

INFORMAL TRANSITION QUESTIONNAIRE

Directions: The following questionnaire/assessment pertains to the three transition areas of an IEP including; employment, post-secondary training, and independent living (home & daily living, community living skills, and recreation and leisure).

Student: _____ **Date:** _____

School: _____ **Homeroom Teacher:** _____

Grade: _____ **Age:** _____

EMPLOYMENT

1. Are you presently employed? If so, where do you work?
2. List the paid job sites that you have worked at in the past.
3. List the unpaid job sites that you presently work at or have worked at in the past.
4. List skills that you presently possess that would enable you to get a job.
5. What type of job would you be interested in at the present time?
6. What type of job would you be interested in after you leave high school?

7. List classes that you have taken in junior or senior high school that could assist you on a job.
8. Do you have a social security number? If so, do you know it or know where your social security card is kept?
9. What are ways that you feel you can learn about available jobs?
10. Have you ever filled out a job application?
11. Have you ever had a job interview? If so, where?
12. Have you ever been employed by the Office of Jobs & Training? If so, where were you employed?
13. Have you ever completed an application for the Department of Rehabilitative Services?
14. List three skills that you feel you need to improve in the area of employment.
 - a.
 - b.
 - c.
15. List five reasons a person can get fired from a job.
 - a.
 - b.
 - c.
 - d.
 - e.

POST SECONDARY EDUCATION & TRAINING

1. List any obstacles you feel you may have when entering a post-secondary education and training program.

2. What type of training do you feel you may need to achieve you career goal? (Check all that apply)
 - a. Technical college (1 – 2 years) _____
 - b. Four-year college _____
 - c. Community college (2 year) _____
 - d. On-the-job training _____
 - e. Military training _____
 - f. No plans at this time _____

3. If you are going to attend a college, how do you plan to pay for tuition and living arrangements?

4. Please check any of the following tests you have taken.
 - a. ASVAB _____
 - b. ACT _____
 - c. MCA III _____
 - d. Accuplacer _____

5. Have you ever made a visit to a college? If so, where?

6. What is you best style of learning?

7. List three skills that you feel you need to improve or prepare for in the area of post secondary training.
 - a.
 - b.
 - c.

HOME & DAILY LIVING SKILLS

1. List chores and responsibilities your parents expect you to complete at home.

2. What is your present address?

3. List your size for the following clothes that you wear
 - a. Pants _____
 - b. Shirts _____
 - c. Coats/jackets _____
 - d. Shoes _____
4. Do you have a savings account? Yes or No
5. Do you have a checking account? Yes or No
 - a. Does this include a debit card? Yes or No
 - b. Do you know how to access your account online? Yes or No
6. Where do you plan to live after you complete high school?

7. What basic home repairs can you complete?

8. How much do you feel it costs to rent a one-bedroom apartment in this area?

9. List three banks in this area?
 - a.
 - b.
 - c.
10. List three reasons you may need the services of a bank.
 - a.
 - b.
 - c.

11. List three types of insurance you may need when you graduate.
 - a.
 - b.
 - c.
12. Do you have any specific medical needs? If yes, explain.
13. List three skills that you feel you need to improve in the area of home & daily living.
 - a.
 - b.
 - c.

COMMUNITY LIVING SKILLS

1. Do you have a driver's license?
2. Are you registered to vote?
3. Have you registered for the Selective Service?
4. Do you do purchase your own clothes? Yes or No
 - a. Do you shop for your own groceries? Yes or No
5. List three skills you feel you need to improve in the area of community living skills.
 - a.
 - b.
 - c.

RECREATION AND LEISURE

1. List hobbies or areas of interest you are involved in out of school.
2. List school activities that you are involved in.

3. Which of the above hobbies or activities do you feel could be life-long interests?

4. How do you react toward someone when they tell you that you are doing something wrong in school or on the job?

5. How do you generally react in situations when you get angry?

6. How would you rate your computer skills on a scale of 1 to 5 with 5 being outstanding?
1 2 3 4 5

7. What specific computer skills do you possess?
 - a. Can you use a word processing program? (*Word* or *Pages*) Yes or No
 - b. Can you use or develop a spreadsheet? (*Xcel* or *Numbers*) Yes or No
 - c. Can you develop a PowerPoint presentation? Yes or No
 - d. Can you find information you are in need of by doing an online search? Yes or No
 - e. List any other computer skills you possess:

8. List three skills that you feel you need to improve in the area of recreation and leisure?
 - a.
 - b.
 - c.

STUDENT TRANSITION QUESTIONS

Please list any questions or concerns you may have concerning employment, post secondary education, and independent living (home & daily living skills, community living skills, recreation and leisure) that you may have at the present time. These questions can assist in making future plans, formulating your IEP goals and objectives, or in proving specific curriculum pertaining to transition.

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