

Senior Mapping Form

Complete prior to meeting with Transition Staff

Name: _____

High School: _____

Case Coordinator: _____

Date of Birth: _____

I am receiving a:

_____ Diploma

_____ Certificate of Completion/Transition Certificate

My disability is: _____

(reason you are receiving special education services – IEP and supports)

After high school, I plan to: (Choose **ONE** of the four options below)

1. _____ Go to a Community College/Training Program at a College or attend a University. If you know what college you are hoping to visit or to attend, check below:

_____ Washtenaw Community College

_____ Lansing Community College

_____ Oakland Community College

_____ Mott Community College (M Tech Campus)

_____ Baker College _____ Campus

_____ _____ Other

I have visited the campus

I would like to visit the campus

I have an interest in the following program area _____

I know what level of certification or degree I want _____

I need help deciding what type of training to pursue

2. _____ Go to MCTI – Michigan Career and Technical Institute

I have visited MCTI this year

I would like to visit MCTI, with _____

Program area I am most interested: _____

3. _____ Start working without further education/training

I already have a job

I will need help finding a job after high school

4. _____ Enlist in the military

I have spoken to and met with a recruiter from the following branch:

I have taken the ASVAB

Financial Aid and Supports

_____ My family and I have information on completing the FAFSA – Free Application for Federal Student Aid – ***New date – October 1, 2016***

_____ I need information on the [FAFSA](https://studentaid.gov/h/apply-for-aid) (https://studentaid.gov/h/apply-for-aid)

_____ I am aware of scholarships through the guidance office in my school.

_____ I receive financial support currently

- Supplemental Security Income (SSI)
- Medicaid
- SSDI – Social Security Disability Insurance
- Social Security payments – survivor benefits

Post-Secondary Accommodations: *(Supports to receive at college level)*

_____ I have a copy of my IEP and accommodations used in high school

_____ I am aware that I need to contact the Office of Disability Supports at my college of choice and have received the contact information

_____ I need help in learning how to advocate for these services at college

_____ I know what entrance test my college of choice requires:

- Accuplacer
- COMPASS
- _____

_____ I have a copy of my SAT scores from 11th grade

Accessing My Community:

_____ I have my drivers license

_____ I have taken drivers education and am working on getting my license

_____ I will be getting my license when I turn 18

_____ I have a State ID/Michigan Identification from the Secretary of State's Office

_____ I use the LETS bus

_____ I need help with driving – passing the test (accommodations), added drive time to get more comfortable driving, etc.

Employment Supports

_____ I would like assistance from MRS in securing employment

_____ I have created a Disability Disclosure letter/statement