Transition Planning Tool

Student Name:
Graduation Date: 21st Birthday:

Expected Funding:

Transition Team:
Student:
School Team:
Parents:
Home Team:
Outside Behavior Specialist:
Case Manager:
OVR:
Medical:
Other:

Transition Meeting Benchmarks:
Initial Transition Vision Meeting (No Later Than 1 Year Prior to Graduation)
Transition Planning Meeting (No Later Than 9 Months)
Parent Observation Day (No Later Than 6 Months)
Parent Training Day (No Later Than 2 Weeks Following Observation)
Resources Distributed (No Later Than 3 Months)
Parent Training on Resources (No Later Than 6 Weeks)
Exit/Discharge Meeting (No Later Than 2 Weeks)

PARENT VISION

Vision Check List:
Daily Schedule (Rank): __PAAL __Parent Run __Agency Run (describe): ________ __Other (describe):
Living Arrangements Rank): __Parent’s __Individual’s __Agency Home __Life Sharing __Other:
Comments:
Supervision: ☐ 24/7 Awake ☐ Daily ☐ Intermittent Schedule (describe): ________ ☐ Overnight
☐ Support within Activities ☐ Support for Employment ☐ Remote Monitoring
☐ Ratio (describe): Day Awake: 1:1
☐ Intensity: ☐ Enhanced: Describe: day/new skills ☐ Hab: Describe: maintenance ☐ Companion: Describe____
☐ Respite
Medical Supervision: ☐ N/A ☐ 24/7 ☐ Daily ☐ Specified Schedule (describe): ______
☐ Medication

Hygiene:
☐ Dependent ☐ With Assistance (describe):_______ ☐ Adaptive Supports (describe): ________ ☐ Independent
Domestic Skills:
☐ Dependent  ☐ With Assistance (describe):_______  ☐ Adaptive Supports (describe):_______  ☐ Independent

Safety:
☐ Dependent  ☐ With Assistance (describe):_______  ☐ Adaptive Supports (describe):_______  ☐ Independent

Self-Management:
☐ Dependent  ☐ With Assistance (describe):_______  ☐ Adaptive Supports (describe):_______  ☐ Independent

Transportation Needs:
☐ Describe:

Options:

Community Access/Navigation:
☐ Dependent  ☐ With Assistance (describe):_______  ☐ Adaptive Supports (describe):_______  ☐ Independent

Leisure:
☐ Dependent  ☐ With Assistance (describe):_______  ☐ Adaptive Supports (describe):_______  ☐ Independent

Employment:
☐ Competitive (20+hours)  ☐ Part Time (describe):  ☐ None

PROFILE

Global Strengths and Needs
Strengths | Needs

Behavior Profile:
Aggression:
☐ SIB  ☐ Familiar Adults  ☐ Unfamiliar Adults  ☐ Children  ☐ Animals  ☐ N/A  Comments:

Inappropriate Sexual Behavior:
☐ Describe:  ☐ N/A

Inappropriate Volume
☐ Home  ☐ Community  ☐ N/A  Comments:

Property Destruction:
(Describe):  ☐ N/A

Disrobing

Safety Profile:

Traffic/Street Safety
Stopping at Curbs/Crosswalks:
☐ Arm’s length  ☐ Within Site  ☐ Remote monitoring  Comments:

Waiting to Cross
☐ Arm’s length  ☐ Within Site  ☐ Remote monitoring  Comments:

Crossing Safely
☐ Arm’s Length  ☐ Within Site  ☐ Remote monitoring  Comments:

Navigating parking lots
☐ Arm’s Length  ☐ Within Site  ☐ Remote monitoring  Comments:

Poisonous Substances

C:\Users\AJ Pisacano\Desktop\New folder\Transition Planning Tool FINAL.docx
Risk Level:
☐ High    ☐ Moderate    ☐ Low
Specific substances: _______________________

Water Safety
Temperature regulation
☐ Safe     ☐ Unsafe     Comments:_____________________
Swimming Pool
☐ Safe     ☐ Unsafe     Comments:_____________________

Fire Safety:
☐ Appropriately respond to Alarm  ☐ Appropriately respond to Smoke/Fire
Comments: __________________________

Strangers:
Risk for Abduction/Abuse
☐ Yes    ☐ No
Comments: __________________________

