

Student Interview for Transition Planning

Student Name: _____ Grade: _____

Current Skills in the Areas of Living, Learning, and Working

Please check the personal and domestic skills that you currently demonstrate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Brushing Teeth | <input type="checkbox"/> Paying Bills | <input type="checkbox"/> Scheduling Appointments |
| <input type="checkbox"/> Washing Hair | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Taking Medications |
| <input type="checkbox"/> Styling Hair | <input type="checkbox"/> Laundry | <input type="checkbox"/> Asking for Help |
| <input type="checkbox"/> Selecting Clothes | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Dealing with Emergencies |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Driver's Permit |
| <input type="checkbox"/> Counting Money | <input type="checkbox"/> Meal Planning & Nutrition | <input type="checkbox"/> Driver's Education |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Time Management | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Saving Account | <input type="checkbox"/> Telling Time | <input type="checkbox"/> Use Public Transportation |

If you do not have a driver's license, do you plan to get one?

If no, please explain how you will get to the places you need to go.

Indicate your current use of these skills: 1 = Seldom, 2 = Sometimes, 3 = Regularly (Choose one.)

Skill	1	2	3
Punctuality			
Attendance			
Accountability			
Following Directions			
Staying on Task			
Completing Tasks			
Acceptance of Constructive Criticism			
Teamwork			
Working Independently			

Have you taken:

	What did you like about the class?	What did you dislike about the class?
Shop Classes		
Art Classes		
Computer Classes		
Music Classes		

What do you enjoy about school?