

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***