

Future Planning Inventory

Educator Form

Please complete this future planning document and bring it to the upcoming Individual Education Planning conference scheduled for your student.

General Student Information

Student's Name	Middle	Last Name
Social Security Number	Birthdate	
Anticipated graduation date	Grade	
Current Address	Phone number	
Parent's name	Business phone	

What kind of secondary curriculum do you feel best meets the needs of your student?

- ☐ College preparatory
☐ General Education
☐ Vocational

I. Vocational/Postsecondary Education Options

A. Upon graduation, where do you see your student participating in future education or training? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Four-year college/university | <input type="checkbox"/> Private occupational training program |
| <input type="checkbox"/> Community college | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Technical college | <input type="checkbox"/> Community education program |

B. What kind of employment do you see your student participating in after graduation? (Check all that apply).

- | | | |
|---|------------------------------------|------------------------------------|
| <input type="checkbox"/> Competitive employment | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Supported employment | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Sheltered employment | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

a. Academic and life skills assessment

1. Current reading recognition score:

_____ Test _____ Date given _____ Grade level

2. Current reading comprehension score:

_____ Test _____ Date given _____ Grade level

3. Current math score:

_____ Test _____ Date given _____ Grade level

Math strengths _____

Math concerns _____

4. Life skills curricula:

Areas of strengths _____

Areas of concern _____

- | | | | |
|-------------------------------------|-------------------------------|---------------------------------|------------------------------|
| 5. Student level of motivation | <input type="checkbox"/> high | <input type="checkbox"/> medium | <input type="checkbox"/> low |
| Student locus of control | <input type="checkbox"/> high | <input type="checkbox"/> medium | <input type="checkbox"/> low |
| Ability of student to self-advocate | <input type="checkbox"/> high | <input type="checkbox"/> medium | <input type="checkbox"/> low |

II. Home Living Options

A. Where do you think the student will likely live after graduation?

- ☐ Live independently in apartment or home
☐ With family member (who?) _____
☐ With support _____
 ☐ Supervised apartment (which one?) _____
 ☐ Group home (which one?) _____
☐ College dormitory (where?) _____
☐ Other, please describe _____

III. Recreational and Leisure Options

A. In which extracurricular activities would you like to see the student participate during high school?

Does your student need any specific supports or accommodations to participate in this/these extracurricular activities? ☐ Yes ☐ No

If yes, please describe: _____

B. Future Leisure Activities

Please list all the community leisure activities in which you hope your student will choose to participate after high school.

Does your student need any specific supports or accommodations to participate in this/these leisure activities? ☐ Yes ☐ No

If yes, please describe: _____

IV. Transportation Options

How will your student get around the community and to work?

- ☐ drive own vehicle
- ☐ drive family vehicle
- ☐ use city bus transportation
- ☐ take taxi
- ☐ ride bicycle
- ☐ walk
- ☐ use special regional transportation system (i.e., bus between towns)
- ☐ depends on others
- ☐ other _____

Does Now	Needs to Learn

V. Financial Support

A. Which of the following agencies need to be contacted regarding transition planning and financial assistance for your student?

- ☐ Not applicable
- ☐ Division of Rehabilitation Services (DRS)
- ☐ Local Job Training Agency
- ☐ Social Security office
- ☐ County social services
- ☐ Other, please describe _____

VI. Currently, what is your greatest concern for future of your student?
