



Transition Educational Exiting Profile

Name: _____ D.O.B. _____

Student Address _____ SS # _____

Parent/Guardian: _____ Phone # _____

Diagnosed Primary Disability _____ Secondary Disability _____

Medication(s): _____

County _____

EDUCATIONAL INFORMATION

High School Graduate Yes _____ No _____ Date of Graduation _____

Name of School _____ Teacher _____

Type of Program _____ Home District _____

Reading Level _____ Math Level _____

ELIGIBILITY INFORMATION

Does individual receive SSI Benefits? Yes _____ No _____ Does individual receive SSDI benefits? Yes _____ No _____

Has the family/individual received information on Social Security Work Incentives and/or MAWD? (i.e. PASS, Ticket-to-Work, Impairment Related Work Expense) Yes _____ No _____

Has individual met with a Benefits Planning Assistance and Outreach Counseling? Yes _____ No _____

Does individual have a Social Security identification card? Yes _____ No _____

Does the individual have a Pennsylvania Photo Identification Card? Yes _____ No _____

Is the individual registered to vote? Yes _____ No _____

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Does the individual have a Driver's License? Yes _____ No _____

Is it a realistic goal for the individual to get a Driver's License? Yes _____ No _____

Does the individual have an ACCESS card? Yes _____ No _____ # _____

What type of medical insurance does the individual have? _____

When does this medical insurance benefit end? _____

Is the individual eligible for services through the MR system? Yes _____ No _____

Name of Supports Coordinator for MR system: _____

Is the individual eligible for services through the MH system? Yes _____ No _____

Name of Case Manager for MH system: _____

Is the individual eligible for OVR services? Yes _____ No _____

If yes, date application was completed. _____ (2 years prior to graduation)

Does the individual currently receive OVR services? Yes _____ No _____

Name of OVR Counselor: _____

If the individual receives **other** services, please list agencies, providers, and contact person(s):

Participants who contributed to completing this Profile

Name _____ Role _____ Phone Number _____ Areas completed _____

Name _____ Role _____ Phone Number _____ Areas completed _____

Name _____ Role _____ Phone Number _____ Areas completed _____

Name _____ Role _____ Phone Number _____ Areas completed _____

Name _____ Role _____ Phone Number _____ Areas completed _____

Summer Contact Number, Extension and Name for additional documents and further information _____

ESSENTIAL INFORMATION: Complete by circling, checking, adding comments or writing "Not Applicable"

Individual Desires to be Competitively Employed in the Community: YES _____ NO _____

(Check) Full-time employment _____ Part-time employment _____ Less than 20 hours per week _____

Scheduling Concerns: (*church activities, recreation/leisure activities, lack of experience with fulltime employment*):

Negotiable/Nonnegotiable (*List*) (*Activities that could conflict with structured competitive employment schedule*)

Communication:

A. Mode of communication: (Check what applies)

1. Verbal _____

If yes, describe type of communication (e.g. one word, utterances, complete sentences).

2. Non-verbal _____

If yes, describe type of communication (i.e. communication board, picture book, eye gaze, is an interpreter needed).

B. Primary Language _____

Family Supports available to assist individual in meeting this post-school outcome: (*Circle*) Parent, Guardian, Sibling, Friend,

Parent _____

Sibling _____

Other _____

Guardian _____

Friend _____

Transportation:

A. Mode of Transportation to and from work: *(Check all that apply)*

- 1. Public: Bus _____ Cab _____ Specialized Transportation _____
- 2. Driver's License/car _____ Family _____ Friends _____ Walk _____ Other _____

B. Type of support needed: *(Check what applies)*

- 1. Independent _____
- 2. Needs Training _____ (i.e. Training in Pedestrian Safety, Training in reading & interpreting a bus schedule-*Travel Instruction*)
- 3. Needs Assistance _____ (to access transportation services)
- 4. Travel Instruction Assessment Completed _____ Evaluator's Name _____

Individual's job preferences/expressed areas of interest: *(List)*

Recommendations by IEP Team

Employment Possibilities Near Residence or through Personal Contacts: *(List business name and address if known)*

Work Experiences: (*Circle*) Job Shadowing, Career Day, Community Service, Training Experiences (unpaid/paid), Internship(s) (unpaid/paid), Mentorship(s) (unpaid/paid), Work Crews (paid), Diversified Occupation (paid), Cooperative Work Experience (paid), Employment (part-time/full-time), Other

