

Pre-IEP Meeting Survey

Student Name:	Date:
School:	DOB:
Liaison:	Grade:

Career Interests
Have you ever thought about what you want to do when you leave high school?
What career(s) interest you?
What is it about that career that you like?
Do you plan to continue your education and/or training?
Are you thinking about college? If yes, do you know what major you may be interested in?
Do you know what college you are interested in?
Have you toured any colleges?
Where would you live?
Describe how you learn.
What is easy for you?
What is difficult for you?
What helps you to learn more effectively? Check as many as you wish: <input type="checkbox"/> Having information presented visually (on a White board, overhead, etc.) <input type="checkbox"/> Hands-on activities <input type="checkbox"/> Hearing information <input type="checkbox"/> Other: _____
What classes do you like?
What classes are challenging for you?

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Vocational/Experiences									
What work experiences have you had (paid /unpaid/volunteer, etc.)									
Are you working now? If yes, where?									
How many hours and days per week?									
Why and how did you leave your previous job?									
What work tasks do you enjoy? Why?									
What work do you dislike? Why?									
Check the areas you think you need to work on: <table><tr><td><input type="checkbox"/> being on time</td><td><input type="checkbox"/> following directions/schedule</td><td><input type="checkbox"/> getting along with adults</td></tr><tr><td><input type="checkbox"/> good attendance</td><td><input type="checkbox"/> starting tasks without direction</td><td><input type="checkbox"/> getting along with others</td></tr><tr><td><input type="checkbox"/> organizational skills</td><td><input type="checkbox"/> completing tasks quickly and accurately</td><td><input type="checkbox"/> respecting others</td></tr></table>	<input type="checkbox"/> being on time	<input type="checkbox"/> following directions/schedule	<input type="checkbox"/> getting along with adults	<input type="checkbox"/> good attendance	<input type="checkbox"/> starting tasks without direction	<input type="checkbox"/> getting along with others	<input type="checkbox"/> organizational skills	<input type="checkbox"/> completing tasks quickly and accurately	<input type="checkbox"/> respecting others
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Community Experiences
What extracurricular activities do you participate in – KP Clubs, etc.?
Are you involved in any community groups/activities?
What do you do for fun?
How do you get around town?
Are you working towards your permit/ license? If not, do you plan to in the future?
<p>Which of the following community services do you use?</p> <p><input type="checkbox"/> Library <input type="checkbox"/> Post Office <input type="checkbox"/> Fitness/Recreation Centers</p> <p><input type="checkbox"/> Bank <input type="checkbox"/> Public Transportation (Buses, Trains, etc.) <input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p>Do you have a bank account? _____</p> <p>Do you manage your own bank account? _____</p> <p>Do you have chores around the house? If so, what are they?</p>