

# South Eastern Special Education

## COMPREHENSIVE HIGH SCHOOL TRANSITION SURVEY TRANSITION ASSESSMENT/INTERESTS, PREFERENCES, STRENGTHS, NEEDS

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Disability: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work#: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

### POST-SECONDARY EMPLOYMENT

**FUTURE EMPLOYMENT GOAL:** After high school, the kind of job I would like to have is:  
(List some careers that you are interested in)

\_\_\_\_\_  
\_\_\_\_\_

#### Circle the paid or unpaid jobs that you have had:

Farm work	Babysitting	Housecleaning	Lawn mowing
Odd jobs	Deliver newspapers	Other: _____	Other: _____

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? \_\_\_\_\_

\_\_\_\_\_

#### Circle the items that best describe what you like in a workplace:

Part-time	Near home	Work with computer	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? \_\_\_\_\_

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                     | Get to work/school on time   |
| Older people/adults                   | Keep mind on assignments     |
| Making eye contact                    | Able to ask questions        |
| Listening carefully when others speak | Treating others with respect |
| Basic education                       | Accepting help               |
| Stand up for your rights              | Chemical dependency          |
| Personal or family problems           | Confidence                   |
| Finish work with reminders            | Using time wisely            |
| Figure out the next thing to do       | Grooming                     |
| Age                                   | Attitude                     |
| Change from one job to the next       |                              |

**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: _____        | 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 AND TRAINING**

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

Do nothing                      Join the military                      Unsure                      Get a full-time job  
 2-year 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? \_\_\_\_\_

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 seating 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 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 best?  **Lecture (hear it)**  **Visual (see it)**  **Doing things with 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? \_\_\_\_\_

Where can you get a copy of your **IEP** from? \_\_\_\_\_

**Circle the following things that you need help with:**

- |                 |                             |                                  |                         |
|-----------------|-----------------------------|----------------------------------|-------------------------|
| <b>READING:</b> | 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 |                         |
| <b>Writing:</b> | 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                     |                         |
| <b>Math:</b>    | 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

**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	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	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 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**

### COMMUNITY PARTICIPATION

**Do you currently participate in any of the following activities? Circle all that you do.**

Bowling	Volleyball	Softball	Basketball
Swimming	Church Group	Volunteer Fire Department	
Clubs	Plays	Concerts	Other: _____

Have you taken Driver's Education/Behind the Wheel Training? **YES** / **NO**

Do you have your Driver's Permit? **YES** / **NO**

Do you have a valid Illinois Driver's License? **YES** / **NO**

Do you have an Illinois 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	Girls 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

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 phone? **YES** / **NO**

**RECREATION & LEISURE**

List your hobbies: \_\_\_\_\_

Do you enjoy reading for fun? **YES** / **NO**

**Circle the things you enjoy reading.**

Newspaper Magazine Novel Books

Where did you go and what did you do on your last vacation? \_\_\_\_\_

\_\_\_\_\_

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

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 IL? **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? \_\_\_\_\_