

Transition Life Planning Student Questionnaire

Name: _____ Date: _____

Birth date: _____ Grade: _____ Caseload Teacher: _____

Who is filling out/or assisting: _____

Instruction

Describe your disability: _____

How does it make it hard for your to learn? _____

Do you ask for help when needed? _____

What classes do you like? _____

Employment

What job would you like to have when you finish high school?

In what type of situation do you want to work?

_____ Independent Employment

_____ Sheltered Workshop

_____ Employment with Job Coach

_____ Volunteer

These are the skills needed to be a good worker. Check those that you need help in.

_____ Following directions

_____ Accepting criticism

_____ Asking for assistance

_____ Getting along with other employees

_____ Completing tasks

Community Experiences

Which of the following do you use independently?

- | | |
|---|--|
| <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Department/Retail |
| <input type="checkbox"/> Beauty Salon/Barber Shop | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Post Office |
| <input type="checkbox"/> Laundromat | <input type="checkbox"/> Library |
| <input type="checkbox"/> Movie Theatre | <input type="checkbox"/> Public Restroom |

Do you have:

- | | |
|---|---|
| <input type="checkbox"/> State of Michigan ID | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Social Security Number | |
| <input type="checkbox"/> Selective Service Registration Card (Age 18) | |
| <input type="checkbox"/> Voter's Registration (Age 18) | |

What types of transportation can you use?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Own car | <input type="checkbox"/> Family Car | <input type="checkbox"/> Public Transportation |
| <input type="checkbox"/> Parents/Guardian Drives | <input type="checkbox"/> Car Pool | |
| <input type="checkbox"/> Pay Others for Transportation | <input type="checkbox"/> Bicycle | |
| <input type="checkbox"/> OPC Bus | <input type="checkbox"/> Walking | |

Check the ones you would like to do:

- | Arts & Crafts | Community Activities | Outdoor & Nature Experience |
|---|---|--|
| <input type="checkbox"/> Coloring | <input type="checkbox"/> Museums | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Orchestra | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Ballet | <input type="checkbox"/> Picnics |
| <input type="checkbox"/> Model building | <input type="checkbox"/> Horse races | <input type="checkbox"/> Animal care |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Opera | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Jewelry making | <input type="checkbox"/> Plays | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Shopping | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Macramé | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Going to the park |
| <input type="checkbox"/> Needlework | <input type="checkbox"/> Sorting events | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Movies | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Weaving | <input type="checkbox"/> Libraries | |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Fitness Center | |

Community Experiences – continued

<u>Sports</u>		<u>Miscellaneous</u>
<input type="checkbox"/> Badminton	<input type="checkbox"/> Jogging	<input type="checkbox"/> Cooking
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Dancing
<input type="checkbox"/> Bowling	<input type="checkbox"/> Roller skating	<input type="checkbox"/> Board games
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Ice skating	<input type="checkbox"/> Puzzles/word games
<input type="checkbox"/> Horseshoes	<input type="checkbox"/> Tennis	<input type="checkbox"/> Listening to music
<input type="checkbox"/> Miniature golf	<input type="checkbox"/> Golf	<input type="checkbox"/> Reading
<input type="checkbox"/> Exercising	<input type="checkbox"/> Croquet	<input type="checkbox"/> Books on tape
<input type="checkbox"/> Ping pong	<input type="checkbox"/> Karate	
<input type="checkbox"/> Pool/billiards	<input type="checkbox"/> Tetherball	
<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Swimming	

Do you participate in any of the following clubs/organizations?

- Church group Health club
 Scouting YMCA
 Summer camp Others (specify) _____

Post-Adult Living

Where do you think you will be living 2 to 5 years after you leave high school?

- by yourself with a friend/roommate
 with your family group home

What support agencies can help you?

Have you worked with any of these support agencies?

- Michigan Jobs Commission (MJC)
 Community Mental Health (CMH)
 Social Security Administration (SSI, DDS)
Other (specify) _____

Daily Living Skills

Which of the following do you do independently?

- Use alarm clock to wake up
- Pick out your own clothes and dress yourself
- Personal hygiene (shower, hair washing, shaving)
- Use medication
- Prepare food
- Do laundry
- Clean own room
- Use telephone
- Tell time
- Use calendar
- Make purchases with correct money
- Schedule own appointments
- Use a pay phone
- Take care of pets

Which of these do you use independently?

- Microwave
- Vacuum
- Dishwasher
- Oven
- Washer
- Dryer
- Blow dryer
- Toaster
- Can opener