

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post- Secondary:

* 1
* 2
* 3
* 4

**Your dream(s):** In order to prepare for your transition meeting and your future, please answer some questions about what you want to do after high school:

* Where do you want to live after graduation? What type of housing? (rent, live with parents, with a roommate, etc.)
* Do you want to continue your education after graduation from high school? If so, where ?
  + Leisure Studies
  + Volunteering
  + Community Programs
  + On-the-Job training
* What kind of job would you like to have while in school?
  + Fast food/Restaurant
  + Grocery store/Drug Store
  + Lawn care/Outdoor
  + Farm
  + Other: \_\_\_\_\_\_\_\_\_\_
* What kind of job would you like after graduation?
* What are some things that you are good at?
* What are some things that you would like to improve on?
* What are some things you do to help around the house?
  + Laundry
  + Cooking
  + Sweeping/Mopping
  + Yard work
  + Cleaning your room
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any medical issues that you deal with?
  + Yes
  + No
* Do you take medication?
  + Yes
  + No
* What kind of transportation do you plan to use after graduation?
  + Drive my own car
  + Public transportation
  + Parents car
  + Friends or family
  + Do not have personal transportation
* What kind of work-related skills do you need for your career after graduation?
  + Problem Solving
  + Communication
  + Leadership
  + Organizational
  + Math skills
  + Computer
  + Automotive
  + Electrical
  + Driving
  + Writing
  + Social
  + Handling Money
  + Reading skills
  + Teamwork
  + Decision Making
  + Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Check below the qualities of your job you would like to have:
  + Part-time
  + Full-time
  + Hourly pay
  + Salary pay
  + Morning shift
  + Evening shift
  + Night shift
  + Health Insurance
  + Dental Insurance
  + Vision Insurance
  + 401-K/Retirement
  + Paid time off (vacation)
  + Sick pay
  + Holidays
  + Weekends (Sat. - Sun.)
  + Weekdays (Mon. - Fri.)
* What do you like to do for fun or in your free time?
* How do you handle stress and pressure?
* Are there any areas of your personal life you are having difficulty with?
  + Motivation
  + Relationships with friends
  + Drugs/Alcohol
  + Family conflicts
  + School difficulties
  + Behavior
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a bank account?
  + Checking
  + Savings
  + Not sure
* Do you know how to budget your money?
  + Yes
  + No
  + I need help with this.
* What two careers are you most interested in pursuing after graduation?
* Is there anything you would like me to know about to assist you with your plans after graduation from high school?

***It’s YOUR LIFE! Transition is a journey, begin NOW to plan for the trip.***

***10th/11th/12th Grade Edited 07/2022***