

Parent/Guardian Transition Inventory

Student Name: _____ Age: _____

School: _____ Date: _____

Form Completed By: _____

This checklist is provided to help you become familiar with the areas to be considered in developing a transition plan so that you can identify options for your child on the Transition goals and services pages within the IEP. Please check any items you see your child doing in the future. If you have questions about the categories please write them in the comments/questions area. Please bring this inventory to your child's teacher prior to revising the next IEP. Also, bring this from to the IEP conference. If you are not certain of any terminology, ask your child's teacher for an explanation.

I. Employment/Post-Secondary Education Outcomes

A. Employment

- _____ Competitive employment without support
- _____ Competitive employment with time-limited support
- _____ Competitive employment with long-term support
- _____ Supported employment
- _____ Sheltered employment
- _____ Military
- _____ OJT
- _____ Other _____

Comments/Questions: _____

B. Education

- _____ Apprenticeship program
- _____ Vocational college
- _____ Technical institute
- _____ Community college (2yr.)
- _____ 4-year college
- _____ GED program
- _____ Other _____

Comments/Questions: _____

II. Domestic Skills

A. Housing

- _____ Live alone without supports
- _____ Live alone with support
- _____ Live with family/relative
- _____ Live with roommate(s)
- _____ Group home-specialized training
- _____ Supervised apartment
- _____ Residential/nursing facility
- _____ Individual services coordinator
- _____ Lifetime support/planning
- _____ Other _____

Comments/Questions: _____

B. Income/Resources

- _____ Earned wages
- _____ Social Security benefits
- _____ Unearned income
- _____ Trust/will
- _____ Food stamps
- _____ Other _____

Comments/Questions: _____

A. Medical Services

- _____ Personal assistive devices
- _____ Group insurance (Medicaid, Champus, Blue Cross)
- _____ Independent in monitoring medical needs
- _____ Requires medical vision/scheduling
- _____ Special therapies and treatments
- _____ Other _____

Comments/Questions: _____

III. Community Functioning

A. Adult Responsibilities

- _____ Voter registration
- _____ Registration for selective service
- _____ Social Security registration
- _____ Self-consumer advocacy
- _____ Parenting
- _____ Volunteerism

_____ Other _____

Comments/Questions: _____

B. Support Services

_____ Guardianship
_____ Family planning
_____ Counseling services
_____ Respite services
_____ Day activities
_____ Other: _____

Comments/Questions: _____

IV. Transportation

A. Mode of Transportation

_____ Self (Driver's License)
_____ Public transportation
_____ Specialized transportation
_____ Family transports
_____ Car pool
_____ Other _____

Comments/Questions: _____

V. Recreation

A. Social and Leisure

_____ Independent recreation and leisure
_____ Family supported recreation and leisure
_____ Specialized recreation
_____ Community-supported recreation program
_____ Local clubs
_____ Day programs
_____ Other _____

Comments/Questions: _____

