

TRANSITION NEEDS AND PREFERENCES SURVEY

This survey is designed to help the school determine what type of experiences and education you will need to prepare for life after graduation from high school. It will be used to develop a long-range plan (or transition plan) which will be discussed at the next IEP meeting.

PLEASE ANSWER THE FOLLOWING QUESTIONS BASED ON WHAT YOU KNOW ABOUT YOURSELF (OR THE STUDENT, IF ANSWERED BY A PARENT/GUARDIAN)

STUDENT NAME:	PARENT/GUARDIAN:
STUDENT AGE:	TODAY'S DATE:

1. WHAT KIND OF WORK OR EDUCATION DO YOU HOPE TO SEE YOURSELF IN AFTER GRADUATION FROM HIGH SCHOOL?

Full-Time	Part-Time	
		University or College - academically oriented four-year program
		Community/ Technical Colleges - technical/paraprofessional training
		Adult Vocational Education - advanced job training (e.g., secretary)
		Military Service - Army, Navy, Air Force, Coast Guard, Marines, etc.
		Competitive Employment - a job trained by employer (or job coach)
		Supported Employment - a job with training then support from job coach
		Sheltered Employment - low pay work activities and training
		Other:

2. WHAT AGE DO YOU WANT TO EXIT SCHOOL? 18 19 20 21 22

3. WHAT KINDS OF JOB AND HOBBIES HAVE YOU ENJOYED?

Comments:

4. WHERE DO YOU HOPE TO ULTIMATELY LIVE AS AN ADULT?

	Independently in a home or apartment - generally requires more than minimum-wage
	Independently in subsidized housing - usually requires minimum wage or higher income
	Wheelchair accessible housing - ability to live on own or with personal care attendant
	Supported living - staff assist a few hours per day with cooking, shopping, budgeting etc.
	Group home/foster care - staff provide 24 hour care and help in self-care, health, etc.
	With parents or relatives - sometimes with help of support staff or Medicaid services.
	Other _____

5. IS THERE A NEIGHBORHOOD, CITY, OR LOCALITY YOU HOPE TO LIVE IN?

6. WHAT KINDS OF ACTIVITIES DO YOU HOPE WILL BE AVAILABLE TO YOU AS AN ADULT? (CHECK ALL THAT APPLY)

	Clubs or groups that meet to talk about a common interest (e.g., computers, astronomy) Specify, if possible _____
	Community recreational activities (e.g., YMCA, Community Centers, out with friends) Specify, if possible _____
	Religious and cultural activities (e.g., church, synagogue, temple, study groups) Specify, if possible _____
	Transportation for work and leisure activities (e.g., car, bus, friends, parents, bicycle) Specify type(s) and for what purpose _____
	Continuing education (e.g., computers, cooking, sewing, home repair) Specify, if possible _____
	Political participation (e.g., voting, involvement in political groups) Specify type of participation if possible _____
	Other / Comments:

7. CHECK ANY OF THE FOLLOWING SERVICES THAT YOU FEEL WOULD BE HELPFUL TO YOU IN ACHIEVING YOUR GOALS.

	Interest Inventories (e.g., OASYS)		College Entrance Exam (e.g., SAT)
	In-School Job Placement		Job Shadowing (i.e., observing a job)
	Work Adjustment Training		Guidance Counseling
	Community Work Experience		Vocational Education
	Summer Jobs		College Experience
Other/Comments:			
	Transportation and Driver Education		Training in Handling Emergencies
	Consumer Sciences/Home Economics		Training in Cooking and Nutrition
	Money Management Training		Home Repair and Maintenance Training
	Sewing and Clothing Care Training		First Aid Training
Other/Comments:			
	Speech Services		Occupational Therapy
	Audiology Services		Physical Therapy
	Accommodations and Technology		Self-advocacy training
	Relationships and marriage		Vocational rehabilitation
	Psychology, Social Work, Psychiatry		Community Awareness Activities
Other/Comments:			
Evaluation(s) (Specify Type Needed):			
Are you receiving services from other programs or agencies?			