

ASSESSING TRANSITION STRENGTHS AND GAPS WITH PARENTS

Student's Name: _____ Planning Date: _____ School: _____ Disability & Information: _____	
Postsecondary Goals: Employment: Education/Training: Independent Living:	Agency Services: <input type="checkbox"/> Social Security (SSI) <input type="checkbox"/> Medicaid <input type="checkbox"/> MH/IDD Services <input type="checkbox"/> DARS <input type="checkbox"/> DADS Waitlist \$: CLASS, HCS, etc. <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ Needed:
Natural Supports:	Transportation: <input type="checkbox"/> Family/Friends <input type="checkbox"/> Local Bus System/Taxi/UBER <input type="checkbox"/> Agency or Day Hab Bus <input type="checkbox"/> Other Needed:
Housing/Independent Living:	Describe the weekend with your child: (Starting with getting up, breakfast, in-between meals, indoors/outdoors, who turns on the TV, changes channels, feeds the student, toilets, baths, dresses, etc.)
Describe the summer with your child: <i>(What does your child do for the extended time during the summer? At home, outings, etc. Who monitors the child?)</i>	Desired Daily Schedule:
Gaps:	Actions to Address the Gaps: