



Planning for the Future

Parent/Guardian

The information obtained from completing this form will help your Individual Education Plan team make decisions about your course of study so that you can be successful after graduation from high school. Please complete this form yourself or with the help of your case manager.

General Information

Student Name: _____ Birthday: _____ Grade: _____

Current Address: _____ Phone #: _____

Anticipated Graduation Date: _____

After graduating from high school, I would prefer to:

___ continue my education at a vocational school or college

___ get a job and go directly to work

___ I don't know at this time

Vocational/Post Secondary Educational Options

After graduating from high school, if I were to continue my education, what interests me most is:

Four year college or university

Two year community college

Technical college

Apprenticeship

Military service

Adult Education Program

Other (please identify): _____

What job or career do you want to study or train to be: _____

Do you need information on tests required to get into post secondary education or the military (SAT, ACT, PSAT, ASVAB, AcuPlacer)? _____ yes _____ no

About me:

My level of motivation to succeed in the academic setting is

___ high ___ medium ___ low

The level of control I have over decision making and my individual success is

___ high ___ medium ___ low

My ability to identify what I need and how to get it is

___ high ___ medium ___ low

The hardest thing for me to learn at school is: _____

The subject I am best at is: _____

One thing that helps me to learn is: _____

I think I learn best by: ___ seeing things ___ hearing things ___ doing things

After graduation, I would like to have a job and go right to work: ___ yes ___ no

If yes, check the kind of work you hope to have:

___ Competitive Employment (earn at least minimum wage in the traditional job market)

___ Full time ___ Part time

___ Self-Employed (run your own business)

___ Supported Employment (working in the competitive market with support)

___ Full time ___ Part time

___ Sheltered Employment (center based employment for those with disabilities)

___ Full time ___ Part time

In what type of job/occupation would you like to be working one year after graduation?

In what type of job/occupation would you like to be working five years after graduation?

What classes could you take in high school that would help reach the job/occupation goal you have?

- | | |
|----|----|
| 1) | 2) |
| 2) | 4) |

What chores or jobs (mow lawn, clean, wash dishes, etc.) do you have at home and how much help do you need to do them?

Activity/chore	Do it Independently	Need some help
1)		
2)		
3)		
4)		

What are some things (hobbies or jobs) that you really like to do?

What volunteer things have you done at school or in the community?

List any jobs you really dislike doing?

Home Living Options

Following graduation, where (location) do you plan to live (check one):

- Large city Which one: _____
 Smaller town Which one: _____
 On a farm or in the country

Following graduation, how (situation) do you plan to live (check one):

- Independently in an apartment or home
 With a family member
 In an apartment or home but with help/support from family or others
 In a supervised apartment
 In a group home
 In a college dormitory
 Other (Please describe): _____

Recreation and Leisure Options

Leisure Interest Inventory (Check all of the following activities in which you currently participate):

Athletic/sports activities:

- swim lift weights ski skate board hunt
 walking/jogging aerobics softball motorcycle fish
 ride bike camping football gymnastics volleyball
 Other (please list): _____

Large group events:

- movies ball games music events dances
 car races community education classes horse/dog/car shows
 Other (please list): _____

Individual activities:

- reading listen to music go shopping handcrafts
 cooking care for pets play instrument gardening/lawn care
 talk on phone watch TV computer games cards or board games
 clean/repair things draw or write volunteer
 Other (please list): _____

Social activities:

- dating volunteers church activities youth club
 spend time with friends eat out drive around
 Other (please list): _____

In which extra curricular activities would you like to participate while in high school?

Do you need any extra support to participate in this/these extracurricular activities?

- yes no

If yes, please describe: _____

List all the community leisure activities in which you would like to participate after graduation:

Transportation Options

How will you get around the community and to work?"

Transportation method	I do now	I need to learn	Will not use
Drive my own vehicle			
Drive a family vehicle			
Use the city bus			
Take a taxi			
Ride a bicycle			
Walk			
Special transportation (Stride, etc.)			
Let other people take me			
Other (describe):			

Financial Support

Agencies and services providing support:

Agency or service	Use now	Want information	Will NOT need
Division of Rehabilitation Services (DRS)			
Job Training Partnership Programs (JTPA)			
Minnesota Workforce Center			
Supplemental Security Income (SSI)			
County Social Services/Case Management			
Medical Assistance			
Center for Independent Living			
Other			

Miscellaneous Issues

When was your last physical examination? Month _____ Year _____

Do you have medical or counseling needs? _____ yes _____ no

If yes, do you need support to manage those needs? (describe):

Currently, what is your greatest concern for your future?

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