

## Student Demographics

To Be Completed by the Teacher

Date: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Student's name: \_\_\_\_\_

1. What is this student's gender?

- Male
- Female

2. What is this student's age: Year(s) \_\_\_\_\_?

3. What is this student's grade?

- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade
- 18-21+ yr program

4. How long have you known this student?

Year(s) \_\_\_\_\_

5. Does this student receive support for English as a second language?

- Yes
- No

6. What is this student's ethnicity or race? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> White or Caucasian                        | <input type="checkbox"/> Black, African American               |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Mexican, Mexican American, or Chicano |
| <input type="checkbox"/> Puerto Rican                              | <input type="checkbox"/> Cuban                                 |
| <input type="checkbox"/> Other Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Native Hawaiian                       |
| <input type="checkbox"/> Guamanian or Chamorro                     | <input type="checkbox"/> Samoan                                |
| <input type="checkbox"/> Other Pacific Islander                    | <input type="checkbox"/> Asian Indian                          |
| <input type="checkbox"/> Japanese                                  | <input type="checkbox"/> Chinese                               |
| <input type="checkbox"/> Korean                                    | <input type="checkbox"/> Filipino                              |
| <input type="checkbox"/> Vietnamese                                | <input type="checkbox"/> Other Asian                           |
| <input type="checkbox"/> Other; Please specify _____               |  |

7. Indicate the student's typical monthly school attendance.

- No more than one day absent per month
- 2-3 days absent per month
- 4 or more days absent per month

8. Has this student received instruction on how to ***lead and/or actively participate*** in his or her IEP meetings?

- Yes
- No
- Don't know

9. What is the student's ***primary*** disability? (Check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Autism                                       | <input type="checkbox"/> Orthopedic Impairment                 |
| <input type="checkbox"/> Deaf-Blindness                               | <input type="checkbox"/> Other health Impairment               |
| <input type="checkbox"/> Emotional Disturbance                        | <input type="checkbox"/> Specific Learning Disability          |
| <input type="checkbox"/> Hearing Impairment (include deafness)        | <input type="checkbox"/> Speech or Language Impairment         |
| <input type="checkbox"/> Mental Retardation (Intellectual Disability) | <input type="checkbox"/> Traumatic Brain Injury                |
| <input type="checkbox"/> Multiple Disabilities                        | <input type="checkbox"/> Visual Impairment (include blindness) |
| <input type="checkbox"/> Unknown; Please explain: _____               |  |

10. What is the severity of the primary disability? (Check Only One)

- Mild to moderate
- Severe to profound

# Transition Assessment & Goal Generator

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please read each item and think about what you have done over the past year. Mark an X in the box that seems closest to what you know or what you have done in the past year.

	Rarely	Sometimes	Often
1. I know what I do well.			
2. I know what I have trouble doing.			
3. I told someone about the things I do well in school.			
4. I knew the assignments I would have trouble with as soon as the teacher gave them to me.			
5. I know how to talk about my disability in a way that will get me the most help.			
6. I told someone about the supports or accommodations I need because of my disability.			
7. I think of my disability as only one part of who I am.			
8. I told others that I get help from special education.			
9. I think not giving up in school is important.			
10. I keep working until I accomplish a goal.			
11. I try different ways to help me keep working on a task until I finish it.			
12. I keep working to achieve a goal even when it becomes hard.			
13. I learn from my mistakes, so I can do better next time.			
14. I work well with others in small groups to complete projects.			
15. I participate in school or community groups, such as sports clubs or organized social groups.			
16. I get along with teachers, family, and other adults.			

**Instructions:** Mark an X in the box that seems closest to what you know or what you have done in the past year.

	Rarely	Sometimes	Often
17. I think about my strengths and interests and what my family or community wants me to do when setting goals.			
18. I break big goals into smaller parts.			
19. I use the plans I develop to meet my goals.			
20. I change my plans to meet goals if they <u>do not</u> work.			
21. I move on to my next goal after I meet one goal.			
22. I completed at least one of my IEP transition goals.	NO	YES	I don't know
23. I want a job.			
24. I want a job that interests me and that I can do.			
25. I had a job that I did <u>not</u> get paid to do, such as working for a family member.		NO	YES
26. I had a job where I earned money.		NO	YES
27. I told my IEP team my goals for after high school.			
28. I talked about how I was doing in school at the IEP meeting.			
29. I talked at the IEP meeting about how the classes I plan to take will help me meet my after high school goals.			
30. I led my IEP meeting.			
31. I know the difference between people who are a positive influence in my life from those who are <u>not</u> .			
32. I accept help from support people when it is offered.			
33. I only use my support people when I really need them, <u>not</u> to get out of doing things.			
34. I ask for help from places outside school, such as the Department of Vocational Rehabilitation, the library, or employment agencies.			