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| Student: | | Initial Date: |
| School: | Teacher: | |
| Review Date: | Anticipated Date of Graduation: | |

The following questions will be used to assist in the transition planning activities and to determine post school goals.

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| 1. 1. | Where would you want to live after graduation? |
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| 1. 2. | 1. How would you like to continue learning after graduation? |
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| 1. 3. | 1. What types of things would you like to learn after graduation? |
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| 4 | Where would you want this learning to occur? |
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| 5. | What kind of job would you like now? |
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| 6. | What kind of job would you like after graduating? |
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| 7. | Where would you like to work? |
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| 8. | What type of work schedule would you like? |
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| 9. | What type of pay and benefits would you like from your future job? |
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| 10. | Do you have any significant medical/health issues that need to be considered when determining post school goals? |
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| 11. | What types of chores do you have at home now? |
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| 12. | What choices are made for you now that you would like to take charge of? |
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| 13. | What type of transportation will you use after you graduate? |
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| 14. | What do you do for fun now? |
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| 15. | What would you like to do for fun in the future? |
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