**Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Phone Number**: | **School District**: | **School Location:** | **Current as of:** |

**Email Address:**

**Personal Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **RESPONSES** | **Review Date(s):** | **Action step needed y/n** |
| **Positive Reputation/Strengths** |  |  |  |
| **Interests**  Hobbies, travel, sports, etc. |  |  |  |
| **Abilities and Accomplishments**:  What makes you feel proud? |  |  |  |
| **Relationships**  Friends/family  Supportive people |  |  |  |
| **Preferences**  - Favorite People  - Places to go  - Things to do |  |  |  |
| **What makes a good day/bad day?** |  |  |  |
| **Routine/schedule**   * weekend * weekend * summer * holiday breaks |  |  |  |

**Communication and Self-Advocacy**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **RESPONSES** | **Review Date(s):** | **Action Step needed y/n** |
| **What do others need to know about communicating with you?** |  |  |  |
| **How do you advocate for yourself at IEP & transition planning meetings?** |  |  |  |
| **Advocacy activities/membership** |  |  |  |
| **Willingness/ability to explain support needs to others when appropriate** |  |  |  |

**Outcomes**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **RESPONSES** | **Review Date(s):** | **Action Step needed y/n** |
| **What do you want to be when you grow up/after high school?** |  |  |  |
| **Where would you like to live when you grow up?** |  |  |  |
| **Employment Outcomes** |  |  |  |

*(Ex: Tommy would like to work a full-time job so that he can pay for his own apartment someday. Tommy would like to learn how to operate a cash register so that he can work at a store.)*

**Education/Training/Certification needed to meet employment outcomes:**

*(GED, High School Diploma, Associates Degree, Bachelor’s Degree (or above), STNA Certification, Child Care Certification, operator’s license, apprenticeship, technical training/school, etc.):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education/Training/**  **Certification**  (name of school/agency) | **Completed**  y/n: (when/where) | **Training report**  Request/review | | **Support needed to enroll/obtain** | **Action Steps needed y/n** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**High School Education:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **RESPONSES** | **Review Dates:** | **Action Steps needed y/n** |
| **IEP Objectives:** |  |  |  |
| **Course of Study:** |  |  |  |
| **Favorite subject(s):** |  |  |  |
| **What did you like/not**  **like about high school?** |  |  |  |

**Employment Supports/Accommodations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TOPIC** | **DESCRIBE SUPPORTS NEEDED** | **Information source(s):** | **Dates Reviewed:** | **Action step needed y/n** |
| **Medical**  (allergies, conditions, prescriptions, treatments) |  |  |  |  |
| **Environmental**  (lights, sounds, proximity, temperature) |  |  |  |  |
| **Structural**  (ramps, doorways, braille, seating) |  |  |  |  |
| **Workplace Support and Supervision**  (personal care/safety) |  |  |  |  |
| **Technology**  (i-pad, picture schedule, etc.) |  |  |  |  |
| **Workspace Modifications** |  |  |  |  |

**Work Based Learning Experiences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Experience** | **Date/Location/**  **Provider** | **Worked/didn’t work** | **Next Steps: action step needed y/n** |
| **Career Exploration** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Job Shadowing** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Job Sampling** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Volunteerism** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Internships** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Apprenticeships** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Mentoring** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Paid Employment** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Soft Skills**

|  |  |  |
| --- | --- | --- |
| **Skill** | **Status/Support Needs** | **Action Step needed?**  **y/n** |
| Punctuality |  |  |
| Self-initiative and responsibility |  |  |
| Professional appearance/  Follows dress code |  |  |
| Flexibility in work assignment and supervision |  |  |
| Interpersonal communication  & personal space |  |  |
| Integrity/task completion |  |  |
| Presents positive attitude |  |  |
| Conflict Resolution |  |  |
| Problem Solving/Making Decisions |  |  |
| Following/understands directions |  |  |
| Teamwork |  |  |
| Willingness to try new/difficult jobs |  |  |
| Other… |  |  |

**Transportation**

|  |  |  |
| --- | --- | --- |
| **Skill/Ability** | **Training/Support Need** | **Action step needed y/n?** |
| **Transportation resources**  **available** |  |  |
| **RTA/Paratransit** |  |  |
| **Bus pass** |  |  |
| **Travel Training** |  |  |
| **Driver’s License** |  |  |
| **Vehicle accommodations** |  |  |
| **Other** |  |  |

**Provide Information**

|  |  |  |
| --- | --- | --- |
| **Topic** | **Date/Method of sharing** | **Action step needed y/n?** |
| **Benefits Information/ Analysis** |  |  |
| **Medicaid & Medicaid Buy-In** |  |  |
| **Social Security** |  |  |
| **State ID** |  |  |
| **CCBDD Transition Planning** |  |  |
| **Employment First** |  |  |
| **OOD/OMJ**  **employment resources** |  |  |
| **Self-Advocacy Opportunities** |  |  |
| **NSTTAC – Youth to Work Coalition** |  |  |

**Support Team**

|  |  |  |
| --- | --- | --- |
| **Name/Relationship** | **Phone Number(s)** | **e-mail** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional Team Support**

|  |  |  |
| --- | --- | --- |
| **Support** | **Referral Needed y/n**  **Reason for referral** | **Action Step Needed y/n** |
| **Occupational Therapy**  *(personal care, functional employment adaptations)* |  |  |
| **Physical Therapy**  *(mobility, physical workplace related accommodations)* |  |  |
| **Speech-Language**  *(understanding and using language, non-verbal skills)* |  |  |
| **BCIS**  *(self-direction, self-control)* |  |  |
| **Assistive Technology**  *(computer support related devices)* |  |  |
| **Support Administration**  *(on-going planning needs)* |  |  |
| **Nursing**  *(medical support problem solving)* |  |  |

**Transition Age Action Plan (prior to graduation)**

**Date:**

**Outcome:**

**Current:**

|  |  |  |  |
| --- | --- | --- | --- |
| Action Steps | Who | By When | Status |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PATH TO EMPLOYMENT (This section to be completed upon graduation)**

Anticipated High School Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify individual path to employment upon graduation:

|  |  |  |  |
| --- | --- | --- | --- |
| **Path to Employment** | **Comments** | **Next steps/who can help?** | **When:** |
| Has a job and would like advancement or a different job |  |  |  |
| Want a job and need help to find one |  |  |  |
| Would like to work but wants/needs more information about employment |  |  |  |
| Not interested in working right now but, may need more information about employment |  |  |  |

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Profile completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Attached Resume:

Developed By: