



Lawrence J. O'Shea, Ph.D.  
Executive Director

# STUDENT TRANSITION SURVEY

## PR-7

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Please answer the questions below. Some students may answer independently. Others may require an interview.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**A. Educational Interests:**

1. What subject(s) do you like best in school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What subject(s) don't you like as well?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Work History/Interests:**

1. What kind of work do you think you would like to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever worked for money? \_\_\_\_\_

Where? \_\_\_\_\_

What did you do? \_\_\_\_\_

How did you feel about working? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the best part about having a job? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the worst part about having a job? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. Living Skills:**

1. Please check how you think you do in each of the areas below:

	I can do this on my own	I can do this in my own if someone helps me	I cannot do this on my own
Shop for my clothes			
Shop for food			
Eat at a restaurant			
Drive a car			
Use buses and subways			
Cook a snack			
Cook a meal			

2. Can you manage money alone? Please check below:

	I do not need help in this area	I may need help in this area
Can you make change?		
Can you keep a checking account?		
Can you budget a weekly allowance or pay check?		

3. Are you responsible for any special chores at home?

\_\_\_\_\_

\_\_\_\_\_

**D. Recreation/Leisure Time Activities:**

1. What do you do in your free time?

Do you spend most of your time alone or with friends? \_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_

What games do you enjoy? \_\_\_\_\_

2. What new activities, hobbies, or sports would you like to try? \_\_\_\_\_

\_\_\_\_\_

**E. Living Arrangements:**

1. Have you ever lived away from your parents? \_\_\_\_\_ if so, where? \_\_\_\_\_

\_\_\_\_\_

How did you feel about it? \_\_\_\_\_

\_\_\_\_\_

2. Where would you like to live when you finish school? \_\_\_\_\_  
\_\_\_\_\_

**F. Future Plans:**

1. What do you plan to do after high school?

College \_\_\_\_\_ Employment \_\_\_\_\_  
Military Service \_\_\_\_\_ Other \_\_\_\_\_  
Vocational School \_\_\_\_\_ Don't Know \_\_\_\_\_

2. What classes would you like to take before you graduate from school?  
(Please list)

\_\_\_\_\_  
\_\_\_\_\_

**G. Services:**

1. Which of the following services/programs are you aware of? (Please check all appropriate responses)

<u>Jobs</u>	<u>General Assistance</u>
_____ 1. Office of Vocational Rehabilitation	_____ 1. Group Homes
_____ 2. Job Training Partnership	_____ 2. Social Security (SSI, SSDI)
_____ 3. Job Service/Employment Office	_____ 3. MH/MR Base Service Unit/Case Management Offices
_____ 4. Private employment agency	_____ 4. Department of Public Assistance
_____ 5. Other, please specify _____	_____ 5. Other, please specify _____

Initial Survey Date \_\_\_\_\_

Revision \_\_\_\_\_

Revision \_\_\_\_\_

Revision \_\_\_\_\_