

CALIFORNIA STATE UNIVERSITY, LONG BEACH
COMMUNITY CLINIC FOR COUNSELING AND EDUCATIONAL SERVICES
1250 Bellflower Boulevard, ED255
Long Beach, CA 90840
(562) 985-4991

Youth Transition Planning Application
Information Questionnaire

All information will be treated with strict confidentiality

Date: _____

Name: _____ Current Grade: _____

Date of Birth: _____ Age: _____ Sex: † Male † Female

Racial/ethnic background _____

Primary language spoken at home: _____ Secondary language: _____

Home address: _____

(Street) (City) (Zip code)

Home phone: (____) _____ Email: _____

Parent/Guardian name: _____ Relationship: _____

Cell phone (____) _____ Legal Guardian? Yes † No

Parent/Guardian name: _____ Relationship: _____

Cell phone: (____) _____ Legal Guardian? Yes † No

For Office Use Only

† Notice of application received: _____ Notes _____

† Reviewed for: _____ Confirmed † Waitlisted † Not Accepted Date called: _____ ...

† Reviewed for: _____ † _____ ...

† Reviewed for: _____ †† _____

Academic Information

PLEASE INCLUDE A COPY OF THE FOLLOWING DOCUMENTS:

- x A copy of your most recent report card
- x A copy of your most recent IEP and Transition Plan
- x A copy of your most recent psychoeducational evaluation

School name: _____ District: _____

Current grade: _____ Current classroom/program placement _____

Are you currently receiving specialized services (i.e., speech and language, counseling, etc.) at school?
_____ No _____ Yes (please describe): _____

Are you currently enrolled in any services (e.g., tutoring, counseling) outside of school?
_____ No _____ Yes (please describe): _____

Please rate your skills in the following transition areas:

Well
prepared

Somewhat
prepared

Currently
working on