

Student Transition Inventory

Name: _____ Birth date: _____

Parent's/Guardian's Name: _____

A. Post Secondary Employment/Training

1. Upon graduation, what do you see yourself doing? (Please check all that apply)

- Four Year College
- Community, or Junior College, or Vocational/Technical School
- Full Time Competitive Employment
- Part Time Competitive Employment
- Supported Employment
- Sheltered Workshop
- Work Activity Center
- Military Service
- Other; please describe: _____

2. What type of job or educational program do you see yourself involved in one year after graduation from High School?

3. What type of job or occupation do you see yourself working in five years after graduation from High School?

4. What type of work do you do at home? (Example: carrying out trash, fixing meals, cleaning room, etc.)

5. How do you feel about the work at home? Do you do it willingly without problems or do you need a lot of reminders and supervision? Please explain.

6. What jobs, work experience or volunteer work have you done in the community? Which do you really like to do?

7. What type of jobs, work tasks, or volunteer activities do you dislike doing?

B. Living Arrangements

1. Following graduation from High School, where are you going to live?

- On my own (Renting an apartment, house, room, etc.) What City? _____
 - College Dormitory (What school? What City?) _____
 - At home (Whose home?) _____
 - Supervised apartment or Residential Group Home
 - Military service
 - Other; please describe: _____
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C. Mobility

1. What form of transportation will you use to get around the community and to work?

- Drive own car
 - Drive family car
 - Transported by family member
 - City bus
 - Walk
 - Other; please describe: _____
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D. Recreation/Leisure

1. What do you like to do in your free time? (Please check all that apply)

- Participate in athletic activities (swim, jog, walk, bike ride, softball, etc.)
 - Participate in outdoor sports, activities (fishing, hunting, camping, etc.)
 - Games (cards, checkers, pool, board games, etc.)
 - Reading
 - Socialize with friends/dating
 - Spend time with family
 - Drive around
 - Dancing
 - Watch TV, go to movies
 - Cook/bake
 - Eat out at restaurants
 - Relax/sleep
 - Listen to music, play instrument, sing
 - Maintenance work (house, car, garden, yard, etc.)
 - Go shopping
 - Other; please describe: _____
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2. What clubs or social/support groups do you belong to any?

E. Medical

1. Do you have any special medical needs?


2. Once you are on your own, how are you going to handle the cost of medical services and insurance?

F. Technology

1. List any assistive technology that you use.

2. Do you feel that additional technology would assist you in attaining your educational and vocational goals? In what areas? What type of technology?

3. What technology skills/experience do you have? (Excel, programing, Skype, PowerPoint presentations, data entry, etc.)

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