

# Transition Planning Student Questionnaire

Name \_\_\_\_\_

School \_\_\_\_\_

	20	20	20	20	20
Grade					
Age					
1. Who do you live with?					
2. What does your father do?					
3. What does your mother do?					
4. Do you have older brothers and/or sisters?					
5. Did they graduate from high school?					
6. Do you have a relative or person that you think has a neat job?					
7. Name your strengths.					
8. Name your weaknesses.					
9. What is your favorite class and why?					
10. What is your least favorite class and why?					
11. What are you interests, hobbies, special interests?					

12. Do you plan on finishing high school?					
13. What do you plan on doing after graduation?					
14. Where do you plan to live?					
15. What is your job history?(paid, volunteer, community service)					
16. How many days of school did you miss last year?					
17. Do you belong to any school, church, or community groups?					
18. What do you do on the week-ends?					
19. What chores do you do around the house?					
20. What job would you like to have as an adult?					
21. What kind of education do you need for this job?					
22. Can you describe your disability and what kind of accommodations you would need to help you be successful?					