



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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For information regarding civil rights or grievance procedures contact Mr. John B. Houser, Section 504 Coordinator or Mrs. Kim Talipan, Title IX and ADA Coordinator at the Carbon Lehigh Intermediate Unit, Education Park, 4210 Independence Drive, Schnecksville, PA 18078-2597, 800-223-4821.



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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 _____

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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				

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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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 _____

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