TRANSITION PLANNING INVENTORY

STUDENT_____   AGE_____
TODAY'S DATE_____   TRANSITION DATE_____
TEACHER_____   SCHOOL_____

The Transition Planning Inventory was developed with input from teachers and adult service providers, and was designed to identify critical transition issues that may affect future options available to students. The inventory focuses on transition from school to integrated work and adult programs. The inventory was designed to look at specific ways of *increasing the independence level* of individual student thereby *decreasing future staff support* needed. The Transition Planning Inventory provides a progression of self-help skills, so that long range transition planning can be achieved.

Directions: Indicate present levels of performance in each area. **Check one or more items** *as needed to accurately describe individual student.*

RESTROOM PROCEDURES

Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
___Student is independent in the restroom.
___Student indicates need to use restroom ___verbally,___by signing,___with PCS,___other:
___Student uses public restrooms.
___Student is schedule trained with ____% success, and uses restroom every _____minutes.
___Student will need a job coach of the same sex because he/she requires support in the restroom
   ___to enter/exit restroom
   ___to wash hands
   ___to care for menstruation needs
   ___assist in wiping
   ___to transfer
   ___to use portable urinal
___Student requires safety restraint to sit on toilet
___Student wears diapers, but can assist with changing by
   ___bearing weight
   ___bearing weight while leaning against changing table
   ___pulling up/down pants
   ___other   Describe level of participation:
___Student cannot bear weight and requires total assistance with changing,
   diapers are changed ____X daily. Student requires a ___1,___2,___3-man lift.

Describe other issues in this area that may affect future placement.

Training goal/adaptive strategy needed to decrease staff support in this area:

STUDENT MOBILITY

Level of staff support currently needed in this area -___ 1:4,___1:3,___1:2,___1:1
___ Student walks independently.
___ Student walks independently, but
   ___ has limited endurance ___ time or ___ distance   Specify.
   ___ has difficulty with obstactles ___ steps ___ curbs ___ uneven surfaces
___ Student walks with assistance
   ___ holding on to staff's arm
   ___ holding on to or pushing a wheelchair
   ___ uses a walker or other adaptive device
   Describe device and assistance required:
___ Student uses wheelchair independently
   ___ electric ___ manual
___ Student uses wheelchair with staff assistance
   ___ maneuvering obstacles
   ___ other assistance required   Specify.
___ Student is able to tolerate sitting in a wheelchair ___ minutes ___ hours
___ Student has __ visual limitations ___ auditory limitations
   __ other conditions that affect mobility   Specify.
___ Student's wheelchair is accessible to public transportation.
   Describe other issues in this area that may affect future placement.

Training goal/adaptive strategy needed to decrease staff support in this area:

COMMUNITY

Level of staff support currently needed in this area -___ 1:4,___1:3,___1:2,___1:1
Student currently spends ____min____hours per ___day ___week in the community.
Projected time student could spend in the community if currently in a community-based program would be ___min ___hours per day.
Specify student's most preferred nonwork activities in community. Include levels of participation and integration strategies used.

Specify student's least preferred nonwork activities in community.

___Student is independent in the community.
___Student uses DMV ID card to communicate personal identification.
___Student has DMV ID card.
___Student avoids dangerous places and things.
___Student considers traffic lights and oncoming traffic before proceeding into intersection.
___Student stays with small group when walking in the community.
___Student looks for and stops appropriately for oncoming traffic.
___Student stops at street corners.

COMMUNITY (Continued)
___Student safely steps up or down curbs.
___Student moves safely through parking lot.
___Student requires ongoing supervision in the community.
___Student is not aware of the following basic safety skills:
   ___traffic lights   ____ staying with small group when walking in the community
   ___stopping at street corners   ____ looking or stopping appropriately for oncoming traffic.
___Student has ___visual limitation,___auditory limitation,___other condition that affects
community safety.
Identify condition and how it affects safety.

Training goal/adaptive strategy needed to decrease staff support in this area:

LUNCH
Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
___Student eats sack lunch independently.
___Student eats sack lunch with assistance opening containers.
___Student eats finger foods independently.
___Student uses adaptive utensils/plate. Specify.
___Student has special diet. Specify.
___Student eats sack lunch with supervision for safety reasons including:
___Student eats sack lunch with supervision for behavior management reasons including:
___Student eats sack lunch with some supervision and assistance including:
___Student requires total assistance with feeding due to physical involvement.
___Student requires total assistance with feeding and eats special pureed foods.
___Student is tube fed _____X daily.
___Student may have food orally, liquids by gastrostomy tube (G-tube).
___Student is fed orally and tube fed. Specify.
___Student has history of aspirating food.
___Student has food allergies. Specify.

