

**STUDENT SURVEY FOR TRANSITION PLANNING  
PLANS FOR THE FUTURE**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Careers**

What year do you plan to leave high school? \_\_\_\_\_

Which of the following would you like to be doing after leaving high school? Check as many items as you wish.

\_\_\_\_\_ Job

What kind of job? \_\_\_\_\_

What kind of help, if any, will you need to get/keep this job? \_\_\_\_\_

\_\_\_\_\_ Further job training (technical/trade school)

\_\_\_\_\_ Military

\_\_\_\_\_ Community College or University

What kind of help, if any, will you need to go to college? \_\_\_\_\_

\_\_\_\_\_ Homemaker

\_\_\_\_\_ Volunteer services

\_\_\_\_\_ Other \_\_\_\_\_

**Living Arrangements**

Where do you want to live after leaving high school?

	Immediately	Long Term
With parents or relatives	_____	_____

In your own apartment or home	_____	_____
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In a group home	_____	_____
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Other living options – Immediate	_____	Long Term _____
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What type of help, if any, will you need to live in these environments? \_\_\_\_\_

**Community Living and Transportation**

How will you travel to your job or school? \_\_\_\_\_

How will you travel to community activities? \_\_\_\_\_

Where will you get the money to live in the community? \_\_\_\_\_

**Recreation, Leisure and Social Activities**

What do you like to do in your free time?

When alone: \_\_\_\_\_

With a group (e.g., family, church, school): \_\_\_\_\_

Community (e.g., movies, shopping, eating out): \_\_\_\_\_

What kind of help, if any, will you need to participate in social and recreational activities?

\_\_\_\_\_

**School Program**

Are you getting vocational training in real work setting? Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of work would you like to be doing during the next school year?

\_\_\_\_\_

Are you receiving instruction outside of school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the type of instruction \_\_\_\_\_

What do you need to know to help you live more independently in the community?

\_\_\_\_\_

What kind of help do you need at school to be successful? \_\_\_\_\_

Are you participating in extra-curricular/after-school activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the activities \_\_\_\_\_

**Agency Involvement**

Check all the services that you think you need now and in the future to be successful in the community. Check as many services as necessary:

	Now	Future
Job training/support	_____	_____
Income support	_____	_____
Medical services	_____	_____
Transportation	_____	_____
Community skills training	_____	_____

Other services – Now \_\_\_\_\_ Future \_\_\_\_\_

Student Signature: \_\_\_\_\_