

COMPREHENSIVE HIGH SCHOOL TRANSITION SURVEY

TRANSITION ASSESSMENT/INTERESTS, PREFERENCES, STRENGTHS & NEEDS

Full Name: _____ Birthdate: ____ / ____ / ____ Age: _____

Address: _____

Phone #: _____ Cell #: _____ Goal Area(s): _____

Parent/Guardian Name: _____ Work #: _____

JOBS & JOB TRAINING

FUTURE ADULT GOAL: After high school, the kind of job I would like to have is:
(List some careers that you are interested in)

Circle the paid or unpaid jobs that you have had:

Farm work Babysitting Housecleaning Lawn Mowing
Odd Jobs Other (List):

Which was your favorite? _____

Why? _____

Which was your least favorite? _____

Why? _____

Do you currently have a job? **YES / NO**

Where do you work? _____

What are your responsibilities? _____

Circle the items that best describe what you like in a workplace:

Part-time Full Time Indoor Outdoor
Active & Physical Sit down Near Home Big city
Large business Small business Being with people Working Alone
Work for someone Own your own business Enjoy my work Money is most important
Working with hands Working with pen & paper Use Technology Not using technology

After you graduate from high school, will you get a job and work right away? **YES / NO**

Would your disability affect your job? **YES / NO**

If yes, how? _____

Do you have an up-to-date resume? **YES / NO**

Have you participated in an interview? **YES / NO**

Where? _____

Have you filled out a job application? **YES / NO**

For what company? _____

Do you willingly follow directions? **YES / NO**

Do you follow through on directions given at home? **YES / NO**

Circle your job-related strengths (things you are good at) and put an "X" on your job-related weaknesses (areas you need to improve):

Getting along with peers your own age

Getting to work/school on time

Getting along with older people/adults

Keeping focused on assignments

Making eye contact

Willing to ask questions

Listening carefully when others speak

Treating others with respect

Completing your basic education

Accepting help from others

Standing up for your rights

Keeping your cool when frustrated

Dealing with personal or family problems

Feeling confident

Finishing your work with reminders

Using time wisely

Figuring out the next thing to do

Grooming /Hygiene

Changing from one job/task to the next

Keeping a positive attitude

Circle the volunteer work you have done in your community:

Clean ditches

Work at church

Teach Sunday school

Child care

Girl Scouts

Boy Scouts

Other: _____

Do you independently get ready for school? **YES / NO**

Do you get to school on time? **YES / NO**

Do you start tasks on your own without being told? **YES / NO**

Do you have good school attendance? **YES / NO**

Do you usually make an effort to do your best? **YES / NO**

Do you use a calendar or planner to organize yourself? **YES / NO**

Do you shove or push in the hallway? **YES / NO**

Do you give your friends "put downs"? **YES / NO**

Do you use your time in class to work on assignments? **YES / NO**

Do you cooperate with others when working on projects? **YES / NO**

Are you organized at school? **YES / NO**

POST SECONDARY EDUCATION & TRAINING

FUTURE ADULT GOAL: After high school, I would like to:

Do nothing

Join the military

Unsure

Get a full-time job

2 year technical college: where? _____ 4 year college: where? _____

Circle the things in school that are difficult for you:

Students

Teachers

Lunch time

Attendance

Focusing

Bus

Rides

Activities

Tardiness

Homework

Which classes are the most difficult for you? _____

Why are they hard for you? _____

Which classes are the easiest for you? _____

Why are they easy for you? _____

Do you cooperate with others when working on projects? **YES / NO**

Circle the accommodations (help) that you ask your teachers for:

More time to complete tasks

Help with reading

Use of a calculator

Modified tests

Different seat arrangement

Help with spelling

Help taking notes

Shortened tests

Shortened assignments

Other: _____

Circle what could help you to be more successful in school:

Do homework at home

Learn how to study

Read for fun

Quiet/special place to study at home

Review information on my own

Are you currently working to the best of your ability in school? **YES / NO**

How much time do you spend completing homework each night? _____

Do you have good study skills? **YES / NO**

How do you learn the best?

Lecture (hear it)

Visual (see it)

Doing things w/your hands

What are your responsibilities? _____

How do you plan to **pay** for college or training after high school?