Clearly Identifying Personal Information
☐ Name  ☐ Phone Number  ☐ Address
Comments:_____________________

Appliances
Stove/Oven
☐ Safe     ☐ Unsafe     Comments:_____________________
Microwave
☐ Safe     ☐ Unsafe     Comments:_____________________
Toaster Oven
☐ Safe     ☐ Unsafe     Comments:_____________________
Other:________________________
☐ Safe     ☐ Unsafe     Comments:_____________________

Elopement (attach documentation of previous incidents)
☐ Home    ☐ Community
☐ Walking  ☐ Running
Comments:_____________________

Medical Profile:
Medication Administration
☐ Self-Administered  ☐ Reliant upon caregiver
Comments:_____________________

Medical Conditions:
Describe:_____________________

Sensory Profile

Social Profile

Motivational Profile
Preferred/non preferred (how have we determined what reinforcement/ items/activities/ teaching strategies are motivating....

Purchasing, movies, peer activities (bowling, etc.), videos/YouTube, music, the shore, edible
Supervision Profile

☐ Arms length  ☐ Line of site  ☐ Remote  Describe:________________________________________

Community Immersion Profile

Other Factors affecting need:

☐ Aging Parent__________  ☐ Medical Concerns__________  ☐ Financial concerns__________

☐ Other:__________________

Transition Goal Benchmarks:
Video Resume: 6th Months Prior Graduation
Comprehensive Video: 1 month prior Graduation
Initial Home Visit: 8 months prior to transition
Community/Vocational Assessment: Post home visit (no later than month)
Community/Vocational Outreach: temporally proximate to transition date (2-3 months)
Titrated Schedule: TBD following setting of transition date
Guardianship: Medical POA (current): To Be Considered
Life Plan Document: To Be Considered in Accompaniment with Guardianship
SSI:
Medicaid:
Individual’s Financial Resources:

Discharge Meeting:

Skills Profile

Adaptive:

• Toileting skills:
  o Urinating: ☐ Independent  ☐ Assisted  ☐ Dependent on adult
  o Bowel movement: ☐ Independent  ☐ Assisted  ☐ Dependent on adult
  o Menstrual care: ☐ Independent  ☐ Assisted  ☐ Dependent on adult  ☐ Not applicable

• Tooth brushing: ☐ Independent  ☐ Assisted  ☐ Dependent on adult for completion
  o Type of equipment: ☐ Manual  ☐ Battery powered  ☐ Other Name:________________

• Shaving (face): ☐ Independent  ☐ Assisted  ☐ Dependent on adult -reaching independence
• Shaving (legs): ☐ Independent  ☐ Assisted  ☐ Dependent on adult  ☐ Not applicable

• Shower: ☐ Independent  ☐ Assisted  ☐ Dependent on adult
  o Hair washing (multi-step): ☐ Independent  ☐ Assisted  ☐ Dependent on adult  ☐ Not applicable

Self-management Strategies:

• ☐ Timers  ☐ Technology  ☐ Visual Schedule  ☐ Token Economy  ☐ Breaks
  ☐ Coping Mechanisms Name:
  Adaptations/Modifications Required:______________

Communication Modality:
• **Primary:** ☐ Vocal Speech ☐ Sign Language ☐ PECS ☐ Technology Name: ____________.

• **Secondary/intermittent:** ☐ Vocal Speech ☐ Sign Language ☐ PECS ☐ Technology (help, more, stop)

• **Conversational:** ☐ Yes ☐ No ☐ Partial # exchanges: _____

• **Adaptations/Modifications Required:**_____________

### Meals

**Meal Prep:**

• **Microwave:** ☐ Independent ☐ Assisted ☐ Dependent on adult

• **Toaster Oven:** ☐ Independent ☐ Assisted ☐ Dependent on adult

• **Electric Grill:** ☐ Independent ☐ Assisted ☐ Dependent on adult ☒ NA

• **Stove:** ☐ Independent ☐ Assisted ☐ Dependent on adult

• **Cold Meal:** ☐ Independent ☐ Assisted ☐ Dependent on adult

• **Adaptations/Modifications Required:**_____________

### Eating Out

Adaptations/Modifications Required:_____________

### Purchasing

• **Type of list:** ☐ Pictures only ☐ Pictures + Text ☐ Text only ☐ Technology Name of app:

• **Preferred items:**
  - **Navigation:** ☐ Independent ☐ Assisted ☐ Dependent on adult
  - **Production:** ☐ Independent ☐ Assisted ☐ Dependent on adult
  - **Max # items:** 5

• **Non-preferred items:**
  - **Navigation:** ☐ Independent ☐ Assisted ☐ Dependent on adult
  - **Production:** ☐ Independent ☐ Assisted ☐ Dependent on adult
  - **Max # items:** 2

• **Social**

• **Adaptations/Modifications Required:**_____________

### Transportation:

• **Type of vehicle:** ☐ Any ☐ Van ☐ Car

• **Location of seat:** ☐ Front seat ☐ Back seat ☐ 3rd Row ☐ Any

• **Type of belt restraint:** ☐ Shoulder harness (sash) ☐ 3 Point Harness (Y shaped) ☐ Belt in Seat (attached to seat)

• **Duration of ride:** Over 2 hours.

• **Other accommodations:** ☐ Music ☐ A/C ☐ Heat ☐ Other: ____________

### Community Considerations:

• **Level of supervision required:** ☐ Arm’s length ☐ Visual ☐ On-site ☐ Remote (e.g. bluetooth, FaceTime)

### Affect Profile
He/She frequently displays positive affect when/during:

**Vocational Experiences:** (add degree of proficiency, degree of preference) (PREFERED, AVERSIVE, NEUTRAL)

**Vocational Profile**

- **Required level of activity:** (MOVE TO SENSORY PROFILE)
  - ☐ Sedentary  If yes: ☐ Sitting ☐ Standing
  - ☐ Mobile   If yes: ☐ High ☐ Moderate ☐ Low

- **Level of endurance:** ☐ High ☐ Moderate ☐ Low

- **Sensory Match:** N/A

- **Environmental Match:**
  - Temperature: ☐ Hot ☐ Cold ☒ Non-factor
  - Volume of environment: ☐ Loud ☐ Quiet ☐ Non-factor
  - Size of environment: ☐ Small ☐ Medium ☐ Large ☐ Non-factor
  - Potential for frequent changes in job tasks: ☐ High ☐ Moderate ☐ Low ☐ Non-factor (e.g. #tables, order of tasks, etc.)
  - Other factors: ☐ Smells ☐ Visual ☐ Auditory If yes: explain: ☐ Low ☐ Non-factor
  - Level of community exposure: ☐ Isolated ☐ Exposed ☐ Non-factor
  - Potential for customer interaction: ☐ High ☐ Moderate ☐ Low
  - Ability to exit quickly due to behavior: ☐ Yes ☐ No
    - De-escalation: ☐ On-site ☐ Van

- **Social Match**
  - ☐ Greeting/check-in only
  - ☐ Interaction with coworkers/community members
  - ☐ Interpersonal boundaries

- **Navigation Match:**
  - Task requirements: ☐ High ☐ Moderate ☐ Low

- **Previously Successful Adaptations/Support?**
  - ☒ Timer ☐ Color coding ☐ Visual schedules/templates ☐ Self-management ☐ Technology ☐ Adaptive equipment

- **Required tasks:**
  - ☒ Food prep ☐ Assembly ☐ Set up ☐ Clerical ☒ Custodial ☒ Stocking

- **Duration of time on task:**
  - Average , # of breaks:
SUMMARY (include skill summary, behavior summary)

- **Skills Sets: (CLARIFY IN SUMMARY)**
  - Matching
  - Reading
  - Reciprocal communication
  - Operation/manipulation of equipment
  - Counting
  - Writing
  - Fluency
  - Hand/eye coordination
  - Sorting
  - Orientation
  - Neatness
  - Time on task
  - Preciseness
  - Accuracy
  - Balance
  - Strength
  - Tacting
  - Manding
  - Presentation of product
  - Fine motor skills
  - Discrimination
  - Generalization
  - Independence
  - Spatial awareness
  - Detail oriented

RECOMMENDATIONS (short and long term)

Suggested activities/goals for adult services:

1.
2.
3.
4.
5.

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## Next Meeting Action Plan:

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