

TRANSITION PLANNING GUIDE

TRANSITION PROFILE

Portfolio Review

Date	Date	Date	Date	Date	Date	Date	Date	Date

Student Name: _____ S.S.#: _____
 Address: _____ Sex: _____ Male _____ Female
 Birth Date: _____ / _____ / _____
 Telephone: _____ Primary/Secondary/Disability: _____
 Parent/Guardian _____ / _____
 Special Health Considerations: _____
 Projected Graduation/Completion Date: _____ Medications: _____ Date: _____

Agency Involvement in Transitional Services:

Name of Agency: _____ Referral Date: _____ Current Services: _____

Vocational Assessment:

Name of Test _____	Name of Test _____	Name of Test _____
Evaluator _____	Evaluator _____	Evaluator _____
Date Given _____	Date Given _____	Date Given _____
High Interest 1. _____	High Interest 1. _____	High Interest 1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
Strengths: _____	Strengths: _____	Strengths: _____
Weaknesses: _____	Weaknesses: _____	Weaknesses: _____

Pre-Vocational and Vocational (Courses in School) Completed

Course	Date Completed	Grade Level	Comments
1			
2			
3			
4			
5			
6			

Community-Based Vocational Exploration/Training/Employment

Date Begin/End	Site/Occupation	Comments
1 / /		
2 / /		
3 / /		
4 / /		
5 / /		
6 / /		

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	Discussion Date	Discussion Date	Discussion Date	Discussion Date
VOCATIONAL TRAINING-POST SECONDARY				
Anticipated Setting (check one)				
College/University				
Voc/Tech School/Comm. College				
Adult/Community Education				
Military Services				
Rehabilitation Facilities				
Michigan Rehab Services				
Other:				

DIRECTIONS - KEY

Record the Date.

Use the following codes in the status column:

A=Accomplished C=Continuing D=Dropped X=Indicates High Priority & Objective Written N/A=Not Applicable

Use the following codes to record the Person Responsible for monitoring progress:

1=Local School 2= Parent/Guardian 3=CMH 4=MRS 5=FIA
 6=Foster Care Provider 7=Court 8=ISD 9=Student 10=Family

II. Relationships – Personal/Family/Community/School

The desired outcome is to interact appropriately and enjoy relationships with self and others in the home and community.

Comments:

S=Status PR=Person Responsible

	Date	S	PR	Date	S	PR	Date	S	PR	Date	S	PR
COMMUNICATION (check one)												
Verbal Non-Verbal												
Uses Adequate Communication Skills												
Uses Adequate Listening/Responding Skills												
Maintains Friendships with Peers												
Seeks Help When Needed												
Uses Problem Solving Skills												
Copes With Stress												
Uses Organization Skills												
Demonstrates Respect												

Comments:

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	Discussion Date	Discussion Date	Discussion Date	Discussion Date
POTENTIAL INCOME AND FINANCES (for student)				
Earned Income/Wages				
Unearned Income (gifts, dividends, etc.)				
Insurance (life insurance, annuities, etc.)				
Food Stamps				
Trust/Will or Similar Income				
Supplemental Security Income (SSI)				
Support for Continuing Education				
Other:				

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S=Status PR=Person Responsible

	Date	S	PR	Date	S	PR	Date	S	PR	Date	S	PR
Medical												
Is Aware of Health Care Benefits												
Is Aware of Common Illnesses												
Is Aware of Prevention and Treatment Methods												
Accesses Regular Medical Care												
Accesses Regular Dental Care-Check-Ups												
Responds Effectively to Basic First Aid												

IV. Community Comments

The desired outcome is awareness and utilization in the community.

Comments:

S=Status PR=Person Responsible

	Date	S	PR	Date	S	PR	Date	S	PR	Date	S	PR
UTILIZES COMMUNITY BUSINESS/ FACILITIES - Knows and Uses:												
Grocery Store												
Department/Retail Store												
Salon/Barber Shop												
Restaurant												
Bank												
Post Office												
Laundromat												
Library												
Other:												

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V. Recreation/Leisure Comments
The desired outcome is planning/participation in a variety of activities, which are of interest within the home, community and school.

Comments:

S=Status PR=Person Responsible

	Date	S	PR	Date	S	PR	Date	S	PR	Date	S	PR
INVOLVED OR ACTIVE IN												
Passive/Spectator Activities												
Individual Hobbies/Activities												
Small Group or Team Activities												
High School Extracurricular Activities												
Community Education (credit/non-credit)												
Community Parks and Recreation												
Other:												