

PERSONAL TRANSITION PROFILE FROM HIGH SCHOOL TO SVSU

Name: _____

- What is your Disability? _____
- How long have you known about your disability? _____
- What accommodations helped you the most in High School

- Does your disability hinder your learning? _____ How?

- What is your learning style? _____
- What are your learning strengths? _____
- Did you attend a transition meeting in High School? _____
- What goals were set-up for you?

- Are you working with MRS? _____
- Are you aware of services offered by MRS? _____

***Form should be completed by the student & returned to the Disability Services Office.**

**CYNTHIA WOIDERSKI
SAGINAW VALLEY STATE UNIVERSITY
7400 BAY RD.
UNIVERSITY CENTER, MI 48710
email: disability-services@svsu.edu**