



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



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: