after high school
- Other: \_\_\_\_\_

11. What are your job-related strengths? (check all that apply)

- Working with people your own age
- Working with older people/adults
- Keep mind on assignments
- Listening when others speak
- Confidence
- Using time wisely
- Get to school/work on time
- Making eye contact
- Able to ask questions
- Treating others with respect
- Stand up for your rights
- Attitude

## D. Employment and Career

1. Do you currently or have you ever had a job?  Yes  No  
If yes, where did/do you work and what are/were your responsibilities? \_\_\_\_\_  
\_\_\_\_\_
2. What area(s) of interest do you plan to pursue in postsecondary education?
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cosmetology     | <input type="checkbox"/> Electrical     | <input type="checkbox"/> Engineering                 |
| <input type="checkbox"/> EMT/Firefighter | <input type="checkbox"/> Health Science | <input type="checkbox"/> Information Technology (IT) |
| <input type="checkbox"/> Law             | <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Medical                     |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Plumbing       | <input type="checkbox"/> Military                    |
| <input type="checkbox"/> Construction    | <input type="checkbox"/> Science        | <input type="checkbox"/> Arts                        |
| <input type="checkbox"/> Education       | <input type="checkbox"/> Agriculture    | <input type="checkbox"/> Other: _____                |
3. Have you ever filled out a job application?  Yes  No
4. Have you ever created a resume?  Yes  No
5. Have you ever had a job interview?  Yes  No
6. What are your employment goals after high school graduation?
- |  |   |
|--|---|
| <input type="checkbox"/> Be competitively employed           | <input type="checkbox"/> Participate in an apprenticeship |
| <input type="checkbox"/> Participate in supported employment | <input type="checkbox"/> Be self-employed                 |
| <input type="checkbox"/> Participate in volunteer work       | <input type="checkbox"/> Join the military                |
| <input type="checkbox"/> Other: _____                        |   |

## E. Independent Living

1. Where would you like to live as an adult?
- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> At home      | <input type="checkbox"/> In a house   | <input type="checkbox"/> Apartment      |
| <input type="checkbox"/> College dorm | <input type="checkbox"/> Group home   | <input type="checkbox"/> With relatives |
| <input type="checkbox"/> With friends | <input type="checkbox"/> Other: _____ |   |
2. What activities can you do independently? (check all that apply)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Make an appointment | <input type="checkbox"/> Drive a car      | <input type="checkbox"/> Use public transportation |
| <input type="checkbox"/> Cook                | <input type="checkbox"/> Wash dishes      | <input type="checkbox"/> Do laundry                |
| <input type="checkbox"/> Mow the lawn        | <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Vacuum/mop                |
3. Do you have a bank account?  Yes  No
4. Do you have a learner's Permit/Driver's License?  Yes  No
5. If you are 18 or older, have you registered to vote?  Yes  No