# ASSESSING TRANSITION STRENGTHS AND GAPS WITH PARENTS

<table>
<thead>
<tr>
<th>Student’s Name: _______________________</th>
<th>Planning Date: ________</th>
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<tbody>
<tr>
<td>School: _____________________________</td>
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<tr>
<td>Disability &amp; Information:</td>
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## Postsecondary Goals:
- Employment: ____________________________
- Education/Training: ___________________
- Independent Living: ___________________  

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

### Needed:

## Natural Supports:

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

### Needed:

## 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, 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: