ASSESSING GAPS IN ADULT RESOURCES FOR TRANSITION SERVICES A Planning Tool for College-Bound Students with Disabilities \& the Parent/Guardian

| Student's Name: $\qquad$ <br> School: $\qquad$ Disability Directions: (Column 1) List your child's goa instructional needs to include in planning th | Planning Date: $\qquad$ <br> \& Information: $\qquad$ Is for after public school. (Column 2) Identify the IEP. |
| :---: | :---: |
| Postsecondary Goals: Employment: <br> Education/Training: <br> Independent Living: | Agency Services as an Adult Resource: <br> - Vocational Rehabilitation Services <br> - Disability Services at College or University <br> $\square$ Social Security (SSI) <br> - Medicaid <br> - Other: <br> Instructional Needs for the IEP: |
| Transportation: What environments will your child participate in at college and how will he/she get there? (College classes? Restaurant or movie? Make a list and identify transportation options.) | Transportation: <br> - Family/Friends/Fellow Student <br> - Walk or bicycle <br> - Local Bus System or Taxi <br> - Ride Share: UBER, LYFT <br> - Other: <br> Instructional Needs for the IEP: |
| Housing/Independent Living: What do you do for your son/daughter now that he/she must do for themselves?) <br> - Prepare meals <br> - Pay for and take care of dorm room, apartment, or room at home <br> - Manage time and responsibilities <br> - Other? | What supports or services need to replace you? <br> Instructional Needs for the IEP: |
| Health and Health Care: What do you do now for your son/daughter that he/she must do for themselves?) <br> - Schedule doctor visits <br> - Fill prescriptions <br> - Manage medications <br> - Control a health issue: weight, exercise, sugar intake, etc.? <br> - File or find someone to file health care forms <br> - Have and use a provider for mental health needs <br> - Other? | What supports or services ae needed to replace you? <br> Instructional Needs for the IEP: |

