*This form is to be completed by the student, with parents or teachers assistance, to help focus on your transition from middle to high school and help us prepare you in your transition planning*.

**Date of Completion:**

**Student Name: Date of Birth:**

**Parent/Guardian Name:**

**Respondent Name (if different from parent):**

**Address:**

**Phone Number:**

**School: Grade: Anticipated Exit Date:**

This survey addresses what your needs may be when you finish high school. This information will help your teachers in deciding how to help you successfully transition from high school.

(If the student has limited verbal skills, the respondent should answer these questions based on their understanding of the student’s needs.)

**School**

Check the choices for the type of classes/training you intend to enroll in:

I plan to:

 Enroll in career/vocational/technical classes

 Participate in (circle all that apply) Work Based Learning, ROTC, other

 Enroll in college-prep courses

 Graduate on time

 Participate in CBI and/or CBVI during school

What kind of help do you need at school to be successful?

Are you participating in any extra-curricular/after-school activities? Yes No

If yes, please describe:

**Post Secondary Education or Training**

Here is a list of several choices when you leave school. Check the ones you have interest in when you graduate.

 I would like to work full-time part-time

 I think I will need further job skills training before I can work

 Vocational training

 College courses

 I think I will need some support on the job (Supported employment or training center)

 I plan to enlist in the Military (which branch)

 I would like to attend a technical school (name)

 I would like to attend community college or a university (name)

What kind of help, if any, do you think you will need to go to college?

 Financial Aid help preparing for the ACT/SAT completing applications

 Transportation study skills help other \_

 Volunteer services

 Other (please explain)

 Unsure

**Vocational Training**

Please answer the following questions:

What kind of jobs do you think you would enjoy/find interesting?

What kind of work do you think you would not enjoy/find interesting?

I would like to work:

 Alone Around many people In a quiet place In a noisy place with a lot going on

 In a place that provides on the job training

 In a job that is always changing and has a lot to do

 Where I know what is expected of me each day

 With my hands, building or making things with computers

\_\_\_\_ With people with children

 With animals outdoors indoors other

**Post-School Living Arrangements**

When I finish high school, I plan to live:

 With parents or other relatives indefinitely

 With parents or other relatives for a while but eventually on my own

 In my own apartment/home or similar arrangement with roommate(s)

 In a college dorm while in school then, one of the above

 In an assisted living home, such as a group home

 Not sure at this time

**Transportation**

After high school, I plan to:

 Drive myself to work and other activities

 Already have a license

 plan to get m license soon (date: )

 I have a car of my own

 I have access to a family car as needed

 I don’t have a car or access to one but I plan to buy one of my own

 Will carpool with co-workers or friends

 will use public transportation

 Will walk unsupervised to work/activities

 will need transportation to all activities

**Independent Living Skills**

I think I need more training/information about:

 Personal care (grooming, dress, hygiene)

 Money management (banking, purchases, budgeting)

 Cooking/meal planning

 Household maintenance

 Personal health care and accessing medical assistance, health insurance

 Communication skills

 Personal safety

 Using community organizations and recreational activities

 Maintaining friendships and personal relationships

 Job skills (interviewing, job applications, job placement)

 Time management, study skills, college entrance exam preparation

 Personal counseling (Such as anger management, guidance counseling, mental health issues)

 Other (please specify)

**Recreation and Leisure Activities**

Check the activities you like to do:

**Activity Alone With Family With Friends**

 Attend concerts, movies, plays

 Attend sporting events

 Play sports (specify: )

 Use computer, play video games

 Play informal games

 Go fishing, hunting

 Watch TV or movies at home

 Listen to music

 Other:

 Other:

 Other:

What kind of help, if any, do you think you may need to participate in the things you enjoy doing in your free time?

**THANK YOU!!**

*Please return form to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_* *School:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_