

# Student Transition Questionnaire

**Student's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check the boxes or fill in the blanks for the following questions. This will give us an idea of what you are interested in doing after you graduate. It will also help your teachers work with you and your parents/guardians to plan your Individual Education Plan (IEP) and Transition Plan to help you meet your goals.

What type of job or career are you interested in doing after you graduate?

\_\_\_\_\_

First choice                      Second Choice                      Third Choice

What jobs or careers would you like to know more about?

\_\_\_\_\_

Please list any jobs or careers that you would **NOT** like.

\_\_\_\_\_

Do you want to work full time or part time?     Full time     Part time

Do you plan to get a driver's license?    Yes    No

Do you already have a driver's license?    Yes    No

How will you get to work?

<input type="checkbox"/> My own car	<input type="checkbox"/> Car pool
<input type="checkbox"/> Family car	<input type="checkbox"/> Public transportation
<input type="checkbox"/> Parent/guardian will drive me	<input type="checkbox"/> Pay others for transportation

Check what you would like to do after high school.

<input type="checkbox"/> College, 4 year	<input type="checkbox"/> Supported Employment (Job Coach)
<input type="checkbox"/> College, 2 year	<input type="checkbox"/> Day Program/Day Habilitation
<input type="checkbox"/> Career/Technical College	<input type="checkbox"/> Volunteer Work
<input type="checkbox"/> Competitive Employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Other:
<input type="checkbox"/> Adult Education Classes	
<input type="checkbox"/> Military Service	

Check the items that you have.

<input type="checkbox"/> Social security card	<input type="checkbox"/> Selective service registration (male, age 18)
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Checking or savings account
<input type="checkbox"/> State of Georgia ID	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Auto insurance

Where do you want to live after graduation?

<input type="checkbox"/> My own apartment or house	<input type="checkbox"/> Assisted living (group home)
<input type="checkbox"/> Dormitory	<input type="checkbox"/> Living arrangements are not a concern at this time
<input type="checkbox"/> Continue to live with my family	<input type="checkbox"/> Other:
<input type="checkbox"/> Supported living (own place with supports for areas of need)	

Please check any services that you feel you need more information about.

	Interest Inventories		Career/ Tech Education
	In-School Job Placement		Vocational Rehabilitation
	Community Work Experience		College Entrance Exams (SAT, ACT)
	Summer Jobs		
	Job Shadowing		Guidance Counseling
	Transportation and Drivers Education		Assistance completing applications
	Consumer Sciences/ Home Economics		Training in handling emergencies
	Money Management Training		First Aid training
	Time Management		Self –Advocacy training
	Interviewing/Job Skills		Community Awareness Activities
	Speech Services		Managing my health care
	Audiologist Services		Insurance and benefits
	Accommodations and Technology		Recreational Activities
	Study Skills Courses		
	Anger Management		
	Goal Setting		

What would you like us to know about you and your future plans?

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How can we help you be successful after graduation?

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What do you do for fun? What type of hobbies do you have?

	Arts and crafts		Sports		Going out with friends
	Collections		Watching TV		Bowling
	Music		Shopping		Swimming
	Video games		Skating		Other:
	Computer		Cooking		
	Bicycling		Reading		
	Fishing/hunting		Restaurants		