<table>
<thead>
<tr>
<th>Student’s Name: _______________________</th>
<th>Planning Date: _________</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: ___________________</td>
<td></td>
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<tr>
<td>Disability &amp; Information:</td>
<td></td>
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</tbody>
</table>

### Postsecondary Goals:
- Employment: 
- Education/Training: 
- Independent Living: 

### Agency Services:
- Social Security (SSI)
- Medicaid
- MH/IDD Services
- DARS
- DADS Waitlist $: CLASS, HCS, etc.
- Other ____________________
- Other ____________________

### Natural Supports:

### Transportation:
- Family/Friends
- Local Bus System/Taxi/UBER
- Agency or Day Hab Bus
- Other

### Housing/Independent Living:

### Describe the weekend with your child:
(Starting with getting up, breakfast, in-between meals, indoors/outdoors, who turns on the TV, changes channels, feeds the student, toilets, baths, dresses, medical needs etc.)

### Describe the summer with your child:
(What does your child do for the extended time during the summer? At home, outings, etc. Who monitors the child?)

### Desired Daily Schedule:

### Gaps:

### Actions to Address the Gaps: