

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?

Future Planning Inventory

Student Form

What are your plans during high school and after graduation? Please complete this future planning document and bring it to your next Individual Educational Planning conference.

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 kinds of courses do you want to take during high school? (Be sure you choose the kind of coursework that will meet your future planning goals!)

- ☐ College preparatory ☐ General education (Minimum graduation requirements)
☐ Vocational ☐ I don't know

I. Vocational/Postsecondary Education Options

- C. Upon graduation, I want to go on for future education or training. ☐ Yes ☐ No

If yes, please check each kind of postsecondary education or training that interests you.

- | | |
|---|--|
| <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 |

What do you want to study or train to be?

My level of motivation to succeed in the academic setting:

- ☐ high ☐ medium ☐ low

The level of control I have over decision making and my individual success:

- ☐ high ☐ medium ☐ low

My ability to identify what I need and how to get it:

- ☐ high ☐ medium ☐ low

- D. Upon graduation, I am going to get a job right away.

- ☐ Yes ☐ No

If yes, please check the kind of job you expect to have.

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Competitive employment: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Self-employment | | |
| <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 |

- E. In what type of job/occupation will you will be working one year after graduation?
-

F. In what type of job/occupation will you working in five years after graduation?

E. What courses do you need to take in high school this year that will help you attain your employment or postsecondary education goals?

F. Do you want information on tests required to get into post-secondary education (e.g. ASVAB, SAT, ACT, PSAT)?

G. What chores do you have at home and how much do you like to do them?

Activity

Degree of Independence

(e.g. make bed, carry out trash; mow lawn)

1. _____
2. _____
3. _____
4. _____
5. _____

| Do it independently | Need some help |
|---------------------|----------------|
| | |
| | |
| | |
| | |
| | |

H. List jobs you do now and really enjoy.

I. What jobs or work experience have you had in your community?

J. List any jobs you really dislike.

II. Home Living Options

A. Where do you plan on living after graduation? (Please check one from this list.)

- ☐ Large urban (100,000 population plus)
- ☐ Urban (30,000 to 100,000 population)
- ☐ Rural (under 30,000 population)
- ☐ Farm

What city? _____
What city? _____
What town? _____

B. (Please check one from this list)

- ☐ 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

About the Future Planning Inventory for Parents/Guardians

The following inventory has been designed to assist your son or daughter plan for his or her future after high school. For this planning to be successful, your son or daughter will need your help. Please fill out this inventory based on your own thoughts. Your son or daughter will complete his or her own Future Planning Inventory, as will his or her special education teacher.

Bring your completed inventory to the next Individual Education Planning (IEP) meeting scheduled on _____. At that time we will discuss your young adult's future plans and discuss how we can work together to make sure he or she attains these goals. Depending on the age of your child, some questions may be more timely than others. If you have any questions when you are filling out this form, leave the item blank and this item will be discussed at the meeting. If you completed this form last year, your previous form will be attached to this blank form for your reference when completing this year's inventory.

Future Planning Inventory

Parent/Guardian Form

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

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 son or daughter?

- ☐ College preparatory
☐ General education
☐ Vocational

I. Vocational/Postsecondary Education Options

A. Upon graduation, what do you see your son/daughter doing for 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 |

What will your son/daughter be studying or training to be?

My son's/daughter's level of motivation to succeed in the academic setting:

- ☐ high ☐ medium ☐ low

The level of control my son/daughter believes he or she has over decision making and his/her individual success:

- ☐ high ☐ medium ☐ low

My son's/daughter's ability to identify what he/she needs and how to get it:

- ☐ high ☐ medium ☐ low

B. Upon graduation, in what kind of employment setting do you see your son/daughter engaged in?

- | | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Competitive employment: | <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Self-employment | | |
| <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 |

C. What type of job/occupation do you see your son/daughter working in one year after graduation?

D. What type of job/occupation do you see your son/daughter working in five years after graduation?

E. What work-related demands are being placed on your son or daughter at home, and what is his or her reaction to them?

Activity

Degree of Independence

(e.g. make bed, carry out trash: mow lawn)

1. _____
2. _____
3. _____
4. _____
5. _____

| Do it independently | Need some help |
|---------------------|----------------|
| | |
| | |
| | |
| | |
| | |

F. List any jobs or chores your son/daughter does now and enjoys.

G. What jobs or work experience has your son/daughter had in your community?

H. List any jobs your son/daughter seems to really dislike.

II. Home Living Options

C. Where do you plan on living after graduation? (Please check one from this list.)

- ☐ Large urban (100,000 population plus)
- ☐ Urban (30,000 to 100,000 population)
- ☐ Rural (under 30,000 population)
- ☐ Farm

What city? _____
What city? _____
What town? _____

D. (Please check one from this list)

- ☐ 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. Leisure Interest Inventory

Check all of the following leisure activities in which your son or daughter currently spends free time.

Athletic/Sports Activities

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> swimming | <input type="checkbox"/> liftingweights | <input type="checkbox"/> skiing |
| <input type="checkbox"/> running | <input type="checkbox"/> aerobics | <input type="checkbox"/> canoeing |
| <input type="checkbox"/> softball | <input type="checkbox"/> basketball | <input type="checkbox"/> riding motorcycle |
| <input type="checkbox"/> walking | <input type="checkbox"/> fishing | <input type="checkbox"/> camping |
| <input type="checkbox"/> riding bike | <input type="checkbox"/> bowling | <input type="checkbox"/> riding horses |
| <input type="checkbox"/> other _____ | | |

Large Group Events

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> movies | <input type="checkbox"/> car races |
| <input type="checkbox"/> ball games | <input type="checkbox"/> horse, dog, car shows |
| <input type="checkbox"/> music events | <input type="checkbox"/> community education classes |
| <input type="checkbox"/> other _____ | |

Individual Activities

- | | | |
|---|---|---|
| <input type="checkbox"/> sewing | <input type="checkbox"/> listening to music | <input type="checkbox"/> Internet |
| <input type="checkbox"/> handcrafts | <input type="checkbox"/> cooking | <input type="checkbox"/> shopping |
| <input type="checkbox"/> reading | <input type="checkbox"/> playing instrument | <input type="checkbox"/> playing pool/billiards |
| <input type="checkbox"/> caring for pets | <input type="checkbox"/> writing letters | <input type="checkbox"/> caring for lawn |
| <input type="checkbox"/> talking on phone | <input type="checkbox"/> watching TV | <input type="checkbox"/> playing video games |
| <input type="checkbox"/> clean/repair car | <input type="checkbox"/> playing cards or board games | |
| <input type="checkbox"/> other _____ | | |

Social Activities

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> dating | <input type="checkbox"/> entertaining at home | <input type="checkbox"/> attending church |
| <input type="checkbox"/> picnicking | <input type="checkbox"/> volunteering | <input type="checkbox"/> belonging to a social club |
| <input type="checkbox"/> eating out | <input type="checkbox"/> driving around | <input type="checkbox"/> spending time with family or friends |
| <input type="checkbox"/> dancing | | |
| <input type="checkbox"/> other _____ | | |

B. In which extracurricular activities would you like your son/daughter to participate during high school?

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

C. Future Leisure Activities

Check any of the following leisure activity resources that are available in the community where you think your son/daughter will live following graduation:

- | | | |
|---|--|---|
| <input type="checkbox"/> YMCA or YWCA | <input type="checkbox"/> bowling leagues | <input type="checkbox"/> recreation clubs, classes |
| <input type="checkbox"/> city/county/state parks | <input type="checkbox"/> movie | <input type="checkbox"/> sports arenas |
| <input type="checkbox"/> city recreation facilities | <input type="checkbox"/> church groups | <input type="checkbox"/> community education center |
| <input type="checkbox"/> other _____ | | |

Please list all the community leisure activities in which you hope you son/daughter will choose to participate after high school.

Does your son/daughter need any specific supports or accommodations to participate in these leisure activities?

☐ Yes ☐ No

If yes, please describe: _____

IV. Transportation Options

How will your son/daughter 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)
- ☐ depend on others
- ☐ other _____

| Does Now | Need some help |
|----------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |

Are you willing to drive your son/daughter to work? ☐ Yes ☐ No

How many miles? _____

V. Financial Support

A. Does your son/daughter need financial assistance in any of the following areas to reach his/her long-range goals?

1. Postsecondary education ☐ Yes ☐ No

If yes, please check all of the following for which you would like information.

- ☐ a. Division of Rehabilitation Services (DRS)
- ☐ b. Pell Grants
- ☐ c. Scholarships
- ☐ d. Work Study
- ☐ e. Student loans
- ☐ f. Supplemental Security Income (SSI)
- ☐ g. Social Security Disability Insurance (SSDI)

2. Employment assistance ☐ Yes ☐ No

If yes, please check all of the following for which you would like information.

- ☐ a. Division of Rehabilitation Services (DRS)
- ☐ b. Local Job Training Agency
- ☐ c. State Job Service
- ☐ d. Supplemental Security Income (SSI)
- ☐ e. County social services
- ☐ f. Rehabilitation centers

3. Home living assistance ☐ Yes ☐ No

If yes, please check all of the following for which you would like information.

- ☐ a. County Social Services
☐ b. Supplemental Security Income (SSI/medical assistance)
☐ c. Housing assistance – city government
☐ d. Independent Living Center services

- B. Which of the following agencies have you contacted with regard to financial support for your son or daughter?

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

VI. Health-Related Needs

- A. When was the last physical examination completed for your son daughter? _____

- B. Does your son/daughter currently have any of the following needs?

- | | | |
|--|-------------------------------|-----------------------------|
| <input type="checkbox"/> medical (i.e., medications) | <input type="checkbox"/> yes* | <input type="checkbox"/> no |
| <input type="checkbox"/> counseling | <input type="checkbox"/> yes* | <input type="checkbox"/> no |
| <input type="checkbox"/> other _____ | | |

*Please explain _____

- C. What are some supports your son/daughter may require in the future?

VII. Currently, what is your greatest concern for your son/daughter's future?

