

Exhibit 2—Compiling Personal Transition Data

What follows are common starting points in compiling personal information for young people in career planning programs. Note that the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) establish strict federal standards concerning the use of health, education, and human services information. (See Chapter 4 for more information.) Programs or providers who are funded by the Workforce Investment Act should also review the Section 188 Disability Checklist and local service plans for guidelines on acceptable inquiries, confidentiality, accommodations, and universal access.

Transition Information Summary

Personal Information

Name _____ Date of Birth _____

Street Address _____ Telephone _____

City, State, Zip _____ E-mail _____

Support Network

Family Contacts/Roles _____

Other Adults/Roles _____

Friends/Roles _____

Living Arrangements

Current Situation _____

Education

Current Situation _____

Health

Current Situation _____

Transition Goals

Training/Education _____

Employment, Short-term _____

Employment, Long-term _____

Physical Conditions _____
Communication Issues _____
Medical Treatment _____
Medications/Side effects _____
History/Prognosis _____
Adaptive Equipment _____
Assistive Technology _____
Mental Health History _____
Chemical Dependency _____
Counseling _____
Behavior at School _____
Behavior at Work _____
Contact with Courts/Law Enforcement _____
Incarceration/Probation _____
Other _____
Education Detail
Background
__ In School Where/Grade _____
__ Out of School Highest Level Completed _____
Assessments Completed _____

Reading Skills _____ Math Skills _____
Writing Skills _____ Other Skills _____

Memory Skills Issues _____ Speech Issues _____

Listening Skills Issues _____ Other _____

Schools/Colleges Attended

Most Recent _____

Plans for Additional Education/Training

__ No __ Yes

If yes, describe: _____

Personal Traits

Hobbies _____

Leisure Activities _____

Interpersonal Skills _____

Things that Motivate _____

Work History

Recent Employment

1. _____

2. _____

3. _____

4. _____

Wages/Reasons for Leaving

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Employment Details

__ Resume completed __ Letters of recommendation __ Skills certification

Transferable Skills _____

Work Speed/Quality/Productivity _____

Learning Experiences _____

Volunteer/Other Positions

Disability Issues

Accommodations _____

Adaptive Equipment _____

Job Supports _____

Job Coach _____

Health Insurance Status _____

On-Going Medical Needs _____

Legal Issues _____		
Other _____		
Job Preferences		
<input type="checkbox"/> Using my hands <input type="checkbox"/> Using my mind <input type="checkbox"/> Driving a truck or car <input type="checkbox"/> Working with tools <input type="checkbox"/> Working with machines <input type="checkbox"/> Working with advanced technology <input type="checkbox"/> Working with computers <input type="checkbox"/> Working outdoors <input type="checkbox"/> Working for a large company <input type="checkbox"/> Working for a small company <input type="checkbox"/> Consistent hours <input type="checkbox"/> Flexible hours <input type="checkbox"/> Daytime hours <input type="checkbox"/> Early morning work <input type="checkbox"/> Evening hours <input type="checkbox"/> Part-time hours <input type="checkbox"/> Using my education/training <input type="checkbox"/> Jobs that require reading <input type="checkbox"/> Jobs that require math <input type="checkbox"/> Being challenged <input type="checkbox"/> Doing physical labor	<input type="checkbox"/> Doing repetitious tasks <input type="checkbox"/> Having a variety of duties <input type="checkbox"/> Having frequent changes in routine <input type="checkbox"/> Feeling needed <input type="checkbox"/> Having others view my work as important <input type="checkbox"/> Waiting <input type="checkbox"/> Sitting for long periods of time <input type="checkbox"/> Standing for long periods of time <input type="checkbox"/> Doing heavy lifting <input type="checkbox"/> Walking <input type="checkbox"/> Working in loud, noisy places <input type="checkbox"/> Being warm/hot <input type="checkbox"/> Being cold <input type="checkbox"/> Getting my hands dirty <input type="checkbox"/> Working alone <input type="checkbox"/> Working with others <input type="checkbox"/> Being my own boss <input type="checkbox"/> Having close supervision <input type="checkbox"/> Having minimal supervision	<input type="checkbox"/> Being given detailed instructions <input type="checkbox"/> Being given orders with no explanation <input type="checkbox"/> Working in a relaxed atmosphere <input type="checkbox"/> Being pressured to work fast <input type="checkbox"/> Working toward a career goal <input type="checkbox"/> Having the opportunity to be promoted <input type="checkbox"/> Earning a lot of money <input type="checkbox"/> Receiving company benefits <input type="checkbox"/> Making new friends <input type="checkbox"/> Being close to home <input type="checkbox"/> Traveling <input type="checkbox"/> Being home on weekends <input type="checkbox"/> Working on weekends <input type="checkbox"/> Taking the bus to work <input type="checkbox"/> Traveling long distances to work <input type="checkbox"/> Disclosing my disability
Job Search Assistance Needed		
<input type="checkbox"/> Working independently <input type="checkbox"/> Working with agencies <input type="checkbox"/> Working with schools <input type="checkbox"/> Clothing	<input type="checkbox"/> Resume <input type="checkbox"/> Disclosure/Disability issues <input type="checkbox"/> Informational interviews <input type="checkbox"/> Applications	<input type="checkbox"/> Reference letters <input type="checkbox"/> Finding job openings <input type="checkbox"/> Job interviews <input type="checkbox"/> Other support