



# BATH COUNTY HIGH SCHOOL HIGH SCHOOL TRANSITION QUESTIONNAIRE

*The following questionnaire pertains to the three areas of transition that are required by IDEA and indicator 13: postsecondary education/training, employment, and independent living (which includes home and daily living skills, community living skills, and recreation & leisure).*

*This form is to be completed by rising tenth, eleventh, and twelfth graders attending Bath County High School.*

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Age: \_\_\_\_\_  
 Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Projected Graduation Date \_\_\_\_\_ Career \_\_\_\_\_  
 Notes \_\_\_\_\_

## EMPLOYMENT

1. What are your greatest dreams for the future?
2. What are your greatest fears for the future?
3. What barriers might get in the way of accomplishing your goals?
4. What kind of supports do you think you need to help you accomplish your goals?
5. How can the following help you reach your goals:
  - a. Your family?
  - b. The school?
  - c. The community?
  - d. Agencies?
6. Are you presently employed? If so, where do you work?

7. What jobs (paid positions) have you worked at in the past?
8. What unpaid job experience (volunteering and non-court appointed community service) do you have?
9. What would you like to be doing in two, five or two years from now?
10. What type of work are you interested in after you leave high school?
11. What does your “ideal job” look like?
12. What classes have you taken that you believe have helped prepare you for the job you are interested in?
13. What classes would you like to take in the future (during high school) to better prepare you for the job you would like to do?
14. Do you know what a Social Security Number is? If so, briefly explain what it is?
  - a. Do you know what your Social Security Number is?
  - b. Do you know where your Social Security Card is located?
15. Have you ever completed a job application? If so, where?
16. Have you ever had a job interview? If so, where?
17. Have you met with a Rehabilitation Counselor with DARS (the Department of Aging and Rehabilitation Services)? If no, would you like to?
18. What are ways that you feel you can learn about available jobs?

19. List three skills you feel you need to improve in the area of employment.

a.

b.

c.

20. List four reasons people may be fired or lose their job?

a.

b.

c.

d.

## POSTSECONDARY EDUCATION & TRAINING

1. What type of education or training do you want to participate in after high school?

- Four-year College/University \_\_\_\_\_
- Community College (2 years) \_\_\_\_\_
- Technical School/College (1 - 2 years) \_\_\_\_\_
- Military \_\_\_\_\_
- On-the-Job Training \_\_\_\_\_
- No plans at this time \_\_\_\_\_
- Other – Please explain \_\_\_\_\_

2. Do you foresee anything stopping you from going to college (or attending training) after high school?

3. If you plan on attending, how do you plan to pay for college?

4. Please provide any scores for the following tests that you have taken.

SAT \_\_\_\_\_

PSAT \_\_\_\_\_

ACT \_\_\_\_\_

ASVAB \_\_\_\_\_

College Placement Exam \_\_\_\_\_ Where taken? \_\_\_\_\_

5. Have you ever made a visit to a college? If so, where?

6. What is your best modality or style of learning?
7. What are your most successful classes? Why do you think you were successful in these classes?
8. What are your most difficult classes? Why do you think you have had difficulty in these classes?
9. List three skills that you feel you need to improve before furthering your education after high school.
  - a.
  - b.
  - c.

## **DAILY LIVING SKILLS**

1. What chores or responsibilities do you have at home?
2. List three skills you feel you need to improve in order to help around the house.
  - a.
  - b.
  - c.
3. What is your address?
4. What is your phone number?
5. Do you pick out your own clothing (to buy)?
6. Do you have any specific medical needs? If yes, please explain.
7. Where do you plan to live after you complete high school?

8. With whom do you think you will be living after high school?
  
9. Can you...
  - a. Schedule an appointment?
  - b. Budget money?
  - c. Budget your time?
  - d. Unclog a drain?
  - e. Fix a hole in a wall?
  - f. Stop a door from squeaking?
  - g. Keep your room clean?
  - h. Plan and prepare meals?
  - i. Sew on a button?
  - j. Repair a rip in clothing?
  - k. Select and care for clothing?
  - l. Change a tire?
  - m. Replace windshield wiper fluid?
  
10. What other basic home “repairs” can you complete?
  
11. How much do you feel it costs to rent a one-bedroom apartment in this area?
  
12. Do you have a checking account?
  - a. Do you have a debit card attached to the account?
  - b. Do you know how to access your account online?
  
13. List three banks in this area?
  - a.
  
  - b.
  
  - c.
  
14. List reasons you may need the services of a bank.
  - a.
  
  - b.
  
  - c.
  
15. List three types of insurance you may need when you graduate.
  - a.
  - b.
  - c.

16. Do you have a Virginia Driver's Permit or License?
17. Do you own your own car?
18. Are you registered to vote? Where is your card located?
19. If male, have you registered for the Selected Services? Where is your card located?
20. List three skills you need to improve in the area of home and daily living skills.
  - a.
  - b.
  - c.

## **RECREATION & LEISURE**

1. What do you like to do for fun outside of school?
2. What school activities are you involved in?
3. Which of the above hobbies or activities do you feel could be life-long interests?
4. How do you react to someone when they tell you that you are doing something wrong?
5. What types of social media do you participate?
6. What are two advantages and two disadvantages of social media?
  - a.
  - b.
  - c.
  - d.

## Personal, Medical & Family

1. How do you handle conflicts or solve problems?
2. Who do you go to when you have problems or need help with the following:
  - a. Home?
  - b. School?
  - c. Community?
  - d. When things aren't going well?
3. Do you have a circle of friends?
4. What qualities make a good friend?
5. What social/interpersonal barriers can you control or take responsibility for (i.e. attitude, behavior, hygiene, drug, etc.)?

### ***Circle the words that describe you best.***

A leader  
Friendly  
Intelligent  
Prompt  
A team player  
Good looking  
Lazy  
Quiet  
Artistic  
Happy  
Loud  
Sarcastic  
Careful  
Hard working  
Mechanical  
Serious  
Competitive  
Cooperative  
Creative  
Healthy

Helpful  
Honest  
Organized  
Patient  
Persistent  
Shy  
Strong  
Sympathetic  
Daring  
Imaginative  
Persuasive  
Talkative  
Energetic  
In a hurry  
Pleasant  
Tired  
Enthusiastic  
Independent  
Pretty  
Worried

## STUDENT TRANSITION QUESTIONS

What questions or concerns do you have regarding employment, postsecondary training & education, or independent living do you have at this time? The questions you ask can assist you and your case manager in making future plans, formulating goals, or providing curriculum.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.