

Transition Survey
Willmar Senior High School
Willmar, MN 56201
created by T. Hunt, Willmar High School 2/5/03

Full name: _____ Birthdate: ____/____/____ Age: ____

Address: _____

Phone Number: (____) _____ Disability: _____

Parent/Guardian name: _____ Work Phone: _____

JOBS & JOB TRAINING

FUTURE ADULT GOAL: After high school, the kind of job I would like to have is
(list some careers your are interested in) _____

PRESENT LEVEL OF PERFORMANCE:

Circle the paid or unpaid jobs that you have had.

farm work babysitting housecleaning lawn mowing
odd jobs other (list): _____

Which was your favorite? _____ Why? _____

Which was your least favorite? _____ Why? _____

Do you currently have a job? **(yes/no)** Where do you work? _____

Circle the items that best describe what you like in a workplace.

part time near home money outdoor
full time sit down active & physical indoor
large business small business being with people alone
work for someone working with hands money is most important
own own business working with pen & paper

Circle your job related strengths (things good at) and put an X on your job related weaknesses (problems).

kids your own age	get to work/school on time
older people/adults	keep mind on assignments
making eye contact	able to ask questions
listening carefully when others speak	treating other with respect
change from one job to the next	accepting help
stand up for your rights	chemical dependency
confidence	attitude
finish work with reminders	using time wisely
figure out the next thing to do	grooming

Do you have a resume? **(yes/no)**

Have you participated in an interview? (yes/no) Where? _____

Have you filled out a job application? (yes/no) For what company? _____

Do you willingly follow directions? (yes/no)

Do you follow through on directions given at home? (yes/no)

Do you get to school on time? (yes/no)

Do you have good school attendance? (yes/no)

Do you usually make an effort to do your best? (yes/no)

Do you use a calendar or planner to organize yourself? (yes/no)

Are you organized at school? (yes/no)

Do you use your time in class to work on assignments? (yes/no)

POST SECONDARY EDUCATION & TRAINING

FUTURE ADULT GOAL: After high school I would like to attend:

2 year technical college (where? _____)

4 year college (where? _____)

Get a job

Military
Unsure

PRESENT LEVEL OF PERFORMANCE:

Circle the things in school that are difficult for you.

students	teachers	lunch time	attendance	tardiness
bus rides	activities	getting along with others		

Which classes are the most difficult for you? _____

Why are they hard for you? _____

Which classes are the easiest for you? _____

Why are they easy for you? _____

Are you currently working to the best of your ability? (yes/no)

My level of motivation to succeed in school is: ___ high ___ medium ___ low

How much time do you spend completing homework each night? _____

Do you have good study skills? (yes/no)

How do you learn the best? lecture (hear it) visual (see it) hands-on

Circle the following things you need help with:

Reading:	Fill in the blank questions	Essay questions	Short books
	Homework instructions	Restaurant menus	Novels

	Newspaper headlines	Cooking directions	Textbooks
	T/F questions	Magazine or newspaper articles	
Writing:	Recognizing words	Understanding what you have read	
	Short answers on tests	Essay answers on tests	
	Spelling	Punctuation	
	Letter to a friend	Directions to someplace	
	Phone message	Papers for a class	
	Job application	Grocery list	
Math:	Adding	Subtracting	Multiplying
	Dividing	Exact measurement	Fractions
	Using a calculator	Figuring length of trips	Decimals
	Making change	Developing a budget	

COMMUNITY PARTICIPATION

FUTURE ADULT GOAL: After high school I would like to participate in the following: (circle all that you might do)

Ducks Unlimited Church Group Volunteer Fire Department
 Rescue Squad Lions Club Plays Concerts
 Sports: bowling volleyball softball basketball swimming others: _____
 Others: _____

PRESENT LEVEL OF PERFORMANCE:

Have you taken Driver's Education/Behind the Wheel Training? (yes/no)

Have you taken your Permit test? (yes/no)

Do you have a MN driver's License? (yes/no)

Do you have a saving account? (yes/no) A checking account? (yes/no)

Circle the volunteer work you have done in your community.

clean ditches work at church teach Sunday school
 child care Girl Scouts Boy Scouts Other: _____

Circle the places you go regularly in your community.

work bowling library movie grocery shopping
 pool health club Post Office laundromat parks mall
 plays museums concerts church sporting events
 court house job service dentist/doctor community ed & rec
 Boy Scouts Girl Scouts FFA 4-H other: _____

Circle all of the modes of transportation you use to get around in the community.

parents/relatives car drive self walk bike
 car-pooling with friends friends car taxi bus

Circle the appointments that you make for yourself.

hair doctor dentist/other: _____ none

List the Community Ed. Classes you have taken. _____

RECREATION & LEISURE

FUTURE ADULT GOAL: After high school, in my free time, I would like to _____

PRESENT LEVEL OF PERFORMANCE:

List your hobbies? _____

Do you enjoy reading for fun? **(yes/no)** Circle the things you enjoy reading.

Newspaper Magazine Novels Books

Where did you go and what did you do on your last vacation? _____

What do you like to do when you have free time alone? _____

What do you like to do when you have free time with friends? _____

What do you like to do when you have free time with family? _____

Circle the places you go for fun.

mall out to eat (restaurants) movies gym
sporting events Other: _____

List the sports you enjoy spectating (watching). _____

Do you exercise regularly? **(yes/no)** What do you do? _____

Circle the activities that you enjoy participating in.

walking	rollerblading	volleyball	gardening
construction	running	fishing	swimming
hunting	biking	hiking	4-wheeling
boating	baseball	concerts	playing cards
sewing	shopping	crafts	camping
riding horse	lifting weights	skiing	movies
car racing	fixing cars	reading	bowling
writing letters	canoeing		watching videos
playing an instrument	being with animals		listening to music

Circle the school extracurricular activities that you currently participate in.

plays newspaper sports (list) _____
yearbook dances clubs (list) _____

What do you do when you get home from school? _____

What do you do on the weekends? _____

HOME LIVING/DAILY LIVING SKILLS

FUTURE ADULT GOAL: After high school I would like to live:

at home	in a house	apartment	college dormitory
in a big city	in the country	in a town	
with relatives	with friends	alone	group home

PRESENT LEVEL OF PERFORMANCE:

Circle the chores you know how to do.

cook	dust	dishes (by hand or dish washer)	
vacuum	take out garbage	wash, fold, or put away clothes	
garden	mow the lawn	make your bed	
sweep	clean bedroom	clean bathroom	rake leaves
shovel snow	care for pets	wash windows	grocery shop

If you had to make breakfast for your family what would it be? _____

If you had to make lunch for your family what would it be? _____

If you had to make supper for your family what would it be? _____

Do you eat well balanced, healthy meals each day? **(yes/no)**

Can you use basic tools to fix things around the house? **(yes/no)**

Can you independently take medication according to the label? **(yes/no)**

List any major medical problems that you have. _____

What time do you usually go to bed? _____ get up? _____

Are you tired in school? **(yes/no)**

Do you have good health habits (avoid tobacco, alcohol, drugs, etc.)? **(yes/no)**

Do you have good personal grooming and hygiene habits? **(yes/no)**