Parents

Yourself

Loans

Scholarships

What does **IEP** stand for? _____

Who can you get a copy of your **IEP** from? _____

Circle the following things that you need help with:

- Reading:** Fill in the blank questions Essay questions Short books
Homework instructions Restaurant menus Novels
Newspaper headlines Cooking directions Textbooks
True/False questions Magazine or newspaper articles
Recognizing words Understanding what you have read
- Writing:** Short answers on tests Essay answers on tests Spelling
Punctuation Letter to a friend Directions to someplace
Phone message Paper for a class
Job application Grocery list
- Math:** Adding Subtracting Multiplying
Dividing Exact measurement Fractions
Using a calculator Figuring length of trips Decimals
Making change Developing a budget

My level of **motivation to succeed** in school is: _____ High _____ Medium _____ Low

COMMUNITY PARTICIPATION

FUTURE ADULT GOAL: After high school, I would like to participate in the following:
(Circle all that you might do)

- Church Group Volunteer Fire Department Rescue Squad
Club Plays Concerts
Sports: Bowling Volleyball Softball Basketball Swimming
Others: _____

- Have you taken your Permit test? **YES / NO** Did you pass? **YES / NO**
Have you taken Driver's Education? **YES / NO**
Do you have a Driver's License or an ID Card? **YES / NO**
Do you have a savings account? **YES / NO** A checking account? **YES / NO**
Do you have a debit or credit card? **YES / NO**

Circle the places you go regularly in your community:

Work	Bowling	Library	Movie
Grocery shopping	Pool	Health club	Post Office
Laundromat	Parks	Mall	Plays
Museums	Concerts	Church	Sporting events
Court house	Job service	Dentist	Doctor
Community Ed. & Rec.	Boy Scouts	Girl Scouts	FFA
4-H	Other: _____		

Circle all the modes of transportation you use to get around in the community:

Parents/relatives car	Drive self	Walk	Bike
Car-pooling with friends	Friends car	Taxi	Bus

Circle the appointments that you make yourself:

Hair	Doctor	Dentist	Other: _____	None
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Do you keep appointments that you or someone makes for you? **YES / NO**

If you can't make it to an appointment, do you call and let them know? **YES / NO**

Do you know the names/phone numbers for all your appointments? **YES / NO**

RECREATION & LEISURE

FUTURE ADULT GOAL: After high school, in my free time, I would like to:

List your hobbies? _____

Do you enjoy reading for fun? **YES / NO** Circle the things you enjoy reading:

Newspaper	Magazine	Novel Books
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Where did you go and what did you do on your last vacation? _____

Have you helped plan a vacation? **YES / NO** If yes, where? _____

What do you like to do when you have free time alone? _____

What do you like to do when you have free time with friends? _____

What do you like to do when you have free time with family? _____

Circle the places you go for fun:

Mall	Out to eat (restaurants)	Movies	Gym
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Sporting events Other: _____

List the sports you enjoy watching: _____

Do you exercise regularly? **YES / NO** What do you do? _____

Circle the activities that you enjoy participating in:

Walking	Rollerblading	Volleyball	Gardening	Playing an instrument
Construction	Hunting	Fishing	Swimming	Being with animals
Biking	Hiking	4-Wheeling	Bowling	Listening to music
Boating	Baseball	Concerts	Playing cards	Writing letters
Sewing	Shopping	Crafts	Camping	Canoeing
Riding a horse	Lifting weights	Skiing	Movies	Watching videos
Car racing	Fixing cars	Reading	Running	

Circle the school extracurricular activities that you currently participate in:

Plays Yearbook Band/Vocal Sports Drill Team School clubs

Name two people you consider as very close friends _____ , _____

Name two people you consider as friends _____ , _____

Name two people you consider as acquaintances _____ , _____

What do you when you get home from school? _____

What do you do on the weekends? _____

Have you ever taken a trip somewhere in the state? **YES / NO** If yes, where? _____

Have you ever taken a trip to another state? **YES / NO** If yes, where? _____

Have you ever taken a trip to another country? **YES / NO** If yes, where? _____

INDEPENDENT LIVING SKILLS

FUTURE ADULT GOAL: After high school, I would like to live:

At home	In a house	Apartment	College dormitory
In a big city	In the country	In a town	With relatives
With friends	Alone	Group home	

Underline the chores you know how to do and circle the ones you do regularly:

Cook	Dust	Dishes (by hand or dishwasher)	Vacuum	Take out garbage
Garden	Sweep	Wash, fold or put away clothes	Shovel snow	Mow the lawn
Grocery shop		Make your bed	Clean bedroom	Clean bathroom
Wash windows		Rake leaves	Shovel snow	

If you had to make breakfast for your family, what would it be? _____

If you had to make lunch for your family, what would it be? _____

If you had to make supper for your family, what would it be? _____

Do you eat well balanced, healthy meals each day? **YES / NO**

Do you limit the amount of junk food you eat? **YES / NO**

Do you maintain your weight at a good level? **YES / NO**

Can you use basic tools to fix things around the house? **YES / NO**

Can you independently take medication according to the label? **YES / NO**

List any major medical problems that you have: _____

What time do you usually go to bed? _____ Get up? _____

Are you tired in school? **YES / NO**

Do you get yourself up in the morning? **YES / NO**

Do you have good personal grooming and hygiene habits? **YES / NO**

Do you have good health habits (avoid tobacco, alcohol, drugs, etc.)? **YES / NO**