

Student Transition Planning Survey

Please complete this survey and save to your device. Please send the saved version to your case manager and Liz Crickard, Transition Coordinator, at ecrickar@usd497.org. (survey revised 8-5-19)

Personal Information

Name

First Name Last Name

Preferred Name?

What pronouns do you use?

Today's date

What grade are you in?

7	9	11
8	10	12

Name of Case Manager

Why do you have an IEP?

What accommodations/supports help you?

Do you feel comfortable asking for those accommodations and supports?

Yes

No

Are you interested in tutoring services or extra support on school work after the school day?

Yes

No

Who are people, at school or outside of school, that you feel comfortable going to for help and support?

Please describe some of your successes.

Please describe some of your challenges.

What are some of your strengths?

Describe a goal that you have for yourself this year.

How can we (case manager, teachers, and other school staff) help you achieve this goal?

With preparation help and support, would you be interested in leading one or more of your IEPs during high school?

Yes

No

Maybe

Who would you like to invite to your IEP meeting?

Future Plans

What do you plan to do after high school? (check all that apply)

Work

Community College

Job Corps

Four-year college

Military Service

Technical School

What plans or activities have you made/done to get ready for life after high school?

Have you had a conversation with your parents/guardians about your plans for after high school?

Yes

No

When you think about graduating from high school, what are you excited about?

When you think about graduating from high school, what concerns do you have?

Personal Interests

What are your hobbies and special interest? (check all that apply):

drawing	painting	ceramics
digital art	other type of art	crafts
listening to music	playing music	singing
collections	video gaming	bicycling
fishing	jogging or walking	yoga
lifting weights	other type of exercise	skating
boating	hiking	reading
skiing	camping	hunting
gardening	landscaping	repairing cars
watching TV	cooking	producing music/video
lessons (music, dance, etc.)	photography	watching YouTube
woodworking	word puzzles	bowling

Activities you currently participate in (check all that apply):

clubs (high school clubs, 4-H, etc.)	church groups
recreational facilities (Sports Pavilion, Holcom, East Lawrence Center)	individual or team sports
watch sporting events	dance
go out to eat	shopping
movies	library
hang out with friends	family outings/events
attend school functions (concerts, plays, sporting events, etc.)	

Would you like help getting involved in school or community activities?

Yes	No
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Who do you usually spend your free time with? (check all that apply)

Friends	Siblings
Parents	Other family
Other peers	Other adults

Educational Information

Please list any classes that you have enjoyed during middle school or high school.

How do you learn best? (check all that apply)

- Visual information
- Hands-on learning
- Lecture
- Reading material
- Computer-based materials
- Individually
- In a group

What technology do you use for school and learning? (check all that apply)

- Co-Writer
- Snap and Read
- Apps on your school device
- Mobile phone apps

Do you know how to successfully prepare for tests?

- Yes
- No

Do you regularly check your school email?

- Yes
- No

Do you consistently arrive to school on time?

- Yes
- No

What kind of high school classes do you think are important to prepare you to meet your plans for after high school? (Check all that apply)

- prepare you for college
- teach practical academics (budgeting, income taxes, etc.)
- teach needed independent living skills (cooking, shopping skills, etc.)
- teach fine/performing arts (music, drama, etc.)
- teach physical education
- train for a job in the school/community (work experience)
- teach a foreign language

Are you interested in classes that teach vocational skills during high school? (check interest areas)

- Design, Build, and Construction
- Certified Medication Aide (CMA)
- Certified Nursing Aide (CNA)
- Emergency Medical Technician (EMT)
- Emergency Medical Science (First Responder and Medical Terminology)
- Biomedical Science
- Forensic Science
- Mechanics
- Culinary
- Agriculture
- Heating, Ventilation & Air Conditioning (HVAC)
- Automotive Service
- Welding
- Marketing Applications
- Media and Public Relations
- Web Page Design/HTML & CSS
- Computer Science
- Cybersecurity
- Digital Electronics
- CompTIA A+
- Networking
- Computer Programming
- Game Development/Game Design
- Project Management: Support, Networking, Programming or Web and Digital Communications
- Robotics & Principles of Engineering
- Media and Public Relations
- Law and Public Services
- Mentoring, Teaching, Leading

Please check any technical schools or colleges that you would like to visit.

Johnson County Community College

Washburn Technical Institute

University of Kansas

Job Corps

Lawrence College and Career Center

Kansas City Kansas Community College

Washburn University

Haskell Indian Nations University

Peaslee Technical School

Students who are first generation college students (i.e. neither parent graduated from college with a 4-year degree) may be eligible for special programs or scholarships. Would you like information about these programs?

Yes

No

Please list any adults in your life that will help you apply for training or education after high school. (parents/guardians, other family, teachers, etc.)

Work Experience

Job Search Experience

Yes No

Do you know where to find job openings?

Have you ever filled out a job application?

Did anyone help you fill out the form?

Do you need practice completing an application?

Have you ever had an interview for a job?

Do you need to practice job interviews?

Do you know how to prepare for a job interview?

Do you have a current resume?

Do you have a social security card?

Do you have your social security number memorized?

Do you have a copy of your birth certificate?

