

COMPREHENSIVE HIGH SCHOOL TRANSITION SURVEY

TRANSITION ASSESSMENT/INTERESTS, PREFERENCES, STRENGTHS & NEEDS

Full Name: _____ Birthdate: ____ / ____ / ____ Age: _____

Address: _____

Phone #: _____ Cell #: _____ Disability: _____

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 | Near home | Money | Outdoor |
| Full-time | Sit down | Active & Physical | Indoor |
| Large business | Small business | Being with people | Alone |
| Work for someone | Working with hands | Money is most important | |
| Own your own business | Working with pen & paper | | |

After I graduate from high school, I will get a job and work right away? **YES / NO**

Would your disability affect your job? **YES / NO**

How? _____

Do you have a 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 (problems):

Kids your own age

Older people/adults

Making eye contact

Listening carefully when others speak

Basic education

Stand up for your rights

Personal or family problems

Finish work with reminders

Figure out the next thing to do

Age

Change from one job to the next

Get to work/school on time

Keep mind on assignments

Able to ask questions

Treating others with respect

Accepting help

Chemical dependency

Confidence

Using time wisely

Grooming

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

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
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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 how to use a pay phone? 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
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Where did you go and what did you do on your last vacation? YES / NO

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
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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 Dances Sports 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 do when you get home from school? _____

What do you do on the weekends? _____

Have you ever taken a trip to another part of NC? 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
Rake leaves	Make your bed	Clean bedroom	Clean bathroom	Shovel snow
Wash windows	Grocery shop			

What does IEP stand for? _____

Who can you get a copy of your IEP from? _____

Circle the following things that you need help with:

- Reading:** 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
- Writing:** 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
- Math:** 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 Driver's Education/Behind the Wheel Training? YES / NO

Have you taken your Permit test? YES / NO Did you pass? YES / NO

Do you have a NC Driver's License or a NC ID Card? YES / NO

Do you have a savings account? YES / NO A checking account? YES / NO

Do you have a credit card? YES / NO

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 have good health habits (avoid tobacco, alcohol, drugs, etc.)? **YES / NO**

Do you have good personal grooming and hygiene habits? **YES / NO**