

Student Name: _____

Date: _____

Transition Activities	Year:	Year:	Year:	Year:
Student Invited to IEP/Student Led IEP				
Transition Assessment				
Post-Secondary Goals (Training, Education, Independent Living)				
Developmental Disabilities (DD)/Full Access(FA)				
Mental Health Services				
Vocational Rehabilitation (VR)				
Personal Management Skills (Self-care, cooking, shopping, banking, nutrition, ect)				
Driver's License/Driver's Permit				
Oregon ID Card				
Vocational Training Work Experience				
Paid Employment				
Resume/Job Skills List				
Letter or Introduction				
Library Card				
Medical Insurance: Private/OHP/Medical Eligibility/Medicaid/OHP				
Supplemental Security Income (SSI)/(SSDI)				
Social Security Card				
Employment Department-I Match				
COIC/COCC				
Food Handler's Card				
Leisure & Recreation Opportunities (Special Olympics or Parks & Recreation)				
Transportation Plans (CET training, Bus Pass, bike, street safety)				
Money Management: Banking training				
Transfer of Rights				
Living Arrangements: Supported Living, foster care, HUD housing voucher				
Graduation				

