

(District Letterhead)

**ANNUAL TRANSITION SUMMARY – A Student’s Perspective**  
**(Grades 7 - 12)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

***Reflecting upon my current strengths, needs, skills, and abilities will allow me to prepare for my future (college, work, a training program) and adult life...***

A. Currently, my areas of Strength include the following:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Follows Schedule / Directions | <input type="checkbox"/> On Time                  | <input type="checkbox"/> Manages Time Well            |
| <input type="checkbox"/> Organizes Work Space          | <input type="checkbox"/> Social Skills            | <input type="checkbox"/> Organizes Appointments       |
| <input type="checkbox"/> Seeks Clarification/Help      | <input type="checkbox"/> Works Well in Group      | <input type="checkbox"/> Takes Initiative             |
| <input type="checkbox"/> Follows Set Schedule          | <input type="checkbox"/> Respects Confidentiality | <input type="checkbox"/> Trustworthy                  |
| <input type="checkbox"/> Works Well Alone              | <input type="checkbox"/> Dependable               | <input type="checkbox"/> Can Identify Strengths/Needs |
| <input type="checkbox"/> Communicates Clearly          | <input type="checkbox"/> Flexible                 |   |

B. My current needs affect my schoolwork/school activities (i.e. grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities) in the following ways:

C. Current accommodations/modifications/supports that I’ve used to help me succeed in school (i.e. aids, adaptive equipment, physical accommodations, other services) include:

D. After graduation, my plans include:

1. Education/Training:
2. Adult Living:
3. Community Involvement:
4. Career/Employment: