

# Parent/Guardian Transition Inventory

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

This checklist is provided to help you become familiar with the areas to be considered in developing a transition plan so that you can identify options for your child on the Transition goals and services pages within the IEP. Please check any items you see your child doing in the future. If you have questions about the categories please write them in the comments/questions area. Please bring this inventory to your child's teacher prior to revising the next IEP. Also, bring this from to the IEP conference. If you are not certain of any terminology, ask your child's teacher for an explanation.

## I. Employment/Post-Secondary Education Outcomes

### A. Employment

- \_\_\_\_\_ Competitive employment without support
- \_\_\_\_\_ Competitive employment with time-limited support
- \_\_\_\_\_ Competitive employment with long-term support
- \_\_\_\_\_ Supported employment
- \_\_\_\_\_ Sheltered employment
- \_\_\_\_\_ Military
- \_\_\_\_\_ OJT
- \_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Education

- \_\_\_\_\_ Apprenticeship program
- \_\_\_\_\_ Vocational college
- \_\_\_\_\_ Technical institute
- \_\_\_\_\_ Community college (2yr.)
- \_\_\_\_\_ 4-year college
- \_\_\_\_\_ GED program
- \_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## II. Domestic Skills

### A. Housing

- \_\_\_\_\_ Live alone without supports
- \_\_\_\_\_ Live alone with support
- \_\_\_\_\_ Live with family/relative
- \_\_\_\_\_ Live with roommate(s)
- \_\_\_\_\_ Group home-specialized training
- \_\_\_\_\_ Supervised apartment
- \_\_\_\_\_ Residential/nursing facility
- \_\_\_\_\_ Individual services coordinator
- \_\_\_\_\_ Lifetime support/planning
- \_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Income/Resources

- \_\_\_\_\_ Earned wages
- \_\_\_\_\_ Social Security benefits
- \_\_\_\_\_ Unearned income
- \_\_\_\_\_ Trust/will
- \_\_\_\_\_ Food stamps
- \_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A. Medical Services

- \_\_\_\_\_ Personal assistive devices
- \_\_\_\_\_ Group insurance (Medicaid, Champus, Blue Cross)
- \_\_\_\_\_ Independent in monitoring medical needs
- \_\_\_\_\_ Requires medical vision/scheduling
- \_\_\_\_\_ Special therapies and treatments
- \_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. Community Functioning

### A. Adult Responsibilities

- \_\_\_\_\_ Voter registration
- \_\_\_\_\_ Registration for selective service
- \_\_\_\_\_ Social Security registration
- \_\_\_\_\_ Self-consumer advocacy
- \_\_\_\_\_ Parenting
- \_\_\_\_\_ Volunteerism

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

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### B. Support Services

\_\_\_\_\_ Guardianship  
\_\_\_\_\_ Family planning  
\_\_\_\_\_ Counseling services  
\_\_\_\_\_ Respite services  
\_\_\_\_\_ Day activities  
\_\_\_\_\_ Other: \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. Transportation

#### A. Mode of Transportation

\_\_\_\_\_ Self (Driver's License)  
\_\_\_\_\_ Public transportation  
\_\_\_\_\_ Specialized transportation  
\_\_\_\_\_ Family transports  
\_\_\_\_\_ Car pool  
\_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Recreation

#### A. Social and Leisure

\_\_\_\_\_ Independent recreation and leisure  
\_\_\_\_\_ Family supported recreation and leisure  
\_\_\_\_\_ Specialized recreation  
\_\_\_\_\_ Community-supported recreation program  
\_\_\_\_\_ Local clubs  
\_\_\_\_\_ Day programs  
\_\_\_\_\_ Other \_\_\_\_\_

Comments/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_