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. What skills do you have to maintain your living space? **Circle your answer.**

  

Cleaning Maintenance Yard work

  

 Job Shopping

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

   

Leisure studies Job Training Volunteer





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

   



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

   

 Grocery Office Automotive Medical

   

 Daycare Retail Cleaning Restaurant

6. What kind of work-related skills do you need for your career after graduation?

   

problem solving technology writing machine operations

   

Automotive Social Carpentry Communication

   

Electrician Cashier Teamwork Interpersonal

   

 Leadership Driving Reading Decision Making

   

Organizational Cosmetology Barbering Bakery

Record Keeping

7. What kind of job would you like after graduation? **Circle your answer.**

   

 Grocery Office Automotive Medical

   

 Daycare Retail Cleaning Hair Salon

  

 Restaurant Cosmetology Technology



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

   

 Full time Part time Volunteer Seasonal

   Night  Weekdays Weekends

9. What type of pay and benefits do you want from your future job?

  

 Money Health Insurance Dental

 

Retirement Vacation



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

    

 Cooking Shopping Laundry Cleaning Yard Work



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

   

 Patient Hard worker On Time Follow Directions



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

   

 Attention Lateness Talkative Organization



13. What choices do you make now? **Circle your answer.**

  

 Clothing Food Bedtime

  

 Social Classes Jobs



14. What choices are made for you that you want to take charge of? **Circle your answer.**

   

 Clothing Food Bedtime Interests

  

 Social Classes Jobs

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

   

 Family member Taxi Public Transportation

  

 Drive myself Bike Walk



16. Have you taken driver’s education? **Check your answer.**

 

 Yes No



17. What do you do for fun now? What are your leisure interests? **Circle your answer.**

   

Photography Exercise/Sports Crafts Animals

   

Building things Computers Games Cooking



18. Who do you spend your free time with?

   

Friends Family Coworkers Neighbors



19. What do you know about managing money after graduation? **Circle your answer.**

**   **

Bank Account Saving money Spending wisely Paying bills