

TARGETED AREAS FOR TRANSITION PLANNING
(Desired Post-School Outcomes)

1. Post-secondary Education (Choose one)

- ___ 1.1 College
 ___ 1.2 Junior College
 ___ 1.3 Adult Education
 ___ 1.4 Vocational/Tech/Training School
 ___ 1.5 GED
 ___ 1.6 Other _____

2. Employment (Choose one)

- ___ 2.1 Competitive Employment-no support
 ___ 2.2 Competitive Employment-transitional or time limited support
 ___ 2.3 Supported Employment at or above minimum wage, individual placement
 ___ 2.4 Supported Employment at sub-minimum wage, individual placement
 ___ 2.5 Enclave-small group in existing business-ongoing support
 ___ 2.6 Mobile Crew-small group in a variety of businesses-ongoing support
 ___ 2.7 Sheltered Workshop
 ___ 2.8 Day Activity Center
 ___ 2.9 Other _____

3. Living Arrangement (Choose one)

- ___ 3.1 Independent living-no support
 ___ 3.2 Independent living-with support
 ___ 3.3 With family or relative
 ___ 3.4 Adult Foster Care
 ___ 3.5 Group Home-specialized training
 ___ 3.6 ICF-MR-ongoing support
 ___ 3.7 Adult Nursing Home
 ___ 3.8 Other _____

4. Financial Needs (Choose all that apply)

- ___ 4.1 Earned wages
 ___ 4.2 SSI
 ___ 4.3 SSDI
 ___ 4.4 SSI/SSDI and earned wages
 ___ 4.5 Unearned income (gifts, family support)
 ___ 4.6 Trust/Wills
 ___ 4.7 Food Stamps
 ___ 4.8 Other _____

5. Domestic (Choose all that apply)

- ___ 5.1 Independent-needs no support
 ___ 5.2 Self-Care
 ___ 5.3 Housekeeping
 ___ 5.4 Meal preparation, menu planning
 ___ 5.5 Budgeting
 ___ 5.6 _____

6. Community Resources (Choose all that apply)

- ___ 6.1 Independent-no support
 ___ 6.2 Monetary transactions/banking
 ___ 6.3 Use of community resources
 ___ 6.4 Citizenship skills
 ___ 6.5 Other _____

7. Recreation and Leisure (Choose all that apply)

- ___ 7.1 Independent-no support
 ___ 7.2 Employment related
 ___ 7.3 Community parks and recreation
 ___ 7.4 Family supported recreation and leisure
 ___ 7.5 Church groups, local clubs
 ___ 7.6 Specialized recreation for individuals with disabilities
 ___ 7.7 Other _____

8. Transportation (Choose all that apply)

- ___ 8.1 Independent-no support
 ___ 8.2 Public transportation
 ___ 8.3 Car pools
 ___ 8.4 Family transportation
 ___ 8.5 Specialized transportation
 ___ 8.6 _____

9. Medical Services (Choose all that apply)

- ___ 9.1 Covered by group insurance policy (Medicaid, Medicare, Blue Cross)-no support
 ___ 9.2 Covered by group insurance-needs assistance scheduling appointments
 ___ 9.3 Requires medical supervision and support
 ___ 9.4 Other _____

10. Relationships (Choose all that apply)

- ___ 10.1 Independent-no support
 ___ 10.2 Network of friends
 ___ 10.3 Desires family planning
 ___ 10.4 Desires support group
 ___ 10.5 Desires counseling
 ___ 10.6 Desires family respite
 ___ 10.7 Other _____

11. Advocacy/Legal (Choose all that apply)

- ___ 11.1 Independent-no support
 ___ 11.2 Estate planning, wills
 ___ 11.3 Continuing tutorship
 ___ 11.4 Curator/interdiction
 ___ 11.5 Other _____