

# Washtenaw County Transition Needs Assessment (Ed.1)

Student Name	Date	DOB	Grade
Completed by (if other than student)			

## Education:

1. What is your disability?
2. Why do you receive special education services?
3. What is your reading level?                      grade level                      don't know
4. What is your math level?                      grade level                      don't know
5. What are our best school subjects?
6. What classes give you the most trouble?
7. How do you learn best? (check all that apply to you)  
by watching others                      by listening to others  
by working with my hands                      by reading and writing
8. What accommodations do you need in order to learn best?
9. What worries you most about life after high school?
10. How much more education would you like to complete after high school? (check all that apply to you)  
Get a job right away – no education after high school  
Community college certificate or 2 year program  
Michigan Career and Technical Institute (MCTI)  
Adult and community education  
Military service  
Vocational training center  
Four year college  
Other:
11. What source(s) of funding may help pay for further education?  
Your Bank Account                      FAFSA                      Agency                      Parents  
TIP Program                      Other:

## Career/Employment:

12. What do you plan to be doing 1 and 5 years from now?

In 1 year?

In 5 years?

13. What career(s) interest you?

14. What training do you need to get a job in your chosen career(s)?

15. What work experiences have you had?

Job Shadowing:

In-School Work Experience:

Paid Job:

Volunteer Work:

Other:

Updated Resume?                      Yes                      No

## Community/Independent Living:

16. Where do you want to live after graduation?

On my own in an apartment or house

With a roommate

With my family

Supervised living situation

Don't know

17. What chores/jobs do you do at home that will help you as an independent adult?

Cooking

Laundry

Yard work

Homework

Shopping

Cleaning

Other:

18. What types of transportation do you use?

have and drive own car

use family car

parent drives me

public transportation

pay others to drive me

car pool

bike/walk

A-ride or other special buses or taxis

19. If you moved out on your own tomorrow, what kinds of help would you need?

Money management/budgeting

Domestic skills/household management

Using a checkbook/paying bills

Locating housing

Personal Assistant for

Other:

Do you receive Social Security benefits?

Yes

No

If you receive benefits, do you understand the impact of your earnings and savings on your benefits?      Yes      No

20. Do you have:

Driver's license

Social Security Card

State I.D. Card

21. If 18, have you registered:

for selective service (males)

to vote

22. Do you have current medical needs that require support after high school?

No

Yes

Explain:

23. Do you have a family doctor?

Yes

No

Do you know his/her name?

Yes

No

24. Do you have a family dentist?

Yes

No

Do you know his/her name?

Yes

No

25. Do you know what prescription medications you take?

Yes

No

None

26. Do you know how to get your prescriptions?

Yes

No

None

## Recreation and Leisure:

27. Do you participate in any of the following activities? If yes, list names.

School clubs/activities:

Religious groups/clubs:

Scouting or similar organization:

Community groups/clubs:

Recreation Center:

Individual hobbies/activities:

Individual or team sports:

Health clubs:

Other:

28. After you graduate, what would you like to be involved in? (check choices)

Group activities

Individual sports (bicycling, swimming, bowling, etc.)

Religious groups

Teams/organized Sports

Community groups

Community events

Recreation Center

Adult community education

Other