STUDENT TRANSITION QUESTIONNAIRE

Student Name: ________________________________ Date: ____________________
School: ________________________________ Grade: ______________

Which of the following can you do independently (on your own)?
- Plan and prepare my meals
- Count money and use banking services
- Household management (pay bills, rent, household maintenance, cleaning, etc.)
- Schedule appointments
- Select, purchase, and care for clothing
- Use telephone
- Attend doctor’s appointments and take medication
- Visit the beauty salon/barber shop for hair cut
- Self-advocacy (find assistance in legal, medical, and financial areas)

Where do you think you will be living after you leave high school?
- By yourself
- With a friend/roommate
- With your family
- Group home
- University Dorm, Military Base

Mark the items you need more information on:
- Community agencies
- Marriage and family planning
- Substance abuse issues (drugs and alcohol)
- Death/loss
- Sexuality and safe sex
- Military recruiting
- Living Arrangements (having a place to live)
- Family Life/Social Relationships (getting along with family and friends)
- Physical/Mental Health (feeling healthy)
- Financial Security (managing your money)
- Continuing Education (learning new skills)
- Transportation (getting around town)
- Social/Civic Responsibility (being a good citizen)
- Pregnancy/prenatal care/parenthood

Do you have:
- State ID
- Social Security number and card
- Driver’s license

After high school, you would like to:
- Do nothing
- Join the military
- Unsure
- Get a full-time job
- Work part time
- Go to college or career tech

Mark the things in school that are difficult for you:
- Students
- Teachers
- Lunch time
- Attendance
- Transportation to school
- Tardiness
Do you independently get ready for school?  YES  NO
Do you get to school on time?  YES  NO
Do you have good school attendance?  YES  NO
Do you use a calendar or planner to organize yourself?  YES  NO

Mark the words that describe you best:
☐ a leader  ☐ healthy
☐ friendly  ☐ shy
☐ a team player  ☐ helpful
☐ lazy  ☐ patient
☐ quiet  ☐ strong
☐ happy  ☐ honest
☐ loud  ☐ talkative
☐ hard working  ☐ tired
☐ serious  ☐ worried

Mark the following things that you need help with:
☐ Reading short books  ☐ Letter to a friend
☐ Fill in the blank questions  ☐ Directions to someplace
☐ Essay questions  ☐ Phone message
☐ Paying bills and bank records  ☐ Job application
☐ Homework instructions  ☐ Grocery list
☐ Restaurant menus  ☐ Adding and Subtracting
☐ Newspapers and magazine articles  ☐ Multiplying and Dividing
☐ Cooking directions  ☐ Measurement for cooking
☐ True/False questions  ☐ Using a calculator
☐ Spelling  ☐ Figuring length of trips
☐ Work hours on time sheet  ☐ Reading bus schedules
☐ Explain medical history and allergies

Mark the chores you know how to do and you do regularly:
☐ Cook  ☐ Take out garbage
☐ Dishes (by hand or dishwasher)  ☐ Wash, fold or put away clothes
☐ Clean bathroom and bedroom  ☐ Grocery shop
☐ Make your bed  ☐ Mow the lawn, rake leaves, garden

After high school, what kinds of activities do you think you will do in your free time?
☐ Hang out with friends
☐ Watch Television
☐ Listen to music
☐ Enjoy hobbies (for example: gardening, collecting baseball cards, video games, etc.)
☐ Go to church or community activities
☐ Go to the mall or movies
☐ Do outdoor activities (for example: biking, hiking, fishing, etc.)