



Northern Lights Special Education Cooperative

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Beginning the Transition Planning Process
Informal Student Survey

Name _____ Male / Female Date _____

Address _____

Street City State Zip

Home Phone _____ Age _____ Birth date _____

Parent(s)/Guardian(s) Name(s) _____

Current Grade _____

1. Home Living

What work or chores do you do at home? _____

What are two (2) meals that you could prepare for your family? _____

Do you help with the family grocery shopping? Yes No About how much does a loaf of bread cost? _____

Do you have to be told to clean your room? Yes No About how often do you clean your room? _____

What is your favorite activity at home? _____

Where do you plan to live after graduation? _____

Are you able to save money to use at a later time? Yes No

Who would you contact if there was a serious accident in your home? _____

2. Community Participation

Do you have a MN ID, driver's permit, or driver's license? Yes No

If male over 18 years of age, have you registered for Selective Service? Yes or No

Have you ever taken a city bus? Yes No

Do you have and use a savings account? Yes No Do you have a checking account? Yes No

Where is your favorite place to go shopping? _____

What clubs or organizations do you belong to at school? _____

What church or community groups do you belong to? _____

How much do you tip at a restaurant? _____

What are the "Yellow Pages" used for? _____

3.Recreation and Leisure

What are your hobbies and spare time activities? _____

What sports do you play? _____

Do you read the newspaper? Yes No If yes, which parts? _____

How do you spend most of your weekday evening time? _____

What did you do on your last vacation? _____

Do you like to do things alone or with others? _____

Where do you go to have fun? _____

4. Jobs and Job Training

List different jobs you have had and tell if they were paid, unpaid, or volunteer.

- 1)
- 2)
- 3)
- 4)

Which job did you like the best?

Have you ever been involved with any work study program? Yes No

Have you ever filled out a job application? Yes No Do you need to improve this skill? Yes No

Have you ever had a job interview? Yes No Do you need to improve this skill? Yes No

Are you working now? Yes No If yes, where? _____

List some work related strengths you have _____

List some work related weaknesses you have. _____

What do you think would be a good job for you right now? _____

Do you think your disability would affect you on your job? Yes No

If yes, how? _____

How much money do you think you would need to make in order to live on your own? _____

5. Post-Secondary Training

What job or career would you like to have after high school? _____

What are your favorite classes in school? _____

Which classes are the most difficult for you? _____

What other things about school are difficult for you? _____

Which class do you like the least? _____

After high school what type of training plans do you have? *Circle one or two*

- college
- technical college
- military
- work force
- unsure
- stay home
- do nothing

What help do you need to be successful in learning? _____

What help do you need to accomplish your goals? _____

Do you have a disability? Yes No If yes, what? _____

Will your disability affect how well you do your job? Yes No How? _____

Are you comfortable telling others about your disability? _____

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