Initial Student Transition Assessment

Student Name: __________________________  SBCSC ID#: ______________  STN#: _____________________

School:________________________________ Grade: ___________________ DOB: ___________________

This is intended to help you begin thinking about what you might want to do when you finish high school. Each year this will be updated to reflect your changing perspective on what you want to do as you get closer to exiting school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

A. Future Vision/Career Interests
1. What kind of work would you like to do?

________________________________________________________________________

2. What type of training or education will you need for your work or career?
   ____ College  ____ Vocational School
   ____ Military  ____ On the job training
   ____ Don't Know

B. Educational Interests
1. What subjects do you like best in school?__________
   ______________________________________________________________________

2. What subjects do you dislike?___________________
   ______________________________________________________________________
   ______________________________________________________________________

3. What do you need help with in school?____________
   ______________________________________________________________________
   ______________________________________________________________________

4. What can you do without help? _________________
   ______________________________________________________________________
   ______________________________________________________________________

5. Which accommodations help you learn? __________
   ______________________________________________________________________
   ______________________________________________________________________

6. In high school, I plan to earn a
   ____ Diploma  ____ Certificate

7. What extra-curricular/after-school activities do you participate in? _____________
   ______________________________________________________________________
   ______________________________________________________________________

8. What extra-curricular/after-school activities would you like to participate in? ___________
   ______________________________________________________________________
   ______________________________________________________________________

C. Independent Living Skills
1. What chores do you do at home? ________________
   ______________________________________________________________________

2. What home and community living skills can you do?
   ___ Shop for clothes
   ___ Fix a snack
   ___ Shop for food
   ___ Cook a meal
   ___ Eat at a restaurant
   ___ Use public transportation
   ___ Other: _____________________

3. Community Skills you need to learn: ___________
   ______________________________________________________________________
   ______________________________________________________________________

D. Recreation and leisure activities
1. What do you do in your free time?
   __ I spend most of my time alone
   __ I spend time with friends
   __ My hobbies and interests are: _____________
   ______________________________________________________________________
   ______________________________________________________________________

2. New activities I would like to try: _______________
   ______________________________________________________________________
   ______________________________________________________________________

3. Where would you like to live after high school?
   __ With family
   __ With friends
   __ Alone
   __ Other: _____________________

8/4/10