



Getting from Where I Am to Where I Want to Be! A Transition Workbook

Adapted from Personal Futures Planning (Mount) for Project TRANSITION, the School-to-Work Interagency Transition Partnership (SWITP) for Napa County, by Allen, Shea & Associates.

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What's this all about? Your answers to these questions can help you put together a transition plan. A plan to help you reach the best possible future.

The questions are written in the first person, so that the focus is always on you, the person in transition. You can use this in several ways: (1) you can fill it out by yourself; (2) someone can ask you the questions and write down your answers; (3) you can work on it with a teacher, counselor, or someone else; or (4) family and friends can help you with it.

When you work on it with other people and they give you ideas for your plan, make sure you put their initials next to their ideas. That way, you will remember what you said and what others said.

1. Who is this about?

2. What are some great things about you?

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Things About You

3. What do you like to do? around town? at home? for fun?

4. What new things would you like to do? around town? at home? for fun?

5. What makes you happy?

6. What makes you sad or mad or frustrated?

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About Work

7. What are you doing now? going to school? working? something else? If you're not working now, please go to question #9.

8. How's your job?

| | Yes | No |
|---|--------------------------|--------------------------|
| Is it the kind of job you like? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the hours and days okay? | | |
| Do you get job support you need? | | |
| Does the pay cover your bills? | | |
| Do you get benefits? | | |
| How do you get along with people at work? | | |
| ___ great ___ okay ___ not very well | | |
| When you think about your job (check the one that shows how you feel most of the time): | | |
| ___ you're glad you got it | | |
| ___ it's okay that you got it | | |
| ___ you're sorry that you got it | | |

Is it the kind of job you like?

Are the hours and days okay?

Do you get job support you need?

Does the pay cover your bills?

Do you get benefits?

How do you get along with people at work?

___ great ___ okay ___ not very well

When you think about your job (check the one that shows how you feel most of the time):

___ you're glad you got it

___ it's okay that you got it

___ you're sorry that you got it

9. Do you want a job, or a different job than you have right now? If so, what kinds of jobs have you had?

If working or a different job is not important to you now, please turn to the page called **About How You Live and Would Like to Live**.

10. What kinds of jobs or careers interest you?

11. Do you need support in getting a job?

| | Yes | No |
|--|-----|----|
| Are you looking for your first job? | | |
| Does it take you a long time to learn a job? | | |
| Do you get Social Security benefits? | | |
| Do you need support in things like using money or getting to work? | | |
| Do you need any specialized training or work experience? | | |

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Does it take you a long time to learn a job?

Do you get Social Security benefits?

Do you need support in things like using money or getting to work?

Do you need any specialized training or work experience?

If you answered **yes** to any of these questions, you could probably use some support in getting and keeping a job.

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About How You Live and Would Like to Live

12. How do you live now?

Alone?
With a roommate?
With your parents?
With other relatives?
In a group home?
Other? _____

13. What are the best things about where you live right now?

14. What could be better about where you live right now?

15. What kinds of support do you need where you live right now?

16. Are you living where you want to live and with whom you want to live?

If you're living where you want to live for now, please go to question #18.

17. All things possible, where would you like to live and with whom?

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Looking Ahead

18. What are your dreams and hopes for the future?

19. What worries you about your future? What worries those around you (family, friends)?

20. All things possible, what do you see yourself doing 3-5 years from now?

21. What support would you need to get to where you want to be?

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22. What are some first steps to take towards your desired future?

23. Looking back at what you wrote for #22, which things would you like to discuss at your next transition meeting?

24. Who should be at your transition meeting (family, friends, teachers, agencies) to help you plan?

25. Who worked on this with you?

| | | | | | |
|---|----------------------|--|---|--|--|
| Date: _____ Individual: _____ | | Getting from Where I Am to Where I Want to Be! | | | |
| Moving towards your desired future, what do you need, want, or hope to happen in the next 1-3 years? | By what date? | What Kinds of Support Will You Need? Who can do what? | | | |
| | | I can . . . | Family, friends can help me by . . | Agencies or programs can help me by . . . | I need additional help from . . . |
| | | | | | |
| How will we know if your plan has worked? | | | | | |