

**Transition Life Planning  
Student Questionnaire - High School**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Year of Graduation \_\_\_\_\_

School \_\_\_\_\_ Caseload Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

After completing your education (high school and post secondary), what are your career plans?

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What do you need to reach your goal?

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**INSTRUCTION**

1. Describe your disability.

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2. How does it interfere with your learning?

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3. What is the easiest way for you to learn?

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4. Do you ask for help when needed?

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5. What academic classes have you enjoyed?

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6. What elective classes have you enjoyed? (examples: ceramics, physical education, etc.)

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7. What modifications do you need in your class in order to succeed?

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8. Do you want to be more involved in you IEP?

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**COMMUNITY EXPERIENCES**

1. What community services do you use? (examples: library, post office, bank, etc.)

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2. What school activities or clubs are you involved in?

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3. What other activities do you do?

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4. Do you have a driver's license?  Yes  No  
Do you need help passing driver's education?  Yes  No

5. Are you aware that at age 18:  
You may register to vote?  Yes  No  
If you are a male, you must register for the draft?  Yes  No