Student Questionnaire

Transition Planning

Student Initials:	DOB:	Date:	
Completed By:		Grade:	

Select 10-15 questions that are relevant to the student you are interviewing.

Defining Your Vision

1.	What are your greatest dreams about your future?
2.	What are your greatest fears about your future?
3.	What barriers might get in the way of accomplishing your goals?
ა.	what barriers might get in the way of accomplishing your goals?
1	What kind of cumparts do you think you need to help you accomplish your goals?
4.	What kind of supports do you think you need to help you accomplish your goals?
5.	What can you, the school, your family, and other agencies do to help you reach your goals?

Employment/Vocational Questions

1.	What would you like to be doing two, five or ten years from now?
2.	What careers are you interested in?
3.	What skills will you need to do the kind of work you want to do?
4.	Do you plan to go on to any type of training or education after high school?
	What would your ideal ich look like?
5.	What would your ideal job look like?
6.	What kinds of information/classes/training do you need in order to reach your vocational goal?

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7. career	What hobbies, interests, recreation activities, do you have that you could transfer into a ?
8.	What kind of work and/or volunteer experiences have you had? Which ones did you like the most? Which ones did you like the least?
9.	Would you need assistance in paying for further vocational/educational training?
Educ	ation Questions
1.	What are your most successful classes? Why do you think you're most successful in these classes?
2.	What are your most difficult classes? Why do you think you're experiencing difficulty?
Σ.	what are your most dimedit classes: why do you think you're experiencing dimedity:
3.	What support/help would assist you in being more successful in your classes?
J.	what supportingly would assist you in boing more successful in your classes:

4. alone, learne	
5.	Are there any classes or activities you would like to take to help you reach your goals?
Livin	g Options
1.	Where would you like to live after graduation?
2.	What kind of chores/jobs do you do at home that will help you live independently?
3.	What kind of domestic skills can you do independently (e.g., cooking, cleaning, laundry, household management, shopping, money management, budgeting)?
4.	If you moved to a new community tomorrow, what things could you do without help?

5.	Do you know of any agencies/resources that could support you in the community?
6.	What types of transportation will be available to you after you graduate?
Modic	ادمم الالحج
Medic	cal/Legal
1.	Do you have a family doctor/dentist?
2.	How will you take care of your medical/dental needs after high school?
3.	Do you have any medical needs that will require support beyond high school?
4.	If you run into a legal problem, how will you handle it? Who would you go to for help?

5.	Who would you contact in case of emergency?
6.	Do you know of any agencies/resources that could help you with medical or legal needs?
Lalau	ma/De anasticus
Leisu	re/Recreation
1.	What do you like to do for fun?
2.	What are your hobbies and interests?
3.	Do you prefer to spend your free time alone or with others?
4.	Is there anything you wish you could learn to do that you don't know how?
5.	Are there any school activities you would like to get involved in?
<u> </u>	The most daily contact dearwines you would mis to you missived mis

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6.	What barriers/problems prevent you from being involved in recreation activities you are interested in?
Perso	onal/Family Relationships
1.	How do you handle conflicts or solve problems (e.g., with people, money)?
2.	Who do you go to when you have problems or need help - at home, at school, in the community?
3.	Do you have someone you trust to talk to when things aren't going well?
4.	Are there any areas of your personal life in which you are having difficulty?
5.	Who do you include in your circle of friends?

6.	What qualities do you possess that make you a good friend?
7.	What social/interpersonal needs do you have that are not being met at this time?
8.	What social/interpersonal barriers can you control or take responsibility for (e.g., attitude, behavior, hygiene, dress, etc.)?
9.	Can you think of any people, agencies, or resources that you could include in your personal support network?
Write/s	submit a summary report based on your meeting with the student.