

TRANSITION PLANNING MENU: TARGET AREAS

STUDENT NAME _____

DATE _____

OUTCOMES (Within each area, choose all that apply)

1. POST-SECONDARY EDUCATION		2. EMPLOYMENT		3. COMMUNITY-BASED ACCESS		4. LIVING ARRANGEMENTS		5. RECREATION/LEISURE	
Current Need	Future Need	Current Need	Future Need	Current Need	Future Need	Current Need	Future Need	Current Need	Future Need
1.1 Four year college/university		2.1 Independent _____		3.1 Volunteer employment		4.1 Independent _____		5.1 Independent _____	
1.2 Community college		2.2 Competitive employment (time limited support)		3.2 Day habilitation		4.2 Supported living		5.2 Employment related	
1.3 Technical college		2.3 Supported employment		3.3 Other		4.3 With family or relative		5.3 Community-related	
1.4 Adult education		2.4 Group employment				4.4 Group home		5.4 Family-supported	
1.5 Military		2.5 Sheltered workshop				4.5 Other		5.5 Church/social/service groups	
1.6 GED		2.6 Other						5.6 Specialized recreation	
1.7 Other								5.7 Other	

SERVICES/SUPPORTS (Within each area, choose all that apply)

6. INCOME/FINANCIAL NEEDS		7. DOMESTIC		8. COMMUNITY LIVING		9. ADVOCACY/LEGAL	
Current Need	Future Need	Current Need	Future Need	Current Need	Future Need	Current Need	Future Need
6.1 Earned wages		7.1 Independent _____		8.1 Independent _____		9.1 Independent _____	
6.2 SSI (Supplemental Security Income)		7.2 Personal Care Attendant		8.2 Community safety		9.2 Self advocacy	
6.3 SSDI (Social Security Disability Insurance)		7.3 Self care employment		8.3 Community mobility		9.3 Advocate	
6.4 SSA Work Incentives (PASS/IRWE, etc.)		7.4 Housekeeping		8.4 Banking		9.4 Case management	
6.5 Unearned Income (gifts, family support, trusts)		7.5 Meal preparation, menu planning		8.5 Shopping		9.5 Estate planning	
6.6 Cash subsidy		7.6 Managing finances		8.6 Restaurants		9.6 Continuing tutورشip	
6.7 Food stamps		7.7 Other		8.7 Citizenship		9.7 Curator/Interdiction	
6.8 Other				8.8 Other		9.8 Other	
10. TRANSPORTATION		11. MEDICAL SERVICES		12. RELATIONSHIPS		Medical Waiver and/or assistive technology should be added as "Other", when appropriate, to Services/Supports Areas. NOTES: NOTE: Both "Current Need" and "Future Need" can be checked. "Future Need" can be checked without any corresponding action steps being written on the Transition Services page.	
10.1 Independent _____		11.1 Independent _____		12.1 Independent _____			
10.2 Public transportation		11.2 Group Insurance policy		12.2 Network of friends			
10.3 Family transportation		11.3 Medical supervision		12.3 Family planning			
10.4 Specialized transportation		11.4 Mental health services		12.4 Support groups			
10.5 Other		11.5 Substance abuse services		12.5 Family respite			
		11.6 Other		12.6 Other			