

Name: _____ D.O.B. _____ Initial Date: _____

IEP Review date: _____

Parents' Name: _____ Address: _____

Grade: 6 7 8 9 10 11 12 12+

Age: 13 14 15 16 17 18 19 20 21

IEP

Post School Outcomes:

Education and Training and Employment

My desired occupation after high school: _____

Do you want to continue your education after high school? Yes No Maybe

What more would you like to learn about (a topic, program of study, how to do something..)?

Where do you think you could learn this? On the job training (workplace, or family)

Community workshops / Continuing Education courses / Classes at technical school or University

If you know your specific goal, write it here: _____

Employment

Have you ever volunteered in the community? Yes No

(Carwash, plate sales, bingo, church activities, selling tickets, *other-* : _____)

What did you like best? _____)

Which of these would be interested in doing, during high school and afterwards?

School: Kitchen/ Lunchroom helper / Office Aid / Library Assistant / Custodial help

Community: Grocery Store Custodial Assistant Library Duties Computer work

Food service Stocking shelves / Caregiver Jobs: Children Elders Pets /Animals

Other jobs/ Names of places: _____

Independent Living Skills

Do you have an ID card? Yes No Do you have it with you? Yes No

Do you know your personal ID info and your contact person info? Yes No

Check off what you know, in regard to yourself: _____ Casemanager in school program

_____ Name of your doctor _____ How to make an appointment / _____ Read the city bus map, or call them for info _____ Name of DD or VR case-manager: _____

Ways of Transportation:

Ride in a family vehicle: Yes No Walk to school: Yes No

Ride the bus: Yes No Ride with a friend: Yes No

Drive a car: Yes No

When available, do you wear a seatbelt each time you ride? Yes No

Plans, as to where to live, after high school? With family until _____

In a supported living apartment In my own apartment In an apartment with a roommate

In which town/city would you like to live? _____

How do you help your family at home? circle or underline

Sweep or vacuum Mop Wash Dishes Wash Clothes Cut Grass
Wash Vehicles Pet Care Fold Laundry Take out Trash/Recycle Making Beds
Other: _____

What skills do you need to learn to be more independent?

Food Preparation Personal Care Housekeeping Using money wisely
Laundry Care Other: _____

Circle all the following leisure activities in which you spend your time:

Swimming Lifting Weights Running Football
Aerobics Riding Motorcycles Softball Basketball
Canoeing Walking Fishing Camping
Riding Bike Bowling Riding Horses Roller-blade
Other: _____

Social events I attend:

Movies Car Races Ball Games Car Shows
Music Events School Activities Community events, ex: _____
Other: _____

Individual activities I like to do:

Listen to Music Shop Cook Read Text TV Sing
Play an Instrument Yard Work Pet Care Write Play Pool
Cleaning Gardening Repair Cars Phone Games Cards
Video Games and computer time (ex: _____)
Other: _____

Do you belong to any groups or teams? Yes (I belong to: _____)
_____ No, not now

What (in the community) are you interested in visiting or joining, or going to, as a spectator?

Activities that I would like to participate in:

City/County/State Parks Bowling League Fitness center time
Recreation Clubs Movies
Church Activities Community Center
Softball League Other: _____

Student Signature: _____

Early in IEP year: Date: _____ IEP Review date: _____