

# Establishing Transition Goals and Objectives Worksheet

Student

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

High School Years

Remaining: \_\_\_\_\_

Employment/Postsecondary Education or Training (check all that apply)

## *Long-Term Goal*

**When you son or daughter graduates from high school, what are your hopes/expectations?**

- Full/Part-Time Competitive Employment
- Supported Employment
- College
- Community – Technical College
- Apprenticeship Program
- Military
- Other

## *Short-Term Objectives*

**What does your son or daughter need in order to achieve his/her Employment/Postsecondary goal? How are these needs going to be met in the upcoming year?**

### **Vocational Assessment Process**

- |  |  |
|--|--|
| <input type="checkbox"/> Career Interest Testing                                 | <input type="checkbox"/> Medical         |
| <input type="checkbox"/> Aptitude  | <input type="checkbox"/> Social          |
| <input type="checkbox"/> Achievement   | <input type="checkbox"/> Behavioral      |
| <input type="checkbox"/> Intelligence  | <input type="checkbox"/> Learning Styles |
| <input type="checkbox"/> Situational Assessment in Community-Based Training Site |  |

### **Functional Assessment**

- Independent Living
- Community Participation
- Recreation/Leisure
- Student Questionnaire
- Family Questionnaire
- Career Awareness/Counseling Activities
- Applied Technology Courses
- Job Skills Training Course (Job Seeking and Keeping)
- Career Exploration/Job Shadowing
- Field Trips to Employment Sites in Community

- Volunteer Work (In School or Community)
- Community-Based Work Experience Program
- Community-Based Supported Employment Program (with job coach)
- Summer Youth Work Experience Program
- Visitation to Vocational-Technical School
- Rehabilitation Engineering/Technology

**College Preparatory Course with Needed Support**

- |   |   |
|---|---|
| <input type="checkbox"/> Study Skills           | <input type="checkbox"/> Organizational Skills  |
| <input type="checkbox"/> Self-Advocacy Skills   | <input type="checkbox"/> Time Management Skills |
| <input type="checkbox"/> Problem-Solving Skills | <input type="checkbox"/> Social Skills          |

- Postsecondary Education and Training Opportunities
- Entrance Requirements to Postsecondary Institutions
- Visits to Postsecondary Institutions
- Special Arrangements for SAT Testing
- College Support Services
- Financial Assistance
- Adult Education
- Military Service
- Accommodations to take ASVAB (test for military service)

**Interagency Linkages:**

- Vocational Rehabilitation
- Office of Education
- Office of Rehabilitation
- Utah Schools for the Deaf and Blind
- Utah Department of Health
- Utah Department of Human Services
- Department of Workforce Services
- Community Counseling Services
- Support and Advocacy Organizations
- Other:
- Other:
- Other:

**Independent Living (check all that apply)**

***Long-Term Goal***

**When your son or daughter graduates from high school, what are your hopes/expectations for their living arrangement?**

- House or Apartment
- Supported/Supervised Living
- Community Training Home

- Group Home
- Family
- Other

***Short-Term Objectives***

**What does your son or daughter need in order to achieve his/her independent Living goal? How are these needs going to be met in the upcoming year?**

**Independent Living Assessment Process**

- Self-Advocacy Skills
- Household Management/Maintenance/Participation
- Money Management
- Social Skills
- Meal Planning and Food Preparation
- Personal Hygiene
- Dressing and Grooming
- Drug and Alcohol Counseling
- Family Planning and Sex Education
- Personal Care Attendant Services
- Safety and Health
- Financial Support
  - General Public Assistance
  - SSI, SSDI, Medicare, Medicaid, PASS
- Legal Assistance Programs and Services
  - Guardianship/Wills
- Respite Care
- Visits to Group Homes/Supported Living Options

**Community Participation/Recreation and Leisure**

***Long-Term Goal***

**1. When your son or daughter graduates from high school, what are your hopes/expectations for their active inclusion in the community?**

- Accessing the Community With Full Independence
- Accessing the Community With Support

***Short-Term Objectives***

**2. What does your son or daughter need in order to achieve his/her Community Participation goal? How are these needs going to be met in the upcoming year?**

- Extracurricular Activities/Clubs in School and Community
- Athletic Programs in School and Community
- Peer Mentoring/Support Programs

**Mobility/Accessibility/Transportation**

- Driver's Education
- Use of Public Transportation
- Specialized Transportation Services

**Consumerism/Community Access**

- Shopping
- Restaurants
- Banks
- Post Office
- Other
- Service Organizations/Volunteerism
- Voting
- Continuing or Non-Credit Education
- Hobbies
- Church Groups
- Advocacy/Legal Services
- Medical Services
  - Adaptive Equipment
  - OT/PT