



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-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

e.g., Family, Friends, Mentor, Transportation, Housing

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



TAP Service Member Information



How did you find out about TAP requirements?

Have you previously attended a TAP workshop?

Yes

No

** If yes, please provide dates and location:

Do you have a disability that may impact your pursuit in a job or school?

Yes

No

Pending

Explain:

I have _____ to support my current lifestyle after I transition

No Funds

Limited Funds

Adequate Funds

Explain:

How interested are you in TAP Assistance?

Not Interested

Interested

Very Interested

Explain:

My civilian career path _____ to my AFSC

Does not align

Slightly aligns

Aligns

I am seeking a _____ demand career field. O*NET Resources : www.mynextmove.org

Low

Moderate

High

Explain:

I have already secured post-transition employment (have job offer)

Yes

No

Explain:

Are you planning on continuing your education?

Not currently applying

Currently applying

Secured school

Explain:

I am _____ in attending one of the two day tracks (Employment/Vocational/Education/Entrepreneurship)

Interested

Slightly Interested

Very Interested

Explain:

I am _____ with my decision to transition

Uncomfortable

Somewhat comfortable

Very comfortable

Explain:

I feel that I have _____ network of friends/co-workers/family as I transition

No Support

Some Support

Good Support

I would like to sign up for the following week of TAP:

Option 1

Option 2

I am interested in the two day track for:

Requested date for track: