

STUDENT Survey for Transition Planning
Plans for the Future

<i>Student Name:</i> _____	<i>Date of Birth:</i> _____
<i>School:</i> _____	<i>Grade:</i> _____
<i>Today's Date:</i> _____	

This survey is intended to help you begin thinking about what you might want to do when you finish high school. Each year, this survey information will be updated to reflect your changing perspective on what you want to do, as you get closer to leaving school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

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, do you think you will need to get and/or keep a job?

- Further job training (technical or trade school)**

- Military**

- Community College or University**
What kind of help, if any, do you think you will need to go to college?

- Homemaker**

- Volunteer Services**

- Other (please explain)** _____

Living Arrangements

Where do you want to live after leaving high school?

	Immediately (right after high school)	Long Term (sometime in future)
With parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>
In your own apartment/home	<input type="checkbox"/>	<input type="checkbox"/>
In a "group" home	<input type="checkbox"/>	<input type="checkbox"/>
Other living options	_____	_____

What type of help, if any, do you think you will need to live in the option you have chosen? _____

Community Living and Transportation

How will you travel to your job or school? _____

How will you travel to community activities? _____

How do you think you will pay for rent/house payment/travel 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): _____

What kind of help, if any do you think you may need to participate in the things you enjoy doing in your free time? _____

School

Are you getting vocational training in real work settings? Yes _____ No _____

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

What do you think you need to know to help you live more independently after school?

Are you going out in the community for instruction during school day?

Yes _____ No _____

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

Are you participating in any extra-curricular/after-school activities? Yes _____ No _____

If yes, please describe: _____

Other Services

Please check all the services that you think you need now, and in the future, to be successful when you leave high school. Check as many boxes as necessary:

	Now	Future
Job Training/support	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>
Medical services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Community Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
Other services: Now	_____	
Future	_____	

Student Signature: _____

*Kentucky Transition Collaborative
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