

# Transition Planning and Assessment Form

Rev 10/2014

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Age: \_\_\_\_\_

Person(s) helping student complete this form: \_\_\_\_\_

## **\*Complete a Career Interest Inventory through <https://jobseeker.ohiomeansjobs.com>**

Click on K-12 Student (picture of the red cardinal at end of 1<sup>st</sup> row)

Click on Explore It

Click on Career Cluster Inventory

Click on Get Started

Click on Start

Complete the 80 Interest questions

Click on get Scores

Click on Save or Click on Retake-then Save

PRINT and ATTACH to this form

## **What are your 3 main career/job interest areas based on the results of your Inventory?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **What do you see yourself doing immediately after High School?**

\_\_\_ 2 Yr. College \_\_\_ 4 Yr. College \_\_\_ Tech School \_\_\_ Community Employment \_\_\_ Military

## **College Interest: (If applicable)**

### **If you are interested in college, which of the following processes have you begun?**

\_\_\_ researched colleges? What is your 1<sup>st</sup> choice? \_\_\_\_\_

\_\_\_ applied for college testing accommodations? Circle Yes or No

\_\_\_ taken the ACT/SAT or PSAT? When? \_\_\_\_\_

\_\_\_ have started saving for college?

\_\_\_ looked at completing a financial aid form (FAFSA)

\_\_\_ decided to attend an **in-state** or **out-of-state** college? (Circle one)

\_\_\_ applied for any scholarships? Which ones? \_\_\_\_\_

**Have you attended any college planning nights or seminars? Circle Yes or No**

**Have you been on any college visits or plan to? Circle Yes or No**

Where/When? \_\_\_\_\_

**How do you plan to pay for college?** \_\_\_\_\_

**Do you know what your major might be in college?** \_\_\_\_\_

**Technical School Interest:** (if applicable)

**Are you interested in looking at Tolles Career and Technical Center if you haven't already?**

**Circle** Yes or No

If so, what program are you interested in? \_\_\_\_\_

What year(s) do you plan to go to Tolles? **Circle all that apply** 11<sup>th</sup> 12<sup>th</sup> after 12th

**Have you gone for a Career Assessment at Tolles?** **Circle** Yes or No

**Are you interested in postsecondary technical school or trade school?** **Circle** Yes or NO

**What would you like to study at a postsecondary technical/trade school? (For example: Cosmetology, Welding, Auto Technician, Medical Tech, Technology applications, etc)**

**Military Interest:** (if applicable)

**Which military branch interests you?** \_\_\_\_\_

**Have you spoken to a recruiter?** **Circle** Yes or No

**Employment:**

**Have you had a job or work experience of any kind** **Circle** Yes or No

List ALL work experiences you have had. Include all volunteer experiences, In-School jobs, Career Sites jobs and summer work experiences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you obtain any of the above jobs on your own? **Circle** Yes or No

**Circle your work condition preferences:**

inside/outside	clean/dirty	fast-pace/slow-pace
alone/with others	full-time/part-time	hot/cold
sitting/standing	uniform/no uniform	mornings/afternoons/nights

**Circle which employability skills you currently possess:**

punctual to school	good attendance	completes work on time
punctual to class	comes prepared	asks for help
polite	even tempered	shows initiative
good hygiene	appropriate dress	independent
stays on task	follows directions	great effort
trustworthy	gets along with others	
positive attitude	handles constructive criticism	

**Independent Living:**

**What are your expected chores at home?**

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**Do you have a driver's license? Circle Yes or No**

Have you taken classes? \_\_\_\_\_ Have you done in car hours? \_\_\_\_\_

If not, how do you get around? \_\_\_\_\_

If not, do you plan on getting your driver's license? \_\_\_\_\_

**Where do you plan on living after graduation? \_\_\_\_\_**

**What clubs/sports are you involved in?**

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**Do you have your own bank account? Circle Yes or No**

**Do you complete cooking and cleaning tasks at home? Circle Yes or No**

**Do you know your Social Security Number? Circle Yes or No**

**Do you know where to find your birth certificate? Circle Yes or No**

**Can you explain your disability and how it affects your learning? Circle Yes or No**

**What do you like to do in your free time? What are your hobbies/interests?**

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**Are you connected with any of these agencies? Check all that apply.**

\_\_\_\_\_ Franklin County Board of DD

\_\_\_\_\_ Opportunities for Ohioans with Disabilities (BVR/Bridges)

\_\_\_\_\_ Franklin County Jobs and Family Services

\_\_\_\_\_ Social Security Administration

\_\_\_\_\_ Special Olympics

\_\_\_\_\_ Other \_\_\_\_\_