



Transition Planner

STUDENT NAME

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date: _____ Grade: _____

1. What are your plans when you complete high school? (Check all that apply.)

- ☐ University or Community College _____ Full-Time _____ Part-Time
- ☐ Vocational training
- ☐ Military
- ☐ Employment _____ Full-Time _____ Part-Time
- ☐ Business Owner

2. Do you feel you are ready to graduate? Would you consider staying longer in high school to get additional training?

- ☐ Yes ☐ No ☐ Maybe

3. What career or educational path are you interested in pursuing after graduation?

4. What are your living arrangements going to be after you graduate and become an adult?

- ☐ Renting
- ☐ Owning a home
- ☐ Living with parents or a friend/family member
- ☐ Renting with a roommate
- ☐ Other _____

5. Have you considered the cost of living independently, and would you be interested in receiving assistance in creating a budget?

- ☐ Yes ☐ No

6. What do you like to do for recreation, hobbies, and social interests?

Recreation:

Hobbies:

7. To best create a transition plan for you, please place a check beside each item that would you like assistance in helping you to prepare for a successful transition.

- ☐ Career Services (Cover Letter, Resume, Job Application Process, and Interviewing)
- ☐ Pre- and Post-Employment Support
- ☐ Learning Remediation Support (Reading and Math)
- ☐ Adult Education
- ☐ Career Interest Inventory (Selecting a Career)
- ☐ Post-Secondary Support (College Admissions, FAFSA, Essays, Exams, Support Services)
- ☐ Vocational School (Barbering, Cosmetology, Welding, etc.)
- ☐ Military
- ☐ Housing Support
- ☐ Assistive Services (Rehabilitation Services, Disability, SNAP)
- ☐ Health Services (Dental, Mental, Physical)
- ☐ Language Support (ESL)
- ☐ Public Transportation
- ☐ Volunteering
- ☐ Advocacy
- ☐ Financial Literacy (Budgeting, Banking, Credit, Consumer Information)
- ☐ Business Start-up
- ☐ Other _____

Transitional Plan Overview

(Outline your plans, future interests, and goals. Be as descriptive as possible.)

Transitional Goals

(Write a plan of action for your goals and intentions. Be as descriptive as possible.)

How will you accomplish your goals?

(Write a descriptive plan that will map out how you will accomplish each of your goals. Be as descriptive as possible.)

Contacts and Resources

(What contacts, contributors, or resources would you need to fulfill your goals? Be as specific as possible.)

Resource	Contact Name	Email	Phone	Purpose