

Transition Planning Student Interview (Grades 7-8)

Student Name _____ Grade _____ Date of Interview _____

An important part of special education planning is considering plans for after high school. As part of the current special education evaluation, we are collecting information from you to determine what plans you have for after high school. This information will be incorporated into the assessment and programming.

EMPLOYMENT

What are some of your strengths?

What are some of your weaknesses?

Do you have good school attendance? Usually Sometimes Never

Do you get along well with others? Usually Sometimes Never

List any volunteer experiences (i.e. helping with church daycare, volunteer experience through school, etc.):

List any jobs you have held, paid or unpaid. (i.e. babysitting experiences, snow shoveling, mowing lawns, etc.):

Do you plan to hold a job while attending high school? Yes No If yes, what kind of job are you interested in?

What kind of career do you think you would like to have after high school? Do you think it will require post secondary education or training?

POST SECONDARY EDUCATION AND TRAINING

What is your area of disability? Learning Disability Emotional/Behavior Disability Don't know
 Medical/Health Disability _____ Other _____

How does your disability impact you in school (i.e. difficulty reading, getting along with others, paying attention, etc.)?

If you have questions in your classes do you ask your teacher for help? Usually Sometimes Never

When and where do you do homework each night?

What are some of your favorite classes in school?

In which classes do you need the most help?

What kind of help do you need to be successful in learning?

What things in school are difficult for you?

Students

Lunch

Attendance

Other _____

Bus rides

Teachers

Passing time

After high school I hope to:

Go right to work

Attend a technical/vocational/community college or university**

Join the military

**What area do you hope to study (i.e. welding, nursing, etc.) _____

FAMILY LIVING

What work or chores do you do at home?

If you would help prepare any meals, what would it be?

Do you eat well-balanced, healthy meals each day?

Usually

Sometimes

Never

What time do you go to bed each night? _____

Do you get yourself up in the morning?

Usually

Sometimes

Never

Do you have good healthy habits, like avoiding tobacco, alcohol and drugs?

Usually

Sometimes

Never

Do you have a bank account (i.e. saving account, etc.)?

Usually

Sometimes

Never

If not, when do you plan to open an account? _____

RECREATION AND LEISURE/ COMMUNITY PARTICIPATION

What hobbies or activities do you enjoy?

In which extracurricular activities do you participate in after school?

Do you belong to any groups, clubs, or organizations (i.e. 4H, YMCA, church youth group, etc.)

Yes

No

If so, which group(s)? _____

Do you prefer to do things alone or with others?

Alone

With others

Both

How many minutes per night do you spend watching TV, playing video games, or on the computer?

0-60 minutes

60-90 minutes

90-120 minutes

More than 120 minutes

Do you get regular exercise, at least 3 x per week?

Usually

Sometimes

Never

What do you like to do for fun when you are not in school?

Do you plan to get your driver's permit and license in high school?

Yes

No

How do you find contact information (i.e. a friend's phone number, business address, etc.)

Use phone book

Ask parent

Use internet resources (i.e. Mapquest, Questdex, Google, etc.)

Other _____