

STUDENT TRANSITION INTERVIEW

PERSONAL DATA

Student's Name: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	City: <input style="width: 95%;" type="text"/>
Phone: <input style="width: 95%;" type="text"/>	Date of Birth: <input style="width: 95%;" type="text"/>
Parent/Guardian: <input style="width: 95%;" type="text"/>	Grade in School: <input style="width: 95%;" type="text"/>

1. What year do you plan to graduate? _____

2. Please check hobbies or special interests:

- | | | | |
|---|--|----------------------------------|--|
| <input type="checkbox"/> arts and/or crafts | <input type="checkbox"/> bicycling | <input type="checkbox"/> boating | <input type="checkbox"/> camping |
| <input type="checkbox"/> collections | <input type="checkbox"/> fishing | <input type="checkbox"/> hiking | <input type="checkbox"/> hunting |
| <input type="checkbox"/> music | <input type="checkbox"/> jog or walk | <input type="checkbox"/> reading | <input type="checkbox"/> work on engines |
| <input type="checkbox"/> video games | <input type="checkbox"/> skating | <input type="checkbox"/> skiing | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> computer | <input type="checkbox"/> other (<i>specify</i>): _____ | | |

3. Please check community participation options:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> participate in clubs, church groups | <input type="checkbox"/> go dancing | <input type="checkbox"/> register to vote |
| <input type="checkbox"/> recreational facilities (<i>skating, bowling, swimming</i>) | <input type="checkbox"/> drive around | <input type="checkbox"/> selective service |
| <input type="checkbox"/> participate in individual or team sports | <input type="checkbox"/> eat out | <input type="checkbox"/> socialize with friends/date |
| <input type="checkbox"/> YMCA / fitness center | <input type="checkbox"/> go shopping | |
| <input type="checkbox"/> watch sporting events | <input type="checkbox"/> go to movies | |

4. What kind of high school programs do you think are important in preparing you to meet your plans after high school?

- classes which prepare for college
- classes which teach functional academics (*budgeting, checking, income tax, etc.*)
- classes which teach skills needed for independent living (*cooking, shopping, social skills, child care, etc.*)
- classes which teach vocational skills (*business, mechanics, carpentry, welding, computers, agriculture, CAD, tech lab, etc.*)
- classes which teach fine/performing arts (*music, art, drama, etc.*)
- classes which teach physical education
- health care
- work study (*job training in the school/community*)
- foreign languages

5. Transportation Issues

- | | | |
|--|-------------|----|
| Do you have a driver's license? | YES | NO |
| If not, do you plan to get one? | YES | NO |
| How? _____ | When? _____ | |
| Do you need assistance in getting one? | YES | NO |
| Do you own a vehicle? | YES | NO |

If you are not planning to get a driver's license what type of transportation will you use?

- walking riding a bike community or public transportation
 car pool other (specify): _____

Will you need help with transportation? YES NO

6. Money

- | | | |
|--|-----|----|
| Can you count back change? | YES | NO |
| Do you have a savings account? | YES | NO |
| Do you have a checking account? | YES | NO |
| Can you balance a checkbook? | YES | NO |
| Do you routinely save money for major purchases? | YES | NO |
| Do you know how to compare prices for the best buy? | YES | NO |
| Can you budget your money to make it last from one pay period to the next? | YES | NO |
| Have you borrowed money? | YES | NO |

7. Do you currently receive:

- | | | |
|-------------------------------------|-----|----|
| Supplementary Security Income (SSI) | YES | NO |
| Aid to Dependent Children | YES | NO |
| Disability Income (SSDI) | YES | NO |
| Survivor Benefits | YES | NO |
| Medical Card | YES | NO |
| Other (specify): _____ | | |

8. Do you receive services from other agencies?

- Court Services DSGP JJA KRS
 MCDS Prairie View SRS Other: _____

Are there agencies you would like information on? _____

POST HIGH SCHOOL PLANS

1. What are you planning to do after high school?

- work junior college Job Corp Big Brothers/Big Sisters
 four year college military service Vo-Tech School
 sheltered workshop apprenticeship other (specify): _____

Will you need assistance getting connected with the program you want after high school? YES NO

Will you want assistance from Kansas Rehabilitation Services? YES NO

2. Where do you want to live after high school?

- at home with parent/guardian live alone
 with relatives share an apartment/house
 dormitory group home
 supervised apartment other (specify): _____

3. What type of leisure/community activities do you plan to do?

- | | |
|--|---|
| <input type="checkbox"/> religious services/programs | <input type="checkbox"/> family outings |
| <input type="checkbox"/> outdoor activities (camp, fish, hunt) | <input type="checkbox"/> family events |
| <input type="checkbox"/> sports | <input type="checkbox"/> care for pet |
| <input type="checkbox"/> lessons (music, art, dance, etc.) | <input type="checkbox"/> pursue a hobby |
| <input type="checkbox"/> library | <input type="checkbox"/> play board games |
| <input type="checkbox"/> clubs | <input type="checkbox"/> other (specify): _____ |

4. Will you have health insurance after you leave high school? YES NO

5. Will you be making decisions on your own or need some assistance?

- on own need assistance

Do you need information on how to get help for making decisions (guardianship)?

YES NO

WORK EXPERIENCE

1. What chores do you do around the house at least once a week or as needed?

- make own bed, dust, wash and/or dry dishes, clean own room, vacuum, load and/or unload dishwasher, clean other rooms, take out trash, cook, do laundry, mow lawn, buy groceries, iron, scoop snow, put away groceries, babysit, rake leaves, clean vehicles, take care of pet, pick weeds, clean garage, help repair items, other (specify):

How responsible are you to doing these chores?