Do you have a Kansas ID?

Do you carry a photo ID with you?

Do you know what the information on a pay stub means?

Do you have concerns about getting along with a supervisor or co-workers?

Are you interested in job shadowing?

Volunteer Experiences (check all that apply)

none

concession stand

team manager

work in hospital

work with children

work with elderly

gardening/landscaping

working with animals

community groups (advocacy,
church, political, etc.)

Paid Experience (check all that apply)

mow lawns

work in a concession stand

shovel snow

run errands

child care

provide pet care

retail

food service

Employment History

Place of Employment	Type of Work	From	To	Reason for Leaving
1				
2				
3				
4				

Are you presently employed?

Yes

No

If yes, where?

How many hours a week do you work?

Did any of the following people help you find the job? (check all that apply)

parent/guardian

other relative

school employee

friend

If you are not employed now, would you like to find a job during high school?

Yes

No

Maybe

If yes, where would you like to work during high school?

What would your future dream job or ideal career be? What interests you about this job/career?

What are other jobs and careers you are interested in?

Preferred working conditions (check all that apply)

indoors

outdoors

either/both indoors and outdoors

wear casual clothes

wear dress clothes

wear uniforms

no preference on work attire

with people

with animals

daytime

nighttime

quiet place

busy

dirty

neat/clean

supervised

unsupervised

moving around

sitting/standing still

some sitting/moving

variety of tasks

repetitive tasks

Independent Living

Household Management/Daily Living

Where do you want to live after high school?

At home with parent/guardians

With relatives

Dormitory

Live alone in an apartment/house

Share an apartment/house

If you plan to live on your own or with a roommate, will you be staying with your parents/guardians for awhile after graduation?

Yes

No

Maybe

Do you have experience doing any of the following? (check all that apply)

make own bed

clean own room

clean other rooms

use washing machine

use clothes dryer

sort clothing

fold clothing

put away clothing

manage personal grooming

babysit

take care of pet

dust

mow lawn

shovel snow

rake leaves

pick weeds

wash &/or dry dishes

load &/or unload dishwasher

cooking on my own

cooking with help

buy groceries

put away groceries

take out trash

vacuum

clean vehicles

clean garage

reading a recipe

using a microwave

using a stove

using an oven

Do you need reminders to do any of these household tasks?

Yes

No

Do you receive an allowance?

Yes

No

Do you use any of the following to keep track of appointments and deadlines? (check all that apply)

A planner/calendar (paper version)

An electronic calendar (Google calendar, Exchange, etc.?)

Planning and Calendar apps on your phone

Transportation

Do you have a driver's license?

Yes

No

If not, do you plan to get one?

Yes

No

Do you need assistance in getting one?

Yes

No

Do you have a learner's permit?

Yes

No

What type of transportation do you use now? (check all that apply)

Walking

Rides from family/friend

Ride a bike

Drive self

Uber, Lyft or other private transportation services

Public Transportation

If you do not plan to get a driver's license, what type of transportation do you plan to use? (check all that apply)

Walking

Ride a bike

Public Transportation

Rides from family/friend

Uber, Lyft or other private transportation services

How often do you use the city bus?

I have never used the city bus, but I would like to use it.

I have never used the city bus, and I'm not interested in using it.

I use the city bus daily.

I use the city bus weekly.

I only use the city bus once in awhile.

If you ride the city bus, who rides with you?

I mainly ride the bus on my own.

I ride the bus with friends/peers/siblings.

I ride the bus with parents/guardians/other adults.

Do you know how to use the city bus map?

Yes

No

Do you know how to use the city bus trip planner?

Yes

No

Have you used the city bus for more than one destination?

Yes

No

Have you used more than one route on the city bus?

Yes

No

Do you have a city bus pass?

Yes

No

Money

Do you have a checking account/debit card?

Yes No

Do you know how to check your account balance?

Yes No

Do you have a savings account?

Yes No

Do you routinely save money for major purchases?

Yes No

Can you budget your money?

Yes No

Can you count back change?

Yes No

Do you know how to compare prices for the best buy?

Yes No

Do you receive? Please check all that apply.

Supplementary Security Income (SSI)	Disability Income (SSDI)
Supplemental Nutrition Assistance Program (SNAP)	Survivor Benefits
Medical Card/Kancare	HCBS Funds (Waiver)
Child Support for Self	Child Support for your dependents

Do you receive services from any of the following?

Kansas Department of Corrections (KDOC)
Department of Children and Families
Foster Care Contractor
Mental Health Provider

Health

Do you know the name and contact information for your doctor/medical provider?

Yes

No

Do you have experience making your own doctor/medical appointments?

Yes

No

Do you take medication prescribed by a medical provider?

Yes

No

If you take prescription medication, do you

Yes No Not applicable

Know the name of the medication?

Know why you take the medication?

Know who prescribed the medication?

Take the medication independently?

Take the medication with reminders from parents/guardians?

Is there anything else that you want to share about transition and your plans for the future?

Do you have any feedback about this survey you would like to share?

Thank you for completing this survey! Please save this survey to your desktop and email it to your case manager and Liz Crickard, Transition Coordinator, at ecrickar@usd497.org.