

Name of SOC/OHTI Site Strengths, Needs and Cultural Discovery

Young Adult's Name:

Parent/Guardian's Name (if applicable):

Date of Interview:

Date(s) of Update:

Referral Source:

Person(s) Providing Information:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

Long Range Vision:

Employment and Career:

Educational Opportunities:

Living Situation:

Family:

Social/Interpersonal Relationships:

Daily Living and Leisure Time Activities/Recreation:

Safety:

Community Partnerships and Responsibilities:

Legal:

Spiritual:

Communication:

Self Determination:

Emotional and Behavioral Well-Being:

Physical Health:

Other (Transportation, Pets, Sports, etc.):

Priority Needs or Concerns of the Young Adult, Family, and/or Professionals:

Transition Team Members and Relationship to Young Adult and/or Family:

Name	Relationship to Young Adult and/or Family