- need no reminders, need one reminder, other (specify):, need two or three reminders, need more than three reminders

2. Volunteer experiences

- none, church work, work with children, concession stand, team manager, work with elderly, serve on committees, work in hospital, work with people with disabilities, peer tutor, other (specify):

3. Paid jobs

- mowing lawns, shoveling snow, babysitting, paper route, concession stand, errands, pet care, other (specify):

4. Are you presently employed? YES NO

If yes, do you work:

- week days, week nights, weekends, combination

5. If you are presently employed, who found the job?

- student, friend, parent/guardian, school employee, other relative, other (specify):

Table with 5 columns: Work Experience, Type of Work, From, To, Reason for Leaving

Have you ever filled out a job application form?	YES	NO
Did anyone help you fill out the form?	YES	NO
Do you need help with application forms?	YES	NO
Have you ever had an interview for a job?	YES	NO
Did you have any problems at the interview?	YES	NO
Do you need help with job interviews?	YES	NO

Career Interests:

1. What kind of job/careers are you interested in?

_____ *first choice*

_____ *second choice*

_____ *third choice*

2. What jobs/career would you like to know more about?

3. What jobs/careers would you like to avoid?

4. What is your favorite tech lab module? _____

5. Preferred working conditions:

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> indoors | <input type="checkbox"/> with people | <input type="checkbox"/> quiet place | <input type="checkbox"/> moving around |
| <input type="checkbox"/> outdoors | <input type="checkbox"/> with things | <input type="checkbox"/> busy | <input type="checkbox"/> sitting/standing still |
| <input type="checkbox"/> wear casual clothes | <input type="checkbox"/> with ideas | <input type="checkbox"/> dirty | <input type="checkbox"/> some sitting/moving |
| <input type="checkbox"/> wear dress clothes | <input type="checkbox"/> with animals | <input type="checkbox"/> neat / clean | <input type="checkbox"/> same task |
| <input type="checkbox"/> wear uniforms | <input type="checkbox"/> day time | <input type="checkbox"/> supervised | <input type="checkbox"/> different task |
| <input type="checkbox"/> one place | <input type="checkbox"/> night time | <input type="checkbox"/> unsupervised | |
| <input type="checkbox"/> travel | | | |

HEALTH HISTORY

Do you have a doctor you see on a regular basis? YES NO

Have you used the County Health Office? YES NO

PHYSICAL SKILLS

Vision

Do you have difficulties with close work? YES NO

Do you have difficulties with distance? YES NO

Do you have difficulties with tracking? YES NO

Do you wear glasses or contact lens? YES NO

Please explain any of the above you answered yes to or other vision problems. _____

Hearing

Do you have any difficulties hearing in a noisy environment YES NO

If yes, please explain: _____

Is hearing protection required/recommended? YES NO

Are hearing aids or other devices recommended/used? YES NO

Speech

What is your primary form of communication

- oral
- sign
- written
- communication board

Ease of understanding

- easily understood by all
- understood most of the time by all
- understood by family only
- other: _____

Physical Endurance

Do you have difficulty with:

- walking
- stooing
- carrying
- grasping
- running
- jumping
- bending
- lifting
- other: _____

What aids do you require for mobility?

- none
- wheelchair
- cane
- dog
- attendant
- poles
- walker
- other: _____

Please explain any restrictions you have for participating in physical activities.

Physical Needs/Exceptionalities

Do you have:

- asthma
- colostomy
- epilepsy
- arthritis
- diabetes
- cerebral palsy
- prosthesis
- other: _____

Are you allergic to:

- dust
- plants
- foods
- cleaners
- animals
- molds
- other: _____

Are you sensitive to heat?

YES

NO

Are you sensitive to cold?

YES

NO

Please explain: _____

Medications

What medications do you take on a regular basis? _____

Side effects of medications: _____

Limitations due to medications: _____

Discuss other health issues which are important to "life after high school". _____

Self Advocacy: *Please complete the attached self-advocacy checklist.*

SELF ADVOCACY CHECKLIST

	YES	SOMETIMES	NO
1. I understand why I am in special education.	_____	_____	_____
2. I have seen my evaluation results.	_____	_____	_____
3. I understand my evaluation results.	_____	_____	_____
4. I helped plan my schedule for this school year.	_____	_____	_____
5. I attended my last IEP.	_____	_____	_____
6. I can explain my strengths.	_____	_____	_____
7. I can explain my weaknesses.	_____	_____	_____
8. I can tell teachers/work supervisors how they can help make learning easier for me (accommodations).	_____	_____	_____
9. I ask teachers/supervisors for help when I do not understand what I am to do.	_____	_____	_____
10. I ask teachers/supervisors to repeat directions if I do not understand them the first time.	_____	_____	_____
11. I participate in discussions in class/work.	_____	_____	_____
12. I can solve problems effectively at school/work.	_____	_____	_____
13. I can ask for assistance without getting angry.	_____	_____	_____
14. I speak clearly and keep eye contact when talking with others.	_____	_____	_____
15. I know who to go to for help if I need it.	_____	_____	_____

FUTURE GOAL

(What would you like to be doing five or ten years from now.)

Favorite Class: _____

Hardest Class: _____

Interviewed by: _____