

Grades 7-8 Transition Survey

Who am I? What do I like? What do I dislike? What do I want to do in the future? Think about the following questions and then answer below.

Date: _____

Name: _____

Age: _____

Date of Birth: _____

Grade: _____

Address: _____ Phone number: _____

What classes in school do you like? _____

What classes in school do you dislike? _____

What extra-curricular activities are you involved in at school? (sports, clubs...)

- _____
- _____
- _____

What do you like to do in your free time (hobbies, activities)?

- _____
- _____
- _____

What kind of chores/duties/jobs do you have at home?

- _____
- _____
- _____

What kind of jobs do you have you had?

- _____
- _____
- _____

What kinds of jobs do you like to do? Why? _____

What kinds of jobs do you not like to do? Why? _____

What are your strengths?	What are some areas you could improve?
<ul style="list-style-type: none">• _____• _____• _____	<ul style="list-style-type: none">• _____• _____• _____

Do you have any medical/medication needs? YES NO

Explain: _____

Where do you want to be working after high school? _____

Where will you live after high school? _____

Please check all that apply.

Words that best describe me.	My greatest challenges to work on...
<input type="checkbox"/> Dependable	<input type="checkbox"/> Reading
<input type="checkbox"/> Honest	<input type="checkbox"/> Math
<input type="checkbox"/> Hard-working	<input type="checkbox"/> Remembering
<input type="checkbox"/> Fast Learner	<input type="checkbox"/> Controlling my temper
<input type="checkbox"/> Realistic	<input type="checkbox"/> Finding/asking for help
<input type="checkbox"/> Confident	<input type="checkbox"/> Living on my own
<input type="checkbox"/> Happy	<input type="checkbox"/> Inappropriate behaviors
<input type="checkbox"/> Good Self-esteem	<input type="checkbox"/> Poor self-esteem (down on self)
<input type="checkbox"/> Shy	<input type="checkbox"/> Do not like to be around others
<input type="checkbox"/> Quiet	<input type="checkbox"/> Listening
<input type="checkbox"/> Wants to make others happy	<input type="checkbox"/> Writing/printing
<input type="checkbox"/> Other???	<input type="checkbox"/> Other??

Goals for My Future

Now it's time to set your goals for your future after high school. Please complete the following sentences.

Employment

What kind of job would you like to have? What and who would you like to work with?

The job I would like is _____

I would like to major in _____

Postsecondary Education/Training

Where will you go to school after high school? Technical College, 2 year College, 4 year college, or somewhere else?

I will attend a (circle one)

- Technical college
- 2 year college
- 4 year college
- other

The school I would like to attend is _____

AND/OR

Where will you receive training for the job you want? Will it be on the job? Will the training occur at a training center? Will you have the opportunity to shadow someone else?

I will receive training _____

Independent Living

Where will you live? Will you live in an apartment, your own house, in a group home or somewhere else? Will you live with your family, friend, or someone else? Will you need assistance? What kind?

I will live _____