

Transition Life Planning *Student Questionnaire - High School*

Name _____ Birthdate _____ Year of Graduation _____

School _____ Caseload Teacher _____ Grade _____ Date _____

After completing your education (high school and post secondary), what are your career plans?

What do you need to reach your goal?

INSTRUCTION

1. Describe your disability.

2. How does it interfere with your learning?

3. What is the easiest way for you to learn?

4. Do you ask for help when needed?

5. What academic classes have you enjoyed?

6. What elective classes have you enjoyed? (examples: ceramics, physical education, etc.)

7. What modifications do you need in your class in order to succeed?

8. Do you want to be more involved in you IEP?

COMMUNITY EXPERIENCES

1. What community services do you use? (examples: library, post office, bank, etc.)

2. What school activities or clubs are you involved in?

3. What other activities do you do?

4. Do you have a driver's license? ☐ Yes ☐ No
Do you need help passing driver's education? ☐ Yes ☐ No

5. Are you aware that at age 18:
You may register to vote? ☐ Yes ☐ No
If you are a male, you must register for the draft? ☐ Yes ☐ No

**TRANSITION LIFE PLANNING
STUDENT QUESTIONNAIRE - HIGH SCHOOL**

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EMPLOYMENT/POST-SECONDARY ADULT LIVING

1. After high school do you want to:

- | | |
|--|---|
| <input type="checkbox"/> Work part-time | <input type="checkbox"/> Go to a trade (technical) school |
| <input type="checkbox"/> Work full-time | <input type="checkbox"/> Go to college |
| <input type="checkbox"/> Work part-time and go to school part-time | <input type="checkbox"/> Other |

2. Do you need more information on:

- | | |
|---|---|
| <input type="checkbox"/> Career awareness | <input type="checkbox"/> OTC |
| <input type="checkbox"/> Job applications | <input type="checkbox"/> Applying to colleges |
| <input type="checkbox"/> Resumes | <input type="checkbox"/> College support programs |
| <input type="checkbox"/> Finding a job | <input type="checkbox"/> Financial aid for school |
| <input type="checkbox"/> Interview skills | <input type="checkbox"/> Financial aid for school |
| <input type="checkbox"/> Work experience programs | <input type="checkbox"/> Information on specific colleges |

3. What part-time jobs have you had? (volunteer or paid)

4. What skills will you need to do the job you are interested in?

5. These are some important skills necessary for getting and holding a job and being successful in school.

Check the ones you need to work on:

- | | |
|---|--|
| <input type="checkbox"/> Following a schedule | <input type="checkbox"/> Being on time |
| <input type="checkbox"/> Starting a task by myself | <input type="checkbox"/> Maintaining good attendance |
| <input type="checkbox"/> Respecting other people and their property | <input type="checkbox"/> Following directions |
| <input type="checkbox"/> Organizing my work | <input type="checkbox"/> Planning study time |
| <input type="checkbox"/> Getting along with others | <input type="checkbox"/> Working to my potential |
| <input type="checkbox"/> Doing work neatly and accurately | <input type="checkbox"/> Finishing a task on time |

6. Where do you see your living five years after you get out of high school?

OTHER

1. What are your dreams or goals?

2. What are your strengths?

3. What are your talents?

4. What are your needs or concerns?
