



TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

SECTION A. SERVICE MEMBER INFORMATION

NAME: _____ DOD ID: _____ INSTALLATION: _____

WORK EMAIL: _____ PERSONAL EMAIL: _____

DATE OF SEPARATION: _____ WORK PHONE: _____ CELL PHONE: _____

HOW MANY YEARS OF SERVICE: _____ DOB: _____ AGE: _____ GENDER: _____

SECTION B. DEMOGRAPHICS

Rank: E1-E5 E6-E7 E8-E9 O1-O3 O4-O6 O7-O10 WO1-CWO5

Service Branch: USN USAF USA USMC USCG Reserve Guard

Rate/Designator/MOS/AFSC: _____

Marital Status: Single Married Widowed Divorced Separated Children# _____

Highest Level of Education: GED/HS Associates Bachelors Masters Post-Graduate Doctorate

Concentration: _____

SECTION C. DISCHARGE

Retiring 20+ Years	<input type="radio"/> Yes	<input type="radio"/> No
Medical Retirement	<input type="radio"/> Yes	<input type="radio"/> No
Medical Separation	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Involuntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Administrative Separation	<input type="radio"/> Yes	<input type="radio"/> No
Demobilization	<input type="radio"/> Yes	<input type="radio"/> No

SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Honorable Conditions (General)	<input type="radio"/> Yes	<input type="radio"/> No
Other than Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Bad Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Dishonorable	<input type="radio"/> Yes	<input type="radio"/> No
Dismissed	<input type="radio"/> Yes	<input type="radio"/> No
Uncharacterized	<input type="radio"/> Yes	<input type="radio"/> No
Unknown	<input type="radio"/> Yes	<input type="radio"/> No

SECTION E. PERSONAL GOALS

What are your post-separation short-term goals?

What are your post-separation long-term goals?

SECTION F. FACTORS

FAMILY LIFE AND RELOCATION PLAN:

- 1. Do you plan to relocate after leaving the military? Yes No Unsure
If Yes, where? _____
- 2. Is cost of living higher where you plan to relocate? Yes No Unsure
- 3. Do you anticipate having a support system in place?
e.g., Family, Friends, Mentor, Transportation, Housing Yes No
- 4. Does the thought of leaving the military create stress on you or your family? Yes No

FINANCIAL PLAN:

- 1. Have you initiated projected post transition budget? Yes No N/A
- 2. Are you planning for your retirement? (e.g. TSP, 401K) Yes No N/A
- 3. Have you established a financial emergency plan? Yes No N/A
- 4. Do you have adequate cash set aside in case of emergencies? Yes No N/A
- 5. Have you considered additional expenses? (childcare or child support, commuting, etc.) Yes No N/A
- 6. Have you calculated the impact of renting vs. buying during your transition period? Yes No N/A
- 7. Have you examined your tax status with regard to taxable income? Yes No N/A
- 8. Have you reviewed your vehicle(s) payment, insurance, registration and taxes? Yes No N/A
- 9. Have you assessed your insurance needs? (medical, exceptional family member, dental, life) Yes No N/A
- 10. Have you reviewed your credit report in the last 4 months? Yes No N/A
- 11. Do you have an up-to-date will and/or power of attorney? Yes No N/A

SECTION G. TRACKS

EMPLOYMENT PLAN

- 1. Do you plan to work after leaving the military? Yes No
- 2. Do you have a confirmed job offer? Yes No
- 3. Do you have an updated resume? Yes No
- 4. Do you plan on staying in your current career field? Yes No
- 5. Would you like more information on employment? Yes No

EDUCATION PLAN

- 1. Do you plan to enroll in continuing education or do you have enrollment confirmation? Yes No
- 2. Do you have a professional license(s)/certificate(s)? Yes No
- 3. Would you like more information on education? Yes No

ENTREPRENEURSHIP PLAN

- 1. Do you currently own a business? Yes No
- 2. Do you intend to start your own business after leaving the military? Yes No
- 3. Do you have a business plan? Yes No
- 4. Would you like more information on entrepreneurship? Yes No

VOCATIONAL PLAN

- 1. Have you attended a trade school? Yes No
- 2. Are you enrolled in or plan to enroll in an apprenticeship program? Yes No
- 3. Do you have a technical or trade license(s)/certification(s)? Yes No
- 4. Would you like more information on trades? Yes No