

Transition Survey for Students

Name _____ Grade ____ Age ____ School _____ Date _____

Please complete this form to help you focus on your transition from high school to adult life and help us prepare you in your transition planning.

TELL US ABOUT YOURSELF!

1. What are your interests? _____
2. What are three **things you do well**?
 - 1) _____
 - 2) _____
 - 3) _____
3. What are three things you **would like to do better**?
 - 1) _____
 - 2) _____
 - 3) _____

TELL US ABOUT YOUR GOALS!

4. What are your **career goal(s)** or what kind of work would you like to do *after* high school?
 - 1st Choice _____
 - 2nd Choice _____
 - 3rd Choice _____
5. What do you plan to do *after* high school? (*Please check all that apply*)
 - Go to College
 - Get a job
 - Stay at home with family
 - Live on your own or with friends
 - Live on your own with agency support
6. If you would like **further training** after high school, what type of training program would you like to attend?
 - Two Year College (CCAC)
 - Four Year College
 - CCAC North Vocational Program (Janitorial, Nurse Aide, Food Service, Grounds Maintenance)
 - Trade or Technical School
 - Short-term education or employment training program
 - Licensing program (Nursing, Cosmetology, etc)
 - On-the-Job Training
 - Apprenticeship program

7. Please answer the following questions related to **post-secondary training**:

Do you need to take the SAT/ACT? Yes No I'm not sure

Do you average passing grades? Yes No I'm not sure

Do you have good attendance? Yes No I'm not sure

Have you researched college training programs? Yes No I need help

Do you know what school(s) you want to attend? Yes No

If yes, please identify those school(s) 1) _____ 2) _____ 3) _____

What program(s) would you like to study? 1) _____ 2) _____ 3) _____

TELL US ABOUT YOUR WORK EXPERIENCE AND PLANS FOR EMPLOYMENT!

8. If you plan to work after you graduate, what type of **employment** would you like to have?

Full-time (at least 40 hours/week) (Competitive Employment – at least minimum wage)

Part-time (less than 40 hours/week) (Competitive Employment – at least minimum wage)

Full or Part time with some support (Competitive Employment with support – at least minimum wage)

Employment with on-going support on the worksite (Sheltered employment)

Military (Army, Navy, Air Force, Marines)

9. Do you have any **work** or **volunteer** experience? Yes No

I am participating in a **paid** community-based work experience/internship (ie, SOS) *during school hours*
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties include: _____
Do you like this type of work? Yes No

I am currently working (after-school job/weekends)
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties include: _____
Do you like this type of work? Yes No

I have worked in the past (after-school job/weekends) Yes No
Name of worksite: _____ Job title: _____ Hourly wage: _____/hr
Duties included: _____

I am participating in an **unpaid** community-based work experience (ie, CBVE) *during school hours*
Name of worksite: _____ Job title: _____
Duties include: _____
Do you like this type of work? Yes No

I have volunteer experience Yes No
If yes, please list the place(s) you have volunteered: 1) _____ 2) _____

10. Please answer the following questions related to employment:

- Do you know how to look for a job? Yes No I need help
Do you know how to fill out a job application? Yes No I need help
Do you have a completed resume? Yes No I need help

TELL US ABOUT YOU PLANS FOR INDEPENDENTLY LIVING!

11. Where do you **plan to live** after graduating from high school?

- At home with parents or relatives
 On your own or with friends
 A dormitory while attending college
 On your own with some support from family/relatives
 On your own with support from agency

12. How do you **travel** in the community?

- City bus drive yourself walk or ride bike with family or friends

13. Please answer the following questions:

- Are you registered to vote? Yes No I'm not sure
Are you registered for selective service? Yes No I'm not sure
Do you have a Texas Photo ID? Yes No
Do you have your driver's permit? Yes No
Do you have your driver's license? Yes No
Can you manage your own money? Yes No

14. What do you like to do in your free time?
