



Staff Use Only:



Tap Tool



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Registered for Pre-Sep



eForm

### TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

STAFF ONLY >>> TIER: \_\_\_\_\_ Transition Week: \_\_\_\_\_ Virtual/F2F:

#### 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 Squadron:

Rank:  E1-E5  E6-E7  E8-E9  O1-O3  O4-O6  O7-O10  WO1-CW05

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  Yes  No
- Medical Retirement  Yes  No
- Medical Separation  Yes  No
- Voluntary Separation  Yes  No
- Involuntary Separation  Yes  No
- Administrative Separation  Yes  No
- Demobilization  Yes  No

#### SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

- Honorable  Yes  No
- Honorable Conditions (General)  Yes  No
- Other than Honorable  Yes  No
- Bad Conduct  Yes  No
- Dishonorable  Yes  No
- Dismissed  Yes  No
- Uncharacterized  Yes  No
- Unknown  Yes  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?  Yes  No  Some  
e.g., Family, Friends, Mentor, Transportation, Housing
4. Does the thought of leaving the military create stress on you or your family?  Yes  No  Some
5. Do you have a disability that may impact pursuit of job or school?  Yes  No  Pending
6. Are you comfortable with decision to transition?  Yes  No  Somewhat

FINANCIAL PLAN:

1. Have you initiated projected post transition budget?  Yes  No
2. Are you planning for your retirement? (e.g. TSP, 401K)  Yes  No
3. Have you established a financial emergency plan?  Yes  No
4. Do you have adequate cash set aside in case of emergencies?  Yes  No
5. Have you considered additional expenses? (childcare or child support, commuting, etc.)  Yes  No
6. Have you calculated the impact of renting vs. buying during your transition period?  Yes  No
7. Have you examined your tax status with regard to taxable income?  Yes  No
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
10. Have you reviewed your credit report in the last 4 months?  Yes  No
11. Do you have an up-to-date will and/or power of attorney?  Yes  No
12. Do you have adequate funds to support your lifestyle?  Yes  No  Somewhat

SECTION G. TRACKS

EMPLOYMENT PLAN

1. Do you plan to work after leaving the military?  Yes  No
2. Are you currently applying for employment?  Yes  No
3. Do you have a confirmed job offer?  Yes  No
4. Do you have an updated resume?  Yes  No
5. Do you plan on staying in your current career field?  Yes  No  Somewhat
6. Are you seeking employment in a high demand career field?  Yes  No  Somewhat
7. 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. Are you currently applying for school?  Yes  No
3. Do you have a professional license(s)/certificate(s)?  Yes  No
4. 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

SECTION H. SUPPLEMENTAL INFORMATION		
IN TRAINING/PME STATUS <input type="radio"/> YES <input type="radio"/> NO	<b>FOR ANG/RESERVE ONLY</b> FOR THE BASIS OF THE TRANSITION ASSISTANCE COUNSELING, DID YOU SERVE ON TITLE 10 FOR 180+ DAYS? <input type="radio"/> YES <input type="radio"/> NO	
SECURITY CLEARANCE <input type="radio"/> YES <input type="radio"/> NO	UNIT NAME	
IF PRE-SEPARATION/TRANSITION COUNSELING COMPLETED LESS THAN 365 DAYS FROM ANTICIPATED DATE OF TRANSITION, PLEASE SELECT JUSTIFICATION:		
<input type="radio"/> MISSION REQUIREMENT	<input type="radio"/> PERSONAL REASONS	<input type="radio"/> MEDICAL SEPARATION/DISCHARGE
<input type="radio"/> LEGAL SEPARATION	<input type="radio"/> CHANGE IN CAREER DECISION	<input type="radio"/> OTHER
IF "OTHER" PLEASE PROVIDE A BRIEF EXPLANATION:		
DO YOU THINK YOU WILL HAVE A FAMILY MEMBER/CAREGIVER/LEGAL GUARDIAN/DESIGNEE BE PRESENT DURING PRE-SEPARATION COUNSELING? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A		
ARE YOU ASSIGNED TO A WARRIOR TRANSITION UNIT (WTU)? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU ELECT TO RECEIVE ADDITIONAL INFORMATION REGARDING YOUR IMMIGRATION STATUS AND EXPEDITED CITIZENSHIP APPLICATION? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A		
ARE YOU INTERESTED IN ATTENDING AN ADDITIONAL 2-DAY TRACK? <input type="radio"/> YES <input type="radio"/> NO		
IF YES, SELECT ONE OR MORE FROM THE FOLLOWING:		
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> VOCATIONAL	
<input type="checkbox"/> ENTREPRENEURSHIP	<input type="checkbox"/> EDUCATION	
THE FOLLOWING QUESTIONS APPLY TO YOUR DD FORM 2648:		
DO YOU CONSENT TO ALLOW THIS FORM TO BE SENT TO FEDERAL AGENCIES FOR ADDITIONAL TRANSITION ASSISTANCE POST-SEPARATION? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU CONSENT TO ALLOW THIS FORM TO BE SENT TO FEDERAL AND OTHER AGENCIES WHO LOOK FOR CRITICAL LANGUAGE SKILLS AND/OR OTHER REGIONAL EXPERTISE THAT COULD BE VITAL DURING TIMES OF NEED, CRISIS, AND/OR NATIONAL EMERGENCIES? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU ELECT TO PARTICIPATE IN THE LONG TERM POST-TRANSITION TRACKING STUDY? <input type="radio"/> YES <input type="radio"/> NO		
DO YOU CONSENT TO ALLOW THIS FORM TO BE SENT TO STATE/TERRITORY AGENCIES FOR ADDITIONAL ASSISTANCE POST-SEPARATION? <input type="radio"/> YES <input type="radio"/> NO		
IF YES, DO YOU ALLOW THIS FORM TO BE SENT TO ALL STATES/TERRITORIES OR ONLY SPECIFIC STATES/TERRITORIES? <input type="radio"/> ALL <input type="radio"/> SPECIFY STATE/TERRITORY:		