**Transition Survey for**

**Middle School Students**

***Name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Grade \_\_\_\_\_\_\_ Age*** \_\_\_\_\_\_\_ ***School*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Spec Educ Program*** \_\_\_\_LS \_\_\_\_LSS \_\_\_\_ AS \_\_\_\_ES \_\_\_\_MDE

*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*.

TELL US ABOUT **YOURSELF!**

1. What do you like to do in your free time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What are your favorite classes? 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you attend your IEP meetings? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ What is an IEP?
3. What do you know about your disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What are three **things you do well**?
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What are three things you **would like to do better**?
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELL US ABOUT YOUR**GOALS!**

1. What are your **career goal(s)** or what kind of work would you like to do *after*high school?

**1st** Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2nd** Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **3rd** Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you completed any **transition assessments** (Aviator, Career Survey, Self-Directed Search, CAPS/COPS/COPES, etc) that revealed your interests or abilities? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

*Teacher/Counselor*: Please list assessments completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What do you plan to do *after* high school? *(Please check all that apply)*

\_\_\_ Go to College

\_\_\_ Get a job

\_\_\_ Stay at home with family

\_\_\_ Live on your own or with friends

\_\_\_ Live on your own with agency support

NOTES:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELL US ABOUT YOUR PLANS FOR **COLLEGE AND TRAINING**!

1. If you would like **further training** after high school, what type of training program would you like to attend?

\_\_\_ Two Year College (CCAC)

\_\_\_ Four Year College

\_\_\_ CCAC North Vocational Program (Janitorial, Nurse Aide, Food Service, Grounds Maintenance)

\_\_\_ Trade or Technical School

\_\_\_ Short-term education or employment training program

\_\_\_ Licensing program (Nursing, Cosmetology, etc)

\_\_\_ On-the-Job Training

\_\_\_ Apprenticeship program

\_\_\_ Adult Training Facility

\_\_\_ Other training program - please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Would you like more help exploring these training programs?*  \_\_\_Yes \_\_\_ No

1. Please answer the following questions related to **post-secondary training**:

Are you failing any classes? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

If y*es*, which classes are you failing? 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do your grade point average? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

Do you know about the Pittsburgh Promise? \_\_\_ Yes \_\_\_ No \_\_\_ I need help

Do you have good attendance? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

TELL US ABOUT YOUR WORK EXPERIENCE AND PLANS FOR **EMPLOYMENT**!

1. If you plan to work after you graduate, what type of **employment** would you like to have?

\_\_\_ Full-time (at least 40 hours/week) (Competitive Employment – at least minimum wage)

\_\_\_ Part-time (less than 40 hours/week) (Competitive Employment – at least minimum wage)

\_\_\_ Full or Part time with some support (Competitive Employment with support – at least minimum wage)

\_\_\_ Employment with on-going support on the worksite (Sheltered employment)

\_\_\_ Military (Army, Navy, Air Force, Marines)

*Would you like more help exploring these employment options?* \_\_\_Yes \_\_\_ No

1. Do you have any **work** or **volunteer** experience? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please answer the following questions related to employment:

Do you know how to look for a job? \_\_\_ Yes \_\_\_ No \_\_\_ I need help

Do you know how to fill out a job application? \_\_\_ Yes \_\_\_ No \_\_\_ I need help

NOTES:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELL US ABOUT YOU PLANS FOR **INDEPENDENTLY LIVING!**

1. Where do you **plan to live** after graduating from high school?

\_\_\_ At home with parents or relatives

\_\_\_ On your own or with friends

\_\_\_ A dormitory while attending college

\_\_\_ On your own with some support from family/relatives

\_\_\_ On your own with support from agency

1. How do you **travel** in the community?

\_\_\_ PAT bus \_\_\_ drive yourself \_\_\_ ACCESS \_\_\_ walk or ride bike

\_\_\_ Cab/Jitney \_\_\_with family or friends

*Do you need help learning to travel around the City on a PAT bus*? \_\_\_ Yes \_\_\_ No

1. Please answer the following questions:

Do you know your address? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

Do you know your telephone number? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

Do you know your social security number? \_\_\_ Yes \_\_\_ No

Do you know who to contact in case of emergency? \_\_\_ Yes \_\_\_ No

Do you have a Pennsylvania Photo ID? \_\_\_ Yes \_\_\_ No

Are you currently taking medication? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

1. What do you like to do in your free time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELL US ABOUT ANY **SUPPORTS AND SERVICES** YOU MAY BE RECEIVING!

1. Are you receiving any of the following supports or services?
2. Speech/Language \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
3. Vision/Hearing \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
4. Occupational Therapy \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
5. Children, Youth & Families \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
6. OVR \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
7. Supports Coordination *(Family Links, Staunton Clinic, Mon Valley, etc)* \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
8. Counseling *(Mercy Behavioral Health, Western Psych, etc.)*  \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure
9. Social Security Benefits (SSI or SSDI)? \_\_\_ Yes \_\_\_ No \_\_\_ I’m not sure

Do you have any other ***questions*** or ***concerns*** about planning for your life after high school? \_\_\_ Yes \_\_\_No

If *yes*, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**THANK YOU!!**

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