TRANSITION WEBINAR SERIES

with Dr. Peter Gerhardt



Transition Planning Questionnaire Form

Studen	nt's name:	Age:	ty			
Date:_		Person completing form:	man EU L olon — I — I			
1.	What are the student	t's strengths?	now Criti			
2.	In what areas does the	student need extra help?				
3.	What are specific ch deficits)	nallenges for the student (ex: challenging behaviors, com	nmunication			
4.	How does the studer	nt communicate best?				
5.	5. What are the student's interests?					
6.	Who is on the student's team? Who is his/her support system? (include contact information for these people)					
7.	What funding source	e(s) does the student have? What agencies are working	with the			
	student and the stude	ent's family? (include key contacts)				
			·			





Planning Chart

I. Education/Training (See core standards)								
Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Projected Completion Date/Outcome Date					
II. Job/Empl	oyment Development							
Transition IEP	Transition	Person/Agency	Projected Completion					
Goals	Activities/Services	Involved	Date/Outcome Date					
III. Commun	 ity Participation/Outin	l ngs						
Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Projected Completion Date/Outcome Date					

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IV. Recreat	ion		
Transition/IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/Achieved Outcome
V. Daily L	iving/Adult Living Skill Transition	s Person/Agency	Date of
Goals	Activities/Services	Involved	Completion/Achieved Outcome
VI. Residen	tial		
Transition/IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/Achieved Outcome

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