

HIGH SCHOOL STUDENT TRANSITION SURVEY

Please answer the questions below. Some students may answer independently. Others may require an interview.

Name: _____

Phone Number: _____

Date of Birth: _____

Grade: _____

Address: _____

A. Self Awareness

1. What are your personal strengths?
2. What are some personal aspects you can improve?
3. Do you have any medical/medication needs? If so, please explain... (e.g. epi-pen, insulin, etc..)

B. Educational Interests:

1. What subject(s) do you like best in school?
2. What subject(s) don't you like as well?
3. What classes would you like to take before you graduate from school? (Please list)
4. What other extra-curricular activities are you involved in at school? (sports, clubs, etc...)

C. Volunteer or Paid Work History: (Please list all)

1. What kind of work do you think you would like to do?
2. Have you ever worked for money?

- a. Where?
- b. What did you do?
- c. How did you feel about working?
- d. What was the best part about having a job?
- e. What was the worst part about having a job?

3. Have you ever volunteered?

- a. Where?
- b. What did you do?
- c. How did you feel about volunteering?
- d. What was the best part about volunteering?
- e. What was the worst part about volunteering?

D. Living Skills:

1. Please check how you think you do in each of the areas below:

	I can do this on my own	I can do this with assistance	I cannot do this on my own
Shop for my clothes			
Eat at a restaurant			
Drive a car			
Shop for food			
Eat at a restaurant			
Use buses and subways			
Cook a snack			
Cook a meal			

2. Can you manage money alone? Please check below:

	I can do this on my own	I can do this with assistance helps me	I cannot do this on my own
Can you make change?			
Can you keep a checking account?			
Can you budget a weekly allowance or pay check?			

3. Are you responsible for any special jobs or chores at home? (Please list)

E. Recreation/Leisure Time Activities:

1. What do you do in your free time?

- a. Do you spend most of your time alone or with friends?
- b. What are your hobbies and interests?
- c. What games do you enjoy?

2. What new activities, hobbies, or sports would you like to try?

F. Living Arrangements:

1. Have you ever lived away from home?

- a. If so, where?
- b. How did you feel about it?

2. Where would you like to live when you finish school?

G. Future Plans:

1. What do you plan to do after high school?

College: _____
 Major: _____
 Military Service: _____
 Interest: _____
 Other _____

Employment: _____
 Field: _____
 Vocational School: _____
 Interests: _____