

# Important To and For

**Important to:** people to be with, things to do, places to go, rituals/routines, rhythm and pace of life, status and control, things to have, what makes a good quality of life

**Important for:** health – prevention and treatment of illness and promotion of wellness, safety – safe environment and being free from fear, being a valued member of the community

Important to me:	Important for me:

What others need to know and do to best support me:

# Person-Centered Transition Assessment

## Person Centered Transition Assessment Recording Form

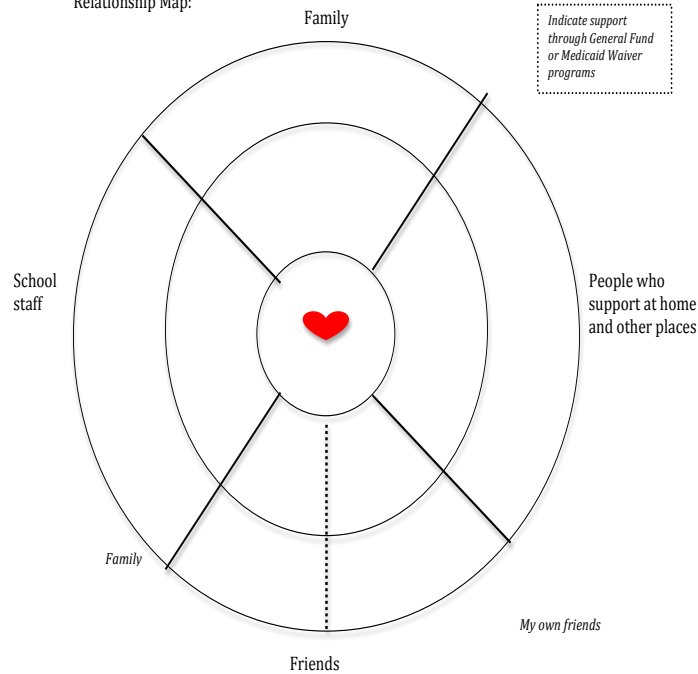
### Person Centered Transition Assessment Recording Form

Name: \_\_\_\_\_ School: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Facilitator: \_\_\_\_\_ Date of assessment: \_\_\_\_\_  
 Participants in planning: \_\_\_\_\_

What others like and admire about me:

Relationship Map:



Indicate support through General Fund or Medicaid Waiver programs

- 2-Minute Drill,
- Good Day/Bad Day Comforting Ritual
- What is hanging in your room?

These are things that make me happy and want to participate in activities. (Important TO)

These are things that need to be done to keep me safe, healthy and have dignity in the community. (Important FOR)

What others need to know:

2



Person Centered Transition Assessment Recording Form

Characteristics of people who best support me? (Prompt: Who is your favorite teacher? What does (s)he do? Refer to relationship map.)

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Communication Plan

What is happening	What I do	What I think it means	I want you to



Person Centered Transition Assessment Recording Form

Post-Secondary Goals

Student	Parent
Employment	Employment
Postsecondary Education	Postsecondary Education
Independent Living (Travel, self-care, housing, rec/leisure)	Independent Living (Travel, self-care, housing, rec/leisure)

Plan of Action:

Identify action item(s), specific names of people and a projected date(s) of completion

Action Item	Person Responsible	When

Projected date to review plan with student and family: \_\_\_\_\_



Person \_\_\_\_\_

Recorder: \_\_\_\_\_

**What others like, admire and appreciate about them...**

**What is Important To?** *(Happy, Satisfied, Fulfilled, Comforted and Content - Include people they like to be with, things they like to do, places they like to go, things they enjoy & things that give them purpose/meaning)*

**What is Important For?** *(What needs to be addressed for them to be healthy, safe & valued)*

**What Others Need to Know...**

**Who should we talk to?**

**Characteristics for a Good Match:** *(People, Environments, etc.)*

**What is good support?** *(What works/doesn't work)*

# \_\_\_\_\_ 's Good Day/Bad Day

Good Day/Best Day	Bad Day/Worst Day

**From Good Day/Bad Day...what is *Important* to this student?**

**Does the Good Day/Bad Day suggest important Supports for this student?**