



Transition Planning Questionnaire Form

Student's name: _____ Age: _____

Date: _____ Person completing form: _____

1. What are the student's strengths? _____

2. In what areas does the student need extra help? _____

3. What are specific challenges for the student (ex: challenging behaviors, communication deficits) _____

4. How does the student communicate best? _____

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(s) does the student have? What agencies are working with the student and the student'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/Employment Development			
Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Projected Completion Date/Outcome Date
III. Community Participation/Outings			
Transition IEP Goals	Transition Activities/Services	Person/Agency Involved	Projected Completion Date/Outcome Date



IV. Recreation			
Transition/IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/Achieved Outcome
V. Daily Living/Adult Living Skills			
Transition/IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/Achieved Outcome
VI. Residential			
Transition/IEP Goals	Transition Activities/Services	Person/Agency Involved	Date of Completion/Achieved Outcome


