



Transition Assessment for Students on Certificate Track

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ Grade: _____ DOB: _____

This is intended to help you begin thinking about what you might want to do when you finish high school. Each year this will be updated to reflect your changing perspective on what you want to do as you get closer to exiting school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

A. Future Vision/Career Interests

1. What kind of work would you like to do? _____

2. What kind of help do you think you will need to get and keep a job?
 Filling out job applications
 Writing a resume
 Practice interviewing for a job
 Finding job search resources
 Finding training resources
 Learning on-the-job skills
 Other: _____
3. Are you getting vocational training/job shadowing in a real work setting in high school? _____

4. What kind of vocational training/job shadowing would you like to be doing during the next school year? _____
 Military Recruiter
 Teacher of Record
 Other: _____

B. Education

1. What subjects or activities are preparing you most for work or life in the community? _____

2. Is school preparing you to do any of the following?
 Getting along with peers
 Getting along with adults in authority
 Solving personal problems
 Managing money/preparing a budget
 Managing a checking account
 Making informed choices
 Understanding my rights
 Expressing my concerns
3. What has been your role in your IEP meetings?
 I participate in discussions and planning
 I state my concerns and interests
 I attend my IEP meetings, but do not contribute
 I do not attend my IEP meetings
4. How do you learn best?
 Having someone show me how

- Hearing or reading instructions
- Seeing examples and doing it myself

C. Independent Living Skills

1. What home and community skills can you do?
 Shop for clothes
 Fix a snack
 Shop for food
 Cook a meal
 Eat at a restaurant
 Budget money
 Use public transportation
2. Are you going out into the community for instruction during the school day? _____
3. What do you do in your free time?
 I spend most of my time alone
 I spend time with friends
 My hobbies/interests are: _____
 New activities I would like to try: _____
4. Where will you live after high school?
 With family
 With friends
 In my own apartment
5. How will you travel to your job, shopping, community activities, etc.? _____

6. How will you pay for rent, food, travel, etc.? _____

7. Check the services you think you will need to be successful when you leave high school?

	Now	Future
Job Training/support	_____	_____
Income support	_____	_____
Medical services	_____	_____
Mental health services	_____	_____
Transportation	_____	_____
Community Skills	_____	_____
Training	_____	_____
Other: _____		