

**Midwestern Intermediate Unit IV  
Student Transition Interview**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

D.O.B. \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Current Program: \_\_\_\_\_ Location: \_\_\_\_\_

What do you want to do when you graduate? \_\_\_\_\_

\_\_\_\_\_

What do you think you will be doing a year after high school? \_\_\_\_\_

\_\_\_\_\_

What is your Current Course of Study? What classes are you taking this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Preparation**

Is there a course/s that you would like to take next year that you think supports your future plans? \_\_\_\_\_

\_\_\_\_\_

Is there something you would like to learn that would support your future goal? \_\_\_\_\_

\_\_\_\_\_

Is there a place you would like to visit or get more information on to support your goal? \_\_\_\_\_

\_\_\_\_\_

What activities are you in at school? \_\_\_\_\_

\_\_\_\_\_

Do you have plans for additional education or training after high school?  Yes  No

If yes, describe the field or major that interests you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postsecondary Education and Training goal is to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment Preparation

What type of job are you interested in? \_\_\_\_\_

What recent jobs or volunteer work have you done? Where have you worked? \_\_\_\_\_

If employed, what is your current monthly salary? \_\_\_\_\_

Do you have any other sources of personal income? \_\_\_\_\_

In considering a job what would be your preferences? \_\_\_\_\_

### Job Preferences

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Using my hands                   | <input type="checkbox"/> Doing physical labor                    | <input type="checkbox"/> Having minimal supervision             |
| <input type="checkbox"/> Using my mind                    | <input type="checkbox"/> Doing repetitious tasks                 | <input type="checkbox"/> Being given detailed instructions      |
| <input type="checkbox"/> Driving a truck or car           | <input type="checkbox"/> Having a variety of duties              | <input type="checkbox"/> Being given orders with no explanation |
| <input type="checkbox"/> Working with tools               | <input type="checkbox"/> Having frequent changes in routine      | <input type="checkbox"/> Working in a relaxed atmosphere        |
| <input type="checkbox"/> Working with advanced technology | <input type="checkbox"/> Feeling needed                          | <input type="checkbox"/> Being pressured to work fast           |
| <input type="checkbox"/> Working with computers           | <input type="checkbox"/> Having others view my work as important | <input type="checkbox"/> Working toward a career goal           |
| <input type="checkbox"/> Working outdoors                 | <input type="checkbox"/> Waiting                                 | <input type="checkbox"/> Having the opportunity to be promoted  |
| <input type="checkbox"/> Working for a large company      | <input type="checkbox"/> Sitting for long periods of time        | <input type="checkbox"/> Receiving company benefits             |
| <input type="checkbox"/> Consistent hours                 | <input type="checkbox"/> Doing heavy lifting                     | <input type="checkbox"/> Making new friends                     |
| <input type="checkbox"/> Flexible hours                   | <input type="checkbox"/> Walking                                 | <input type="checkbox"/> Being close to home                    |
| <input type="checkbox"/> Daytime hours                    | <input type="checkbox"/> Working in loud, noisy places           | <input type="checkbox"/> Traveling                              |
| <input type="checkbox"/> Early morning work               | <input type="checkbox"/> Being warm/hot                          | <input type="checkbox"/> Being home on weekends                 |
| <input type="checkbox"/> Evening hours                    | <input type="checkbox"/> Being cold                              | <input type="checkbox"/> Working on weekends                    |
| <input type="checkbox"/> Part-time hours                  | <input type="checkbox"/> Getting my hands dirty                  | <input type="checkbox"/> Taking the bus to work                 |
| <input type="checkbox"/> Using my education/training      | <input type="checkbox"/> Working alone                           | <input type="checkbox"/> Traveling long distances to work       |
| <input type="checkbox"/> Jobs that require reading        | <input type="checkbox"/> Working with others                     | <input type="checkbox"/> Disclosing my disability               |
| <input type="checkbox"/> Jobs that require math           | <input type="checkbox"/> Being my own boss                       |   |
| <input type="checkbox"/> Being challenged                 | <input type="checkbox"/> Having close supervision                |   |

What types of Community Based Vocational Training have you done? List all for the current year. \_\_\_\_\_

What job search assistance do you need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Search Assistance Needed**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Working independently | <input type="checkbox"/> Resume                       | <input type="checkbox"/> Reference letters    |
| <input type="checkbox"/> Working with agencies | <input type="checkbox"/> Disclosure/Disability issues | <input type="checkbox"/> Finding job openings |
| <input type="checkbox"/> Working with schools  | <input type="checkbox"/> Informational interviews     | <input type="checkbox"/> Job interviews       |
| <input type="checkbox"/> Clothing              | <input type="checkbox"/> Applications                 | <input type="checkbox"/> Other support _____  |
| <input type="checkbox"/> Job shadowing         |   | _____   |
- If yes, what occupation? \_\_\_\_\_  
\_\_\_\_\_

Do you have an open case with any adult agencies?  Yes  No  
If yes, who? \_\_\_\_\_

Do you think you will need assistance from OVR or MHMR or other adult agencies?  Yes  No  
If yes, which one? \_\_\_\_\_

**Employment Goal is to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Independent Living**

What is your current living arrangement? \_\_\_\_\_  
\_\_\_\_\_

Where do you plan to live after graduation? \_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license?  Yes  No

Are you planning on getting a driver's license?  Yes  No

Do you have an identification Card?  Yes  No

**Transportation/Other**

Currently uses  Public transportation  Drives family/own car  Family transports

Are you registered to vote?  Yes  No

Are you registered with selective service?  Yes  No  N/A

What community activities are you involved in or enjoy doing? \_\_\_\_\_

Do have any health or behavior issues? \_\_\_\_\_

Do have any Medical or Physical conditions? \_\_\_\_\_

Do you have any Medications/Side Effects? \_\_\_\_\_

Do you have any Assistive Technology/Adaptive Equipment needs? \_\_\_\_\_

Do you have any Mental Health History? \_\_\_\_\_

Do you have any Communication Issues? \_\_\_\_\_

Do you have any Substance Use Issues? \_\_\_\_\_

Do you have Juvenile/Adult Probation? \_\_\_\_\_

Do you have any agencies supporting you in these areas? \_\_\_\_\_

What support do you need in these areas? \_\_\_\_\_

**Independent Living Goal:** \_\_\_\_\_

### Questions About You

Do you think you get along with others? \_\_\_\_\_

Do you think you are punctual for school/ work? \_\_\_\_\_

What things motivate you? \_\_\_\_\_

As you think about yourself, what do you really enjoy doing? \_\_\_\_\_

What do you find as an obstacle to what you want or enjoy doing? \_\_\_\_\_



### Midwestern Intermediate Unit IV

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