



**Exceptional Student Education
Transition Assessment (Ages 11-13) Form C**

Student Name: _____ Date: _____

Student Signature: _____ Interviewer: _____

A. Instructional:

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

- | | |
|--|--|
| <input type="checkbox"/> Visual | <input type="checkbox"/> One-on-one |
| <input type="checkbox"/> Auditory | <input type="checkbox"/> Touch/kinesthetic |
| <input type="checkbox"/> Starting tasks by myself/independent work | <input type="checkbox"/> Group |

2. Do you ask for help when needed? Yes No

3. What skills do you still need to work on? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Starting tasks by myself | <input type="checkbox"/> Neatness and accuracy |
| <input type="checkbox"/> Good attendance | <input type="checkbox"/> Standing up for myself |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Working to my potential |
| <input type="checkbox"/> Finishing work on time | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Planning study time | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Math |

B. Education and Training:

1. What are your plans right after high school? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Work part/full time | <input type="checkbox"/> Attend university/college |
| <input type="checkbox"/> Attend vocational/technical school | <input type="checkbox"/> Join the military |
| <input type="checkbox"/> Other: _____ | |

2. Do you know what steps to follow to reach your career or school choice? Yes No

Explain: _____

C. Employment and Career:

1. What are your favorite subjects in school? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Reading/writing | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Math | <input type="checkbox"/> Art |
| <input type="checkbox"/> Social studies | <input type="checkbox"/> Music/chorus/drama |
| <input type="checkbox"/> Science | <input type="checkbox"/> PE |
| <input type="checkbox"/> Other: _____ | |

2. Which of the following areas interest you? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Working indoors | <input type="checkbox"/> Working outdoors |
| <input type="checkbox"/> Working independently | <input type="checkbox"/> Working with the public |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Computers/technology | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Building things/construction | <input type="checkbox"/> Medical/health care |
| <input type="checkbox"/> Hair/skin/nail care | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Music/acting/performing | <input type="checkbox"/> Retail/customer service |
| <input type="checkbox"/> Taking care of children | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Military |

3. List your household chores, interests, hobbies: _____

D. Independent Living/Community Experience:

1. What sports, activities, church/community activities do you participate in? _____

2. What are your strengths? _____

3. What do you like to do for fun? _____

4. What are your needs/concerns about living on your own? _____
