

**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?

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What do you need to reach your goal?

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**INSTRUCTION**

1. Describe your disability.

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2. How does it interfere with your learning?

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

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4. Do you ask for help when needed?

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5. What academic classes have you enjoyed?

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

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

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

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**COMMUNITY EXPERIENCES**

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

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

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3. What other activities do you do?

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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)

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

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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?

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**OTHER**

1. What are your dreams or goals?

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2. What are your strengths?

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3. What are your talents?

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4. What are your needs or concerns?

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