

# 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)

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### 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? \_\_\_\_\_

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### 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**

## POST SECONDARY EDUCATION & TRAINING

FUTURE ADULT GOAL: After high school, I would like to:

Do nothing

Join the military

Unsure

Get a full-time job

2 year technical college: where? \_\_\_\_\_ 4 year college: where? \_\_\_\_\_

### Circle the things in school that are difficult for you:

Students

Teachers

Lunch time

Attendance

Bus

Rides

Activities

Tardiness

Which classes are the most difficult for you? \_\_\_\_\_

Why are they hard for you? \_\_\_\_\_

Which classes are the easiest for you? \_\_\_\_\_

Why are they easy for you? \_\_\_\_\_

Do you cooperate with others when working on projects? **YES / NO**

### Circle the accommodations (help) that you ask your teachers for:

More time to complete tasks

Help with reading

Use of a calculator

Modified tests

Different seat arrangement

Help with spelling

Help taking notes

Shortened tests

Shortened assignments

Other: \_\_\_\_\_

### Circle what could help you to be more successful in school:

Do homework at home

Learn how to study

Read for fun

Quiet/special place to study at home

Review information on my own

Are you currently working to the best of your ability in school? **YES / NO**

How much time do you spend completing homework each night? \_\_\_\_\_

Do you have good study skills? **YES / NO**

How do you learn the best?

Lecture (hear it)

Visual (see it)

Doing things w/your hands

What are your responsibilities? \_\_\_\_\_

How do you plan to **pay** for college or training after high school?

Parents

Yourself

Loans

Scholarships

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**

**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:

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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  |                                |                |                  |

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**