

# 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 |
|------|--------|---------|--------------|------|

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 |
|-----------|----------|-------------|

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 |
|------|--------------------------|--------|-----|

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**