**STUDENT TRANSITION PLANNING INVENTORY**

|  | Date: |
| --- | --- |
| Student Name: | DOB: |
| School: | Grade: |
| Liaison: |  |
|  |  |
| **The Future** |
| 1. What kind of job would you like when you grow up?
2. Where would you like to live?
3. What would you like to learn/study?
 |
| **Academic Areas** 1. Describe how you learn.
2. What is easy for you?
3. What is difficult for you?
 |
| 1. What helps you to learn more effectively? Check as many as you wish:[ ] Having information presented visually (on a white board, overhead, etc.) [ ] Hands-on activities[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Hearing information
 |
| 1. What classes do you like?
 |
| 1. What classes are challenging for you?
 |

**STUDENT TRANSITION PLANNING INVENTORY (continued)**

| Student Name: | DOB: |
| --- | --- |
| **Pre-Vocational/Employment** |
| 1. What chores/tasks do you do at home?
 |
| 1. What chores/tasks do you enjoy? Why?
 |
| 1. What chores/task do you dislike? Why?
 |
| 1. Check the areas you think you need to work on:[ ] being on time [ ] following directions/schedule [ ] getting along with adults[ ] good attendance [ ] starting tasks without direction [ ] getting along with others[ ] organizational skills [ ] completing tasks quickly and accurately [ ] respecting others
 |

**STUDENT TRANSITION PLANNING INVENTORY (continued)**

| Student Name: | DOB: |
| --- | --- |
| **Community Experiences** |
| 1. What extracurricular activities do you participate in?
 |
| 1. What do you do for fun?
 |
| 1. Which of the following community services do you use?

 [ ] Library [ ] Post Office [ ] Fitness/Recreation Center [ ] Bank [ ] Public Transportation (Buses, Trains, etc.) [ ] None [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Personal Information – Tell me your:

 (check if accurate) [ ] First and Last Name [ ] Address [ ] Telephone Number [ ] Who would you contact in case of an emergency? [ ] How? |
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