

## 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 along with older people/adults

Making eye contact

Listening carefully when others speak

Completing your basic education

Standing up for your rights

Dealing with personal or family problems

Finishing your work with reminders

Figuring out the next thing to do

Changing from one job/task to the next

Getting to work/school on time

Keeping focused on assignments

Willing to ask questions

Treating others with respect

Accepting help from others

Keeping your cool when frustrated

Feeling confident

Using time wisely

Grooming /Hygiene

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



What does IEP stand for? \_\_\_\_\_

Who can you get a copy of your IEP from? \_\_\_\_\_

**Circle the following things that you need help with:**

- |                 |                             |                                  |                         |
|-----------------|-----------------------------|----------------------------------|-------------------------|
| <b>Reading:</b> | 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 |                         |
| <b>Writing:</b> | 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                     |                         |
| <b>Math:</b>    | 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**

Have you ever stayed at home alone? **YES / NO**

Have you ever spent the night away from home? **YES / NO**