

PINELLAS COUNTY SCHOOLS
ESE STUDENT TRANSITION PLANNING NOTES FOR THE IEP/SP

Student:	DOB:	Age:	Date:
Anticipated Graduation Date:	Diploma Type:	Case Manager:	

INSTRUCTION:

1. I want to continue my education or training after high school ☐ Yes ☐ No
• If "YES", please check each kind of postsecondary education or training options that interest you:
- | | | |
|--|--|--|
| ☐ Four year College | ☐ Private Occupational Training | ☐ Community College |
| ☐ Military | ☐ Technical School | ☐ Adult Education |
2. Do you want information about how to get into the program you selected? ☐ Yes ☐ No
3. What do you want to study or train to be?
4. What courses do you need to take in high school that will help you attain your employment or postsecondary goal?
5. Do you believe academics are important to your future? ☐ Yes ☐ No Why?
6. Do you feel you have control over decision making and your individual success? ☐ Yes ☐ No Why?
7. Do you have the ability to identify what you need and how to get it? ☐ Yes ☐ No
8. Do you need information on classroom accommodations in the program you selected? ☐ Yes ☐ No
9. In what type of job/occupation will you be working one year after graduation?
Will this employment be: ☐ Independent ☐ Supported ☐ Part-time ☐ Full-time
10. In what type of job/occupation will you be working five years after graduation?
Will this employment be: ☐ Independent ☐ Supported ☐ Part-time ☐ Full-time
11. What is the easiest way for you to learn?
- | | | | |
|--------------------------------------|--------------------------------------|---|-------------------------------------|
| ☐ Seeing | ☐ Hearing | ☐ Hands on | ☐ One on one |
| ☐ Small group | ☐ Large group | ☐ Assistive Technology | ☐ Other: |
12. Do you ask for help when you need it? ☐ Yes ☐ No
13. What things can your teacher do to make it easier for you to learn?
14. What classes do you enjoy most?
- A Why do you enjoy these classes?

15. Check which skills you still need to work on: (Check all that apply)

- | | | |
|--|---|--|
| ☐ Following a schedule | ☐ Being on time | ☐ Starting a task |
| ☐ Good attendance | ☐ Following directions | ☐ Finishing on time |
| ☐ Organizing my work | ☐ Planning study time | ☐ Neatness, accuracy |
| ☐ Getting along with others | ☐ Asking for help | ☐ Working to my potential |

16. What do you think are your strengths?

17. Please describe any difficulties you have in the following areas:

At school:

At home:

Socially:

In the community:

Personally:

Work-related:

Other (please describe):

COMMUNITY EXPERIENCE:

1. What community services do you use?

- ☐ Library ☐ Post Office ☐ Public Transportation ☐ Sports ☐ Community Groups ☐ Volunteer Work
- ☐ Agency Eligibility and Contact Information (Division of Blind Services (DBS), Association for Persons with Disabilities (APD), Vocational Rehabilitation (VR), Foster Care, etc.) Please include contact information, if available:

Other:

2. What extra-curricular activities would you like to participate in during high school?

A. Do you need supports to participate in these extracurricular activities? ☐ Yes ☐ No

If yes, please describe:

3. Please indicate leisure activity resources you would want to access after you graduate from high school:

- | | | |
|---|---|--|
| ☐ YMCA/YWCA | ☐ Bowling league | ☐ Movies |
| ☐ Recreation club | ☐ Parks | ☐ Sports arenas |
| ☐ Other (please describe): | | |

4. Do you have a driver's license? ☐ Yes ☐ No

A. If no, will you need assistance getting your driver's license? ☐ Yes ☐ No

5. Do you have a state issued identification card? ☐ Yes ☐ No

POST-SCHOOL ADULT LIVING:

1. What will your living arrangements be after graduation from high school?

- ☐ Live independently in Apt. or home ☐ Live with a family member ☐ In a group (specify):
- ☐ Other:

2. Who will you live with?

☐ Alone

☐ With roommate(s)

☐ With parents

☐ Alone, with support

☐ With other family members

☐ Other

EMPLOYMENT:

1. What chores do you have at home?

☐ Make bed

☐ Carry out trash

☐ Mow lawn

☐ Cook

☐ Clean house

☐ Babysit

☐ Care for pet

☐ Laundry

☐ Wash dishes

☐ Other (describe):

A. What chores do you enjoy the most?

B. What chores do you dislike the most?

2. What jobs or work experience have you had in the community?

A. What job(s) do/did you like the most?

B. What job(s) do/did you like the least?

RELATED SERVICES:

1. What form(s) of transportation do you plan to use to go to work and other activities?

☐ Public transportation

☐ Drive myself

☐ Parent

☐ Car pool

2. Have you used public transportation by yourself?

☐ Yes

☐ No

3. How do you get around now?

Interviewed by:

Date:

Reviewed with the student by:

Date:

Reviewed with the student by:

Date:

Reviewed with the student by:

Date:

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