**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? | |
|  | |