

12m

COMPREHENSIVE HIGH SCHOOL TRANSITION SURVEY

TRANSITION ASSESSMENT/INTERESTS, PREFERENCES, STRENGTHS & NEEDS

Full Name: _____ Birthdate: _____

Age: _____

Address: _____

Phone # _____

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 None

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 Near home Money Outdoor Full-time Sit down
Active & Physical Indoor Working with people Working independently

Large business

Small business

Work for someone

Working with hands

Working with pen & paper

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

Would your disability affect your job? YES / NO

How? _____

Do you have a 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 (problems):

Kids your own age

Get to work/school on time

Older people/adults

Keep mind on assignments

Making eye contact

Able to ask questions

Listening carefully when others speak

Treating others with respect

Accepting help

Finish work with reminders

Using time wisely

Figure out the next thing to do

Attitude

Change from one job to the next

List the volunteer work you have done in your community:

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 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:

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? _____

How do you learn the best? Lecture (hear it) Visual (see it) Doing things w/your hands

What does IEP stand for? _____

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

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

Do you have a Driver's License? YES / NO

Do you have a savings account? YES / NO A checking account? YES / NO

Do you have a 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 Other:

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

Parents/relatives Drive self Walk Bike

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

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 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?

List the activities that you enjoy participating in:

List the school extracurricular activities that you currently participate in:

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 do when you get home from school?

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

Rake leaves Make your bed Clean bedroom Clean bathroom

Wash windows Grocery shop

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

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