

Permanent Address: _____

Telephone#: _____

STUDENT TRANSITION SURVEY

This survey is designed to help the school determine what type of education will be needed to help you achieve your goals for life after high school. It will be used to develop a long-range plan (called an Individualized Transition Plan or ITP) which will be discussed at your yearly IEP meeting.

Your FULL Name: _____

Today's Date: _____ Your Date of Birth: _____

Your Age: _____ Year You Expect to Graduate/Exit School: _____

Check One: Diploma **OR** Certification of Completion

1. What kind of work or education do you hope to see yourself doing after leaving school?

Check ALL that apply:

Full-time

Part-time

University/College/Community College

Technical School

Vocational training

Competitive employment

Military Service

Run my own business

Other _____

2. Is there a particular kind of work or education in which you are interested? If so, name:

3. Where do you hope to live as an adult?

_____ rent a house/apartment

_____ in a friend's house

_____ in subsidized housing

_____ in my spouse's house

_____ own a house or apartment

_____ with parent/relative

_____ other _____

4. Is there a particular neighborhood, city or locality where you hope to live? Describe:

5. What types of community activities do you hope will be available to you as an adult?
Check all that apply or leave blank if you don't know or don't want to answer:

_____ Membership in organizations and clubs.

Name if possible: _____

_____ Community recreation activities.

Name if possible: _____

_____ Cultural or religious group memberships.

Name if possible: _____

_____ Use of transportation.

Name if possible: _____

_____ Participation in continuing education programs.

Name if possible: _____

_____ Political participation or voting.

Name type of participation if possible: _____

_____ Other. Describe: _____

6. Check any of the following services you feel would be helpful to you in achieving your goals.

A. Career Planning

- Computer programmer training
- Technical school visit
- Employer meeting
- College visit
- Military recruiting office presentation
- Job or career shadowing
- Other

B. Other Transition Services

- Vocational interest / ability assessment
- Assistive tech / adaptive devices (wheelchair, van, Canine Companion)
- Vocational Rehabilitation service
- Job placement service
- Post-secondary education support
- Social support
- Post-employment support
- Medical needs/therapies
- Guardianship
- Advocacy
- Residential services
- Income support
- Other _____

Additional Comments

List anything else you'd like to say: _____
