



**Student Transition Survey  
Students Assessed by GAA**

Department of Special Education

**Date of Completion:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Anticipated Exit date** \_\_\_\_\_

This survey addresses what you anticipate your plans/needs to be when you finish high school. This information will also serve as a guide for the IEP team to consider when deciding which classes and educational experiences/supports you should have to help successfully transition from high school to the desired post-secondary environment.

**High School**

Check those that apply for your current high school plans:

- \_\_\_\_\_ I participate in CTAE classes such as \_\_\_\_\_
- \_\_\_\_\_ I plan to graduate in 4 years.
- \_\_\_\_\_ I plan to stay in school until age 22.
- \_\_\_\_\_ I would like to attend Transition Academy after earning diploma academic requirements.
- \_\_\_\_\_ I participate in CBI and/or CBVI during school.

Type of Diploma Expected:

State Defined Alternate Diploma

HS Certificate

Special Education Diploma

What kind of help do you need at school to be successful?

Are you participating in any extra-curricular/after school activities?      Yes      No

If yes, please describe:



**Post-Secondary Education or Training Plans**

Check all expected options that apply after you graduate from high school:

- \_\_\_\_\_ Competitive employment full-time
- \_\_\_\_\_ Competitive employment part-time
- \_\_\_\_\_ I think I will need further job skills training (supported employment) before I can work
- \_\_\_\_\_ I would like to attend a technical or vocational school (Name) \_\_\_\_\_
- \_\_\_\_\_ I would like to attend an Inclusive Post-Secondary Education Program (Name) \_\_\_\_\_
- \_\_\_\_\_ I plan to enroll in Adult Education Classes such as \_\_\_\_\_
- \_\_\_\_\_ I would like to be involved in volunteer work such as \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

What type of help do you expect to need to attain the above expected outcome (check all that apply)?

<input type="checkbox"/>	Employability Skills Training
<input type="checkbox"/>	Researching supported employment options
<input type="checkbox"/>	Researching full time or part time employment opportunities in the _____ field.
<input type="checkbox"/>	Researching Inclusive Post-Secondary Education college/technical/vocational school options
<input type="checkbox"/>	Completing Inclusive Post-Secondary Education college/technical school/vocational school applications
<input type="checkbox"/>	Researching financial aid and waiver opportunities
<input type="checkbox"/>	Exploring transportation options
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____

**Post-Secondary Development of Employment**

Using Pathful Explore or teacher provided interest inventories, identify 3 careers of interest:

- 1<sup>st</sup> Career Choice \_\_\_\_\_
- 2<sup>nd</sup> Career Choice \_\_\_\_\_
- 3<sup>rd</sup> Career Choice \_\_\_\_\_

Please answer the following questions:

What type of job/career would you like to have when you finish high school?

What type of job/career would you **not** enjoy/find interesting?



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Have you had any job experience during high school?

What do you think your work-related strengths are:

What do you think your work-related weaknesses are:

Has an application for services been filed with Georgia Vocational Rehabilitation? \_\_\_ Yes \_\_\_ No

Have you applied for any applicable waivers? \_\_\_ Yes \_\_\_ No

I would like to work (Check all that apply):

	Alone
	Around many people
	In a noisy place
	In a quiet place
	In a place that provides on the job training
	In a job that is always changing and has a lot to do
	Where I know what is expected of me each day
	With my hands, building or making things
	With Computers
	With children
	With animals
	Indoors
	Outdoors
	Other

### Post-School Adult Living/Daily Living Plans

After I finish high school, I plan to live:

By myself or with non-family roommate(s)

Continue to live with family

Supported living (own place with supports for areas of need)

Assisted Living (group home)

Other:

What kind of help, if any, do you think you may need to take care of your adult living skills (self-advocacy, communication, health/fitness) and daily living skills (personal care) as you transition to adult life?



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**Transportation**

I plan to get my driver's license: **Yes** (If Yes, Date: \_\_\_\_\_ ) **No**

After high school, I plan to (check all that apply):

Drive myself to work or other post-secondary activities

Parent/guardian/family member will drive me to work/other post-secondary activities

Use public transportation

Carpool

Use private hired transportation

List any concerns you have with transportation after you leave high school:

**Community Participation**

Recreation and Leisure Activities

Check all the activities you like to do:

Activity	Yes (Y) or No (N)	If Yes, Alone (X)	If Yes, with Family (X)	If Yes, with Friends (X)
Attend concerts, movies, play				
Attend sporting events				
Play sports (Type _____ )				
Use computer/play video games				
Outdoor recreational activities (hunting/fishing/swimming)				
Watch TV or movies at home				
Listen to music				
Other				
Other				

What kind of help, if any, do you think you may need to participate in the things you enjoy doing in your free time?

I would like more information on (check all that apply):

<input type="checkbox"/>	Georgia Vocational Rehabilitation Agency PreEts
<input type="checkbox"/>	Georgia Vocational Rehabilitation Agency Referral for Full Caseload
<input type="checkbox"/>	Other