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 your 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
EMPLOYMENT/POST-SECONDARY ADULT LIVING

1. After high school do you want to:
   - Work part-time
   - Work full-time
   - Work part-time and go to school part-time
   - Go to a trade (technical) school
   - Go to college
   - Other

2. Do you need more information on:
   - Career awareness
   - Job applications
   - Resumes
   - Finding a job
   - Interview skills
   - Work experience programs
   - OTC
   - Applying to colleges
   - College support programs
   - Financial aid for school
   - Financial aid for school
   - 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:
   - Following a schedule
   - Starting a task by myself
   - Respecting other people and their property
   - Organizing my work
   - Getting along with others
   - Doing work neatly and accurately
   - Being on time
   - Maintaining good attendance
   - Following directions
   - Planning study time
   - Working to my potential
   - 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?