



# 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