Student Transition Planning Interview

Middle School

***General School Information:***

Student Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Completed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What types of classes/subjects do you like best in school? Why do you like them?

1. What classes don’t you like in school? Why don’t you like them?

1. Are you a member of any clubs or sports teams at school ? Or in the community?

1. What hobbies do you have or what things do you do for fun?

1. Do you like to work by yourself or in a group?

1. After high school, do you have plans to continue your education?

|  |  |  |  |
| --- | --- | --- | --- |
| * 2 year college | * 4 year college | * Trade school | * Military |

1. What kind of job/career would you like to have when you graduate high school or college?

1. What do you have to do to prepare for this kind of job/career?

***Job Preferences:***

Below please check what is important to you in a work setting:

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

***Assistance Needed:***

What skills do you need to develop to help you achieve your future goals? (for living, earning, learning)

|  |  |  |  |
| --- | --- | --- | --- |
| * Working independently * Disclosure/Disability issues * Job interviewing * Job shadowing * Study skills * Transportation * College Admissions Process | * Resume writing * Finding job openings * Completing Applications * Clothing * Appropriate work habits * Communication skills * Budgeting/Banking | * Reference letters * Working with trade or vocational schools * Time management * Social Skills * Presentation Skills * Interpersonal Skills * Leadership Skills * Self Care (hygiene) | * Working with agencies * Informational interviews * Self advocacy * Organizational skills * Other supports |

If other please describe:

1. Do you have any chores or responsibilities at home? Please describe:

1. What is your current living arrangement?

1. Where do you plan to live after graduating from high school?

Transportation Currently used:

☐ Public transportation  ☐  Family provides transportation ☐  Bicycle ☐  Walk.

***Questions about you:***

In general, how well do you get along with others? (Peers, school staff, family, friends, coworkers)

What are your strengths? What are you good at ?

1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you find difficult? At home? At School?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you turn to when you need help or support? (At home, In School)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended your IEP meeting? ☐ Yes ☐ No

Did you ever share information about yourself at the IEP meeting? If so, what information did you share?

At the next meeting, would you like to share your future goals with the team? ☐ Yes ☐ No ☐ Maybe with support

What are three words others would use to describe you? (Circle all that apply)

    Confident          Trustworthy          Sympathetic       Honest       Athletic          Organized

    Hard Working      Responsible        Creative        Independent      Determined    Sociable

Is there something you think your teachers should know about you that has not been asked in this form? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Preparer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date:\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your participation!**