Training goal/adaptive strategy needed to decrease staff support in this area:

MEDICAL ISSUES
Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
___Student has no medical issues that affect day programming or integrated work placement.
___Student takes medications including:
   Describe effects if any medications have on student.

MEDICAL (Continued)
___Student has allergies including:
   Describe possible reactions to listed foods/medicines.

___Student has seizures ___X daily/weekly/monthly/yearly.
   Describe kind, length, and special procedures to be taken.

   Describe follow-up care needed.

___Student has a heart condition.
    Describe special precautions needed to ensure safety.

___Student has upper respiratory problems.
    Describe special precautions needed to ensure safety.

___Student has G-tube.
   Describe special precautions and procedures.

___Student has a tracheostomy and requires suctioning ____X daily by trained staff.
___Student has orthopedic condition(s) that limit participation or physical activity.
   Identify condition(s) and special precautions needed to ensure safety.
___Student requires special supervision and support during eating to ensure safety.
    (See Lunch Section)
___Student has other medical condition or specialized physical health care procedures that may
require special supervision and support. Describe condition and precautions needed to ensure
safety.

___Student requires a special medical conference prior to placement to include the school nurse.
Training goal/adaptive strategy needed to decrease staff support in this area:

TRANSPORTATION
Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
___Student independently rides OCTD.
___Student rides OCTD with supervision.
___Student rides Dial-A-Ride with supervision.
___Student rides school van with supervision.

TRANSPORTATION

___Student rides in private auto with supervision.

___Student rides in school bus with ___harness and/or ___aide.

    Describe other issues in this area that may affect future placement.

Training goal/adaptive strategy needed to decrease staff support in this area:

PERSONAL/BEHAVIOR MANAGEMENT ISSUES

Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1

___Student does not exhibit behaviors that interfere with participation in the community and
    work.

___Student has a history of the following behaviors:

    Describe behavior(s) and antecedents.

    Describe successful interventions used with above behaviors:

___Student has behaviors that appear in new or transitional situations.

    Describe behavior(s) and antecedents.

    Describe successful interventions used with above behaviors:

    Describe successful reinforcers used with student.

PERSONAL/BEHAVIOR MANAGEMENT ISSUES (Continued)

___Student demonstrates behaviors that are a function of medication.
   Specify behaviors.

___Student exhibits behaviors when they are not actively involved in meaningful tasks.
___Student displays behaviors as a means of communicating frustration.
___Student displays behaviors to seek attention.
___Student displays behaviors to avoid tasks.
___Student has a Behavior Plan (attached).
___Student has a Behavior Intervention Plan (BIP) (attached).
___Student will require a follow-up review of Behavior Plan/BIP with Individual Transition Team members one month after adult program placement.

Training goal/adaptive strategy needed to decrease staff support in this area:

COMMUNICATION

Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1

Expressive

___Student clearly states needs/wants verbally.
___Student states needs/wants using an electronic augmentative device.
   Specify.

___Student states needs/wants using a communication wallet with ___photos or ___ drawings.
___Student requires bilingual translator or ESL program intervention.
___Student manually signs using ___ASL, ___SEE to communicate.
___Student uses bodily gestures to communicate including ___point ___eye gaze ___head turning.
___Student's attention must be secured prior to communicating.
___Student is prompt dependent for the above mode of communication.

COMMUNICATION (Continued)
Receptive
___Student understands everyday conversation.
___Student follows __1-step __ 2-step ___ 3-step directions.
___Student follows simple spoken directions with gestures.
___Student responds to language other than English. Specify language.
___Student has a hearing impairment that effects receptive communication.
Training goal/adaptive strategy needed to decrease staff support in this area:

ADAPTIVE TECHNOLOGY
Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
Student currently uses the following adaptive technology including computer to increase
participation and independence (specify equipment, software and student's skill levels):

Briefly describe adaptive technology tried or used in the past with student.

WORK EXPERIENCE
Level of staff support currently needed in this area - ___1:4,___1:3,___1:2,___1:1
___Student has had Exploratory Work Experience in the community.
List work training and tasks student has had experience in. Describe *accuracy*
(correctness/quality)*, rate* (amounts), and *level of supervision* required to maintain these levels.

<u>WORK EXPERIENCE</u> (Continued)

Student's work performance is enhanced with the following adaptations:

Student's most preferred work activities and environments include:

Student's least preferred work activities and environments include:

Student makes choices in work activities by:

Student is motivated/reinforced to work by:

Student participates in break environments by:

An ideal job match for this student would be:

Training goal/adaptive strategy needed to decrease staff support in this area:

Summary/Recommendations:

One Year Prior to Placement
___Adult Program Options have been discussed.
Options to consider including support services/ratios (*e.g., behavior 1:2, transportation aide, specialized health care*):