Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Please check these as the student/ parent completes** |
| --- |
| \_\_Social Security Card \_\_\_ Driver’s License/I.D. \_\_\_Checking/Savings Account\_\_\_Birth Certificate \_\_\_ Guardianship \_\_\_ Register to Vote \_\_\_Register for Draft |

**The following questions will be used to assist in transition planning activities and to determine post-school goals.**

1. Where do you want to live after you graduate? **Circle your answer.**

   

 Apartment Supervised Living Family Roommate

2. How will you continue learning after graduation? **Circle your answer.**

   

Leisure studies Job Training Volunteer



3. Do you want a job while in high school?

 

 Yes No

4. What kind of job do you want while in high school? **Circle your answer.**

    



5. What kind of job would like to know more about? **Circle your answer.**

   

 Grocery Office Automotive Medical

  

 Daycare Retail Cleaning



 6. What type of work schedule do you want? **Circle your answer.**

   

 Full time Part time Volunteer Seasonal



 7. What chores/jobs do you do at home? **Circle your answer.**

    

 Cooking Shopping Laundry Cleaning Yard Work



8. What are your strengths? **Circle your answer.**

   

 Patient Hard worker On Time Follow Directions



9. What are your weaknesses? **Circle your answer.**

   

 Attention Lateness Talkative Organization

10. Are there any areas of your personal life you are having difficulty with? **Circle your answer.**

    

 Motivation Peer relationships Drugs/ alcohol Family conflicts

  

School difficulties Behavior Hygiene



11. What kind of transportation will you use after graduation? **Circle your answer.**

   

 Family member Taxi Public Transportation

  

 Drive myself Bike Walk

12. What are your hobbies or free time activities? **Circle your answer.**

   

Photography Exercise/Sports Crafts Animals

   

Building things Computers Games Cooking



13. Which of the following are necessary for you to function independently in your community. **Circle your answer.**

    

Communication Device Technology Doctor/Therapies Transportation

    

 Advocate Parent Job Home