

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: \_\_\_\_\_