

# Student Transition Survey

Transition surveys are a useful way to share information about your adult life goals and plans with your IEP team at school. This survey should be completed when you enter high school and again before you exit high school (e.g. freshman and junior years). Your parent or guardian is also asked to complete a similar survey at the same times you are asked to complete one. Your teacher may modify this survey for you, if needed.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Expected Exit Year: \_\_\_\_\_

## Post-Secondary Education and Training

1. Do you plan to finish high school with a: High School Diploma    Certificate of completion    GED
2. Do you plan to exit school: At the end of your senior year    Stay through your 22nd birthday
3. What subjects/classes interest you the most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will you be pursuing a 2 or 4 year college degree or vocational training immediately after high school?  
Yes    No    Not Sure

If Yes, indicate choice:

College/University    Apprenticeship    Vocational/Tech. Ed    Military

Other: \_\_\_\_\_

5. What are your strengths/abilities that will help you to achieve your educational goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you think you will need assistance in achieving your educational goals?    Yes    No  
If yes, please describe how: \_\_\_\_\_  
\_\_\_\_\_

## Career/Vocational Education Experiences

1. When you finish school, what would you like to be doing in regards to employment?  
Full Time Employment                      Part Time Employment                      Apprenticeship/ Internships  
Not Applicable (Continuing Education/Training)                      Volunteerism  
Other: \_\_\_\_\_

2. What Career/Job area are you most interested in at this time? (May refer to career interest survey)  
Office/Clerical Work                      Business/Sales                      Science/Technology  
Hands-on Trades                      Healthcare/Human Services                      Art/Media/Culinary  
Other (Specify): \_\_\_\_\_

*Career/Vocational Education Experiences – continued*

3. What kind of support do you think you will need to obtain and maintain employment?

Assistive Technology    Job Coaching    Interview Skills    Applying for Jobs    Learning Transportation  
Job Modifications or Accommodations    Obtaining a Driver’s License

Other: \_\_\_\_\_

4. Which forms of transportation are you interested in accessing?

Private Vehicle    Public Transportation (bus/train)    Para-Transit (bus)

Cab    Other: \_\_\_\_\_

5. Have you had job training or work experience in high school?    Yes    No

If Yes, describe In-School Jobs (If Applicable): \_\_\_\_\_

\_\_\_\_\_

If Yes, describe Community Job Training Sites (If Applicable): \_\_\_\_\_

\_\_\_\_\_

6. Do you currently have a paying job?    Yes    No

If No, what is the main reason?    Under age 16    No Time

No transportation    Not interested in working right now    Have looked, but have not been hired

Other: \_\_\_\_\_

If Yes, where are you working? \_\_\_\_\_

Do you expect this job to continue after high school?    Yes    No    Unsure

7. Have you had any other paying jobs?    Yes    No

If Yes, where did you work and what did you do there? \_\_\_\_\_

\_\_\_\_\_

8. Did anyone help you find your current job?    Yes    No

If Yes, who helped and how did they help? \_\_\_\_\_

\_\_\_\_\_

9. How many hours are you typically scheduled to work each week? \_\_\_\_\_

10. What is your hourly pay? \_\_\_\_\_

11. What fringe benefits or perks (if any) do you get?

None    Medical Ins.    Dental Ins.    Paid sick days    Vacation    Vision Ins.    I don’t know

Other: \_\_\_\_\_

## Personal Care / Independent Living

1. Where would you like to live after high school?

In your own place (independent)

In your own place with support (from family or others)

At Home/With Family

College Dormitory

Military Base

Group Home

Not Sure

Other: \_\_\_\_\_

2. Do you need instructions or assistance in any of the following?

Purchasing food, clothing, etc.    Clothing care    Food preparation

Home maintenance    Telephone skills

Other: \_\_\_\_\_

\_\_\_\_\_

3. What are your strengths that will help you achieve your personal care / independent living goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you think you will need assistance with personal care / living goals?

Yes    No

If Yes, describe the assistance you will need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Recreation / Social / Leisure

1. What are your primary recreation and social activities and interests?

Hobbies (e.g., music, games, gardening)

Outdoor activities

Movies

Shopping

Fitness-related activities

Creative Arts/Performing

Attend sports, concerts, plays

Participating in sports

Hanging out with friends

Club/Scouting activities

Church/Religious activities

Reading, going to the library

Other: \_\_\_\_\_

2. What are your strengths that will help you in achieving your recreation and social goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What assistance do you think you will need in achieving your recreation and social goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any additional information you think would be helpful in planning for your transition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_