

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ SSD# \_\_\_\_\_  
 Completed By: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Transition Planning Checklist**

**Level B**

**Directions:** Complete on all students age 15 turning 16 prior to next IEP and older. Bring this completed form to the IEP meeting.

**Year Column:** Record current school year. Use the following code to record what you think this student can do right now: Code: N (No), NS (Needs Support) or Y (yes).

**IEP Column:** Record an "x" if this transition need should be discussed at the IEP. These items could result in writing an Action Plan or Goal in the IEP.

<b>I. Career/Voc-Ed/Employment</b>	<b>Year</b>	<b>IEP</b>	<b>Year</b>	<b>IEP</b>
<b>Can/does/will the student.....</b>	<b>20</b>		<b>20</b>	
Have a recent Vocational Assessment/interest inventory?				
Have a realistic vocational goal?				
Understand employment options?(supported, sheltered etc.)				
Have a Transition Portfolio?				
Complete job applications?				
Participate appropriately in job interviews?				
Have appropriate attitudes/behaviors for workplace?				
Demonstrate appropriate task focus?				
Have the stamina to work a 4-5 hour shift?				
Have work experience in the community?				
Additional information/comments/questions:				
<b>II. Post-secondary Education</b>	<b>Year</b>	<b>IEP</b>	<b>Year</b>	<b>IEP</b>
<b>Can/does/will the student.....</b>	<b>20</b>		<b>20</b>	
Have educational ambitions beyond graduation?				
Need individual supports to access post secondary education?				
Have interest and/or ability for trade/technical training?				
Have interest in hobby, recreation leisure classes?				
Know how to apply for programs or services?				
Additional information/comments/questions:				

<b>III. Leisure/Recreation/Socialization</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Use free time effectively?				
Initiate individual leisure-recreation activities?				
Investigate/use various community services (i.e. museums, movies, retail stores, parks, fast food, garage sales, etc.)				
Participate in community activities?				
Participate in agency activities?				
Use public recreation facilities independently?				
Additional information/comments/questions:				
<b>IV. Transportation</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Practice pedestrian safety?				
Have or need Metro ADA card (Call-a-Ride) or Disability card (reduced fare)?				
Utilize public transportation safely?				
Plan and schedule public transportation appointments when needed?				
Arrange a ride with a colleague or taxi on his own?				
Drive with a license?				
Additional information/comments:				
<b>V. Living Arrangements</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Have the potential to live on his own?				
Have the potential to live independently with support?				
Have the potential to live in the community with supervision?				
Understand and practice home safety rules?				
Have linkages to residential services agencies?				
Have knowledge/skills to set up housekeeping?				
Additional information/comments:				
<b>VI. Medical</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Perform basic first aid for minor injuries?				
Select over-the-counter medications?				
Reliably take the correct amount of prescribed meds at indicated times on a daily basis?				

<b>VI. Medical</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Report significant injuries/illness when needed?				
Develop/follow emergency procedures at school and at home?				
Explain medical history/allergies or medications?				
Select an appropriate health care giver and dentist?				
Additional information/comments:				
<b>VII. Self-Advocacy</b> Can/does/will the student...	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Present personal information when needed?				
Demonstrate appropriate assertiveness with peers?				
Demonstrate appropriate assertiveness with authority figures?				
Take an active role in his or her own IEP/Transition Plan?				
Express personal interests?				
Have a Missouri ID card or U.S. passport?				
Express personal opinions and needs?				
Ask for help or assistance when needed?				
Realize their own limitations or disabilities and how to accommodate for them?				
Self-disclose disability and accommodation needs?				
Self-monitor behavior and conduct?				
Accept responsibility for own actions?				
Make personal choices and decisions regarding routine affairs?				
Make informed choices regarding long-term affairs?				
Register to vote?				
Register for selective services?				
Know how to access agency supports?				
Additional information/comments:				
<b>VIII. Personal Management</b> Can/does/will the student....	<b>Year</b> <b>20</b>	<b>IEP</b>	<b>Year</b> <b>20</b>	<b>IEP</b>
Get self up in the morning without assistance?				
Dress self?				
Maintain personal hygiene and grooming?				

<b>VIII. Personal Management</b> Can/does/will the student....	<b>Year 20</b>	<b>IEP</b>	<b>Year 20</b>	<b>IEP</b>
Select appropriate clothing?				
Meet schedules and appointments on time without assistance?				
Perform routine household cleaning?				
Do laundry without prompting or with help?				
Prepare simple or prepackaged foods?				
Select and shop for appropriate foods?				
Find appropriate source for varied consumer goods? (I.e. furniture, groceries, clothing etc.)				
Remember and dial appropriate telephone numbers?				
Practice personal safety rules in all environments?				
Additional information/comments:				
<b>IX. Social Skills</b> Can/does/will the student....	<b>Year 20</b>	<b>IEP</b>	<b>Year 20</b>	<b>IEP</b>
Demonstrate basic courtesy?				
Actively listen?				
Use appropriate conversation skills?				
Cooperate with supervisors and authority figures?				
Cooperate with peers?				
Participate appropriately during group activities?				
Demonstrate self-control when faced with a stressful situation?				
Accept redirection and constructive criticism appropriately?				
Maintain social relationships with non-disabled peers?				
Differentiate between friends and acquaintances?				
Additional information/comments:				
<b>X. Insurance</b> Can/does/will the student....	<b>Year 20</b>	<b>IEP</b>	<b>Year 20</b>	<b>IEP</b>
Maintain Medicaid insurance on his own?				
Have private medical insurance beyond 21?				
File an insurance claim on their own?				
Understand the purpose of household and renters insurance?				
Understand the need and importance of having life insurance?				
Additional information/comments:				

<b>XI. Financial Assistance/Income Support</b> <b>Can/does/will the student.....</b>	<b>Year 20</b>	<b>IEP</b>	<b>Year 20</b>	<b>IEP</b>
Receive SSI?				
Know how to obtain SSI or other financial assistance?				
Know how to manage a checking account?				
Know how to use a debit card or credit card?				
Have ability to make and maintain a budget?				
Pay bills on time?				
Fill out all paper work such as W-4, W-2 forms?				
Fill out or find someone to help them to fill out and file their income tax forms every year?				
Additional information/comments:				
<b>XII. Advocacy/Legal Services</b> <b>Can/does/will the student....</b>	<b>Year 20__</b>	<b>IEP</b>	<b>Year 20__</b>	<b>IEP</b>
Understand basic rights and responsibilities of citizenship?				
Know what to do if they are arrested or get into legal trouble?				
Understand what a contract is and what their responsibilities are when they sign one?				
Need partial or full guardianship in the areas of medical, financial or legal matters?				
Additional information/comments:				
<b>XIII. Other</b> <b>Can/does/will the student....</b>	<b>Year 20</b>	<b>IEP</b>	<b>Year 20</b>	<b>IEP</b>
Have a Regional Center case manager or BJC case manager? Other:				
Need counseling or family support?				
Need in-home personal assistance services?				
Need assistive technologies?				
Need to be connected with Division of Vocational Rehabilitation?				
Additional information / comments:				

Level B: For students with mild/moderate MR or significant/multiple LD