STUDENT Survey for Transition Planning
Plans for the Future

Student Name:___________________________ Date of Birth:_____
School:_________________________________ Grade:______________
Today’s Date:________

This survey is intended to help you begin thinking about what you might want to do when you finish high school. Each year, this survey information will be updated to reflect your changing perspective on what you want to do, as you get closer to leaving school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

Careers

What year do you plan to leave high school?_______________________________

Which of the following would you like to be doing after leaving high school? Check as many items as you wish.

Job
What kind of job?_________________________________________ What kind of help, if any, do you think you will need to get and/or keep a job?
________________________________________________________________________
________________________________________________________________________

Further job training (technical or trade school)

Military

Community College or University
What kind of help, if any, do you think you will need to go to college?
________________________________________________________________________
________________________________________________________________________

Homemaker

Volunteer Services

Other (please explain)_______________________________________________
Living Arrangements
Where do you want to live after leaving high school?

<table>
<thead>
<tr>
<th></th>
<th>Immediately (right after high school)</th>
<th>Long Term (sometime in future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>With parents or relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In your own apartment/home</td>
<td></td>
<td></td>
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<tr>
<td>In a “group” home</td>
<td></td>
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<tr>
<td>Other living options</td>
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<tr>
<td>Other living options</td>
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</tbody>
</table>

What type of help, if any, do you think you will need to live in the option you have chosen?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Community Living and Transportation
How will you travel to your job or school?
________________________________________________________________________
________________________________________________________________________

How will you travel to community activities?________________________________________

How do you think you will pay for rent/house payment/travel in the community?
________________________________________________________________________
________________________________________________________________________

Recreation, Leisure, and Social Activities
What do you like to do in your free time?
When alone:______________________________________________________________
With a group (e.g. family, church, school):
_____________________________________________________________________
_____________________________________________________________________
What kind of help, if any do you think you may need to participate in the things you enjoy doing in your free time?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

School
Are you getting vocational training in real work settings? Yes_____ No_____
What kind of work would you like to be doing, if any, during the next school year?
_____________________________________________________________________
_____________________________________________________________________
What do you think you need to know to help you live more independently after school?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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Are you going out in the community for instruction during school day?
Yes____ No____

What kind of help do you need at school to be successful?
_________________________________________________________________
_________________________________________________________________

Are you participating in any extra-curricular/after-school activities? Yes____ No____
If yes, please describe:
_________________________________________________________________

Other Services
Please check all the services that you think you need now, and in the future, to be successful when you leave high school. Check as many boxes as necessary:

<table>
<thead>
<tr>
<th>Now</th>
<th>Future</th>
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</thead>
<tbody>
<tr>
<td>Job Training/support</td>
<td></td>
</tr>
<tr>
<td>Income support</td>
<td></td>
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<tr>
<td>Medical services</td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Community Skills Training</td>
<td></td>
</tr>
<tr>
<td>Other services: Now</td>
<td></td>
</tr>
<tr>
<td>Future</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature:

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*Fall 2000*