(*List*)

No work related experiences: (*Explain*)

Specific Job Tasks: (*Circle*) Able to perform: One step task, two/three step tasks, multi-step tasks

(*Describe tasks and level of independence*)

Does the individual meet employer expectations? (*Comments*)

Description of Strengths and Abilities in Jobs Assessed: (*Describe*)

Motor/Mobility Skills: (*Circle*) - Independent, Wheelchair, Crutches, Cane, Walker, Assistance Needed (*Describe*)

Endurance:

Endurance is less than 1 hour _____ 1-2 hours _____ 2-3 hours or more _____ 3 hours or more _____

Can the individual work while seated for at least 2 hours at a time? Yes _____ No _____ Don't Know _____

Can the individual work while standing for at least 2 hours at a time? Yes _____ No _____ Don't Know _____

Must the individual alternate between standing and sitting? Yes _____ No _____

Individual *can* Lift _____ pounds, Carry _____ pounds, Push _____ pounds

List any restrictions: (Check) sit _____, stand _____, kneel _____, stoop _____, bend _____, crawl _____

Comments:

Individual's Behavior in Work Environment and Supports Needed to Maintain Appropriate Behavior: (*List*)

Accommodations/Environmental/Sensory Considerations Needing to be Addressed:

Habits, Routines, Idiosyncracies: *(List)*

Safety Considerations: (i.e. Overly friendly, unaware of danger/environment, knowing what to do in an emergency, carries ID, has emergency contact list) *(List)*

OTHER COMMENTS

Mark by indicating: 3-Independent/strong ability, 2-Support Needed, 1-Not evident/no ability

COMMUNICATION

Response Code	3	2	1	COMMENTS
Expresses basic needs and wants				
Asks for assistance				
Speaks effectively				
Understands verbal instructions				
Follows verbal instructions				
Understands written instructions				
Follows written instructions				
Interprets non-verbal cues and gestures				
Requests accommodations				
Reports work related problems to supervisor/coworker				
Able to answer telephone appropriately				
Takes an accurate telephone message				
Leaves an appropriate telephone message				
Asks for time off appropriately				
Completes paper application				

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Able to complete alternate format applications (online, phone, electronics, etc.)				
Provides current medication information				
Utilizes cell phone				

Mark by indicating: **3-Independent/strong ability, 2-Support Needed, 1-Not evident/no ability**

PLANNING AND PROBLEM SOLVING

Response Code	3	2	1	COMMENTS
Exhibits decision making skills				
Adapts to change				
Takes initiative				
Understands employer expectations				
Follows emergency procedures				
Exhibits perseverance				
Respects opinions/customs/differences of others				
Accepts constructive feedback (criticism)				
Accepts compliments				
Handles physical problems that arise (i.e. illness, pain or bodily function)				
Takes necessary medications according to instructions				
Recognizes/reports unsafe condition(s)				

SOCIAL INTERACTION

Response Code	3	2	1	COMMENTS
Establishes rapport with others				
Brings only work-related items to work				
Keeps personal issues separate from work				
Interacts appropriately with coworkers/supervisor during break time				
Interacts appropriately with coworkers/supervisor during work activity				
Respects personal space of others				
Respects personal property of others				
Exhibits firm handshake				
Exhibits eye contact				
Answers general interview questions appropriately				
Demonstrates appropriate table manners/eating habits during break				

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Mark by indicating: 3-Independent/strong ability, 2-Support Needed. 1-Not evident/no ability

SOCIAL INTERACTION (CONTINUED)

Response Code	3	2	1	COMMENTS
Listens while others are speaking				
Engages in conversation				
Dresses/grooms appropriately				
Offers help				

WORK SKILLS

Response Code	3	2	1	COMMENTS
Understands work responsibilities				
Remains focused				
Locates tools/equipment				
Returns tools/equipment to proper place				
Works under pressure/meets deadlines/makes rate				
Recognizes obligation to attend trainings or other work related meetings				
Completes assigned task(s)				

PUNCTUALITY

Response Code	3	2	1	COMMENTS
Arrives to work on time				
Leaves and returns from break on time				
Leaves and returns from lunch on time				
Attends work as schedule				
Clocks in/out of work accurately				
Tells time standard/digital				
Uses a clock or watch to manage time				
Keeps and manages own schedule				

Date of Transition Educational Exiting Profile Finalized _____

Student Signature _____

Staff Member Signature _____