

Student Transition Planning Interview

Name: _____ Birthdate: _____
School: _____ Grade: _____ Age: _____

1. Student's Occupational & Career Awareness:

Name as many jobs as you can (up to 15): _____

What do employers look for when they hire someone? _____

What are some reasons people get fired from jobs? _____

What would an employer like about you, what are your strong points as an employee? _____

What skills or attitudes would you need to improve to be a good employee? _____

What should you do if you are going to be late for work? _____

How might your late arrival or absence affect the other employees? _____

2. Preferred Working Conditions: Think carefully about the working conditions described in the 11 items below. Each group lists working conditions that are very different. Check the working condition in each group that you would prefer in any job. You may check more than one if you do not have a strong preference for any one particular condition.

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> Indoors | <input type="checkbox"/> Outdoors | |
| 2. <input type="checkbox"/> With People | <input type="checkbox"/> With Things | <input type="checkbox"/> With Ideas |
| 3. <input type="checkbox"/> Moving Around | <input type="checkbox"/> Sitting/Standing in one areas | |
| 4. <input type="checkbox"/> Busy Place | <input type="checkbox"/> Quiet Place | |
| 5. <input type="checkbox"/> Wear a Uniform | <input type="checkbox"/> Casual Clothes | <input type="checkbox"/> Dress Clothes |
| 6. <input type="checkbox"/> Same task | <input type="checkbox"/> Different Tasks | |
| 7. <input type="checkbox"/> Unskilled | <input type="checkbox"/> Semi-skilled | <input type="checkbox"/> Skilled |
| 8. <input type="checkbox"/> Supervised | <input type="checkbox"/> Unsupervised | |
| 9. <input type="checkbox"/> Dirty | <input type="checkbox"/> Neat and clean | |
| 10. <input type="checkbox"/> One location | <input type="checkbox"/> travel in town | <input type="checkbox"/> travel out of town |
| 11. <input type="checkbox"/> Days | <input type="checkbox"/> Evenings | <input type="checkbox"/> Nights |

3. **Work Temperament:** Rate yourself on each of the following by making a checkmark in the column that describes you the best in that area.

	Most of the time	Sometimes	Never
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even Tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to learn new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibilities at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts consequences for actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How well do you get along with other people (peers, bosses, teachers, principals, etc.) ☐

4. **Career Planning:** After high school, do you plan to attend post secondary training?

Major Area(s) of Interest:

<input type="checkbox"/> College	<input type="checkbox"/>
<input type="checkbox"/> Community College	<input type="checkbox"/>
<input type="checkbox"/> Trade School/Vocational - Tech School	<input type="checkbox"/>
<input type="checkbox"/> Military	<input type="checkbox"/>

Or will you seek:

<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Sheltered Employment

What employment or career related skills would you like to learn while still in school?

☐

☐

What types of work experience (paid or unpaid, volunteer work, etc.) have you had?

☐

☐

From the work experience identified above or from other experiences (such as classes taken or helping parents or relatives), what previous work training have you had? Please list specific work-related tasks you are able to complete. ☐

☐

☐

What would you like to do if you could do anything that you wanted to do? ☐

☐

☐

What might prevent you from doing this? ☐

☐

What job(s) do you think you would like to do and could do well? _____

What job(s) do you really not want to do and why? _____

5. Independent Living Skills:

What do you do in your leisure time? (sports, hobbies, church groups, etc.) _____

Do you have any jobs/chores at home? Y N If yes, what are they? _____

Do you have any spending money? Y N What do you do with your money? _____

Do you use banking services? Y N If so, what ones _____

Do you drive a car? Y N

Do you own and maintain your own car? Y N

Do you prepare meals? Y N How often? _____

What do you like to fix? _____

Do you do laundry? Y N How often? _____

Do you know how to handle emergency situations? Y N

Do you make doctors/dentists appointments? Y N

Who gives you medications? _____

Do you do cleaning and repairs at home? Y N If so, what do you do? _____

How do you find jobs? _____

What community resources are you aware of (for financial, health or job training assistance)?

6. Transition Planning Resources:

Please indicate any additional information about yourself that might help in planning and preparing for your future after high school: _____

Student Transition Planning Interview continued

Who is currently helping you with your plans for after high school?

☐ High School Counselor

☐ High School Teacher(s)

☐ School to Work Coordinator/Careers Teacher

☐ Special Education Teacher(s)

☐ Military Recruiter

☐ Other (_____)

☐ Parents/Family Members

☐ Friend(s)

☐ Voc. Rehab. Counselor

☐ College Counselor

What assistance would you like from the guidance office and/or IEP team to help you and your parents continue with your transition planning? _____

Student's Signature _____ Date _____