

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