



Student Name: _____ Birth Date: _____ District: _____

Prepared By: _____ Phone: _____ Date: _____

Eligibility: _____ Secondary Disability: _____

This student is expected to:

Graduate with a regular high school diploma on: _____ or Achieve a certificate of completion on: _____

Student's Post-Secondary Goals (from the last IEP dated: _____)

1. Career/Employment: As an adult, what kind of work do you want to do? <input type="checkbox"/> Need Help <input type="checkbox"/> Get My Own <input type="checkbox"/> Other (Explain)
2. Post-Secondary Education/Training: After high school, what additional education and training do you want? <input type="checkbox"/> College <input type="checkbox"/> Vocational Trade School <input type="checkbox"/> Get a Job <input type="checkbox"/> Transition Program <input type="checkbox"/> Military <input type="checkbox"/> None What Area?
3. Adult Living: As an adult, where do you want to live? <input type="checkbox"/> Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> Stay with Family <input type="checkbox"/> Alone <input type="checkbox"/> With Roommate(s)
4. Community Participation: As an adult, what hobbies and activities do you want to have?

Summary of Academic Performance:

Current Grade Level Equivalencies: Reading _____ Math _____ Written Expression _____
 (within the last year)

Modifications/Accommodations Needed for Success in General Curriculum:

- | | | |
|----------------------------|------------------|-------------------------|
| _____ Extended Time | _____ Calculator | _____ Note Taker |
| _____ Test Read | _____ Tutor | _____ Tape Recorder |
| _____ Books on Tape | _____ Quiet Area | _____ Planner/Organizer |
| _____ Assistive Technology | _____ Other: | |

Summary of Functional Performance/Functional Skill Strengths and Limitations: S = Strength N = Has Needs (Please Describe)

- | | | |
|-----------------------------|-------------------------------------|----------------------|
| _____ Self-Care | _____ Receptive/Expressive Language | _____ Self-Direction |
| _____ Independent Living | _____ Reduced Assignments | _____ Employment |
| _____ Medical Conditions | _____ Attendance/Time Management | _____ Mobility |
| _____ Organizational Skills | _____ Small Group Instruction | _____ Money Skills |
| _____ Other: _____ | | |

Additional comments:

Supports/Recommendations to Assist Student in Meeting Post-Secondary Goals:

- | | |
|--|--------------------------------------|
| _____ MRS (Michigan Rehabilitation Services -Employment) | _____ Michigan Works |
| _____ CMH (Community Mental Health) | _____ Housing Services |
| _____ Disability Services – College Supports | _____ Brochure of Agencies/Resources |
| _____ SSI (Social Security Office) | _____ Other: (List) |
| _____ Ongoing Medical Treatment for: _____ | |

Additional Suggestions for Student Success (attach documentation if needed):