

Transition Information at Time of Exit

1. Student Name: _____
2. What exit document did you receive? (Choose one)
 - Standard High School Diploma
 - Certificate of Achievement
 - Locally Designed Skill Certificate
 - Louisiana High School Equivalency Diploma (GED)
 - Louisiana High School Equivalency Diploma (GED) and Locally Designed Skill Certificate
 - Industry Based Skill Certificate
 - Louisiana High School Equivalency Diploma (GED) and Industry Based Skill Certificate
 - Skills Completion Certificate (Options Program Completer)
 - Dropped out
3. Where do you plan to live after high school? (Choose one)
 - Live with parents/Other family
 - On my own
 - With friends
 - Agency supported: Supervised Apartment
 - Agency supported: Group Home
 - Agency supported: Adult nursing home
 - Other
4. Do you plan to attend post-secondary school/training? (Choose one)
 - Four Year University or College
 - Community/Technical College
 - Vocational/Technical School
 - Do not plan to attend.
 - Other specialized training
 - High school completion (Adult Basic Education, GED)
 - Short-term education or employment training program (WIA, Job Corps, etc.)
5. Do you plan to work after high school?
 - Yes
 - No
6. What do you think your work environment will be? (Choose one)
 - In a company, business, or service with people with and without disabilities
 - In the military
 - In supported employment (paid work with services and wage support to the employer)
 - Self-employed
 - In your family's business (e.g., farm, store, fishing, ranching, catering)
 - In sheltered employment (where most workers have disabilities)
 - Employed while in jail or prison
7. In what career area does the student plan to work? (Choose one)

<input type="checkbox"/> Agricultural/Natural Resources	<input type="checkbox"/> Human Services
<input type="checkbox"/> Arts, Audio-Video Technology/Communication	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Architecture/Construction	<input type="checkbox"/> Law/Public Safety
<input type="checkbox"/> Business/Administration	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Government/Public Administration
<input type="checkbox"/> Finance	<input type="checkbox"/> Retail/Wholesale Sales/Services
<input type="checkbox"/> Health Science	<input type="checkbox"/> Scientific Research/Engineering
<input type="checkbox"/> Hospitality/Tourism	<input type="checkbox"/> Transportation, Distribution, & Logistics
8. What community recreation/leisure activities do you participate in after high school? (Choose all that apply)
 - Sports
 - Church
 - Life-long learning classes
 - Volunteer
 - Spending time with family/friends
 - Other
9. Which of the adult agencies listed below do you plan to access for funding and/or services after high school? (Choose all that apply)
 - Louisiana Rehabilitation Services
 - Bureau of Community Supports and Services
 - Office of Citizens with Developmental Disabilities
 - Office of Mental Health
 - Social Security Administration
 - None of the above