

# TRANSITION SERVICES

(address by age 14 1/2)

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

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

**Please include, if appropriate, needed linkages for outside agencies (e.g., DMH, DRS, DSCC, PAS, SASS, SSI, WIC, DHCFS, etc.)**

<b>INSTRUCTION</b> (e.g. tutoring, skills training, prep for college entrance exam, accommodations, adult basic ed.)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
(if none, indicate "none")	

<b>RELATED SERVICES</b> (e.g., transportation, social services, medical services, technology, support services)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
(if none, indicate "none")	

<b>COMMUNITY EXPERIENCES</b> (e.g., job shadow, work experiences, banking, shopping, transportation, tours of post-secondary settings)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
(if none, indicate "none")	

<b>DEVELOPMENT OF EMPLOYMENT AND OTHER POST-SCHOOL ADULT LIVING OBJECTIVES</b> (e.g., career planning, guidance counseling, job try-outs, register to vote, adult benefits planning)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
(if none, indicate "none")	

<b>APPROPRIATE ACQUISITION OF DAILY LIVING SKILLS AND/OR FUNCTIONAL VOCATIONAL EVALUATION</b> (e.g., self-care, home repair, home health, money, independent living, job and career interests, aptitudes and skills)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
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<b>LINKAGES TO AFTER GRADUATION SUPPORTS/SERVICES</b> (e.g., DRS, DMH, DSCC, PAS, SASS, SSI, WIC, DHCFS, CILs)	Provider Agency and Position _____ Goal #(s) if appropriate _____ Date/Year to be Addressed _____ Date/Year Completed _____
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## HOME-BASED SUPPORT SERVICES PROGRAM

**YES**     **NO**    The student has a developmental disability and may become eligible for the program after reaching age 18 and when no longer receiving special education services.

**If yes, complete the following statements:**

Plans for determining the student's eligibility for home-based services:

Plans for enrolling the student in the program of home-based services:

Plans for developing a plan for the student's most effective use of home-based services after reaching age 18 and when no longer receiving special education services.