

# Student Transition Planning Interview

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_

## 1. Student's Occupational & Career Awareness:

Name as many jobs as you can (up to 15): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do employers look for when they hire someone? \_\_\_\_\_

\_\_\_\_\_

What are some reasons people get fired from jobs? \_\_\_\_\_

\_\_\_\_\_

What would an employer like about you, what are your strong points as an employee? \_\_\_\_\_

\_\_\_\_\_

What skills or attitudes would you need to improve to be a good employee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What should you do if you are going to be late or absent from work? \_\_\_\_\_

\_\_\_\_\_

How might your late arrival or absence affect the other employees? \_\_\_\_\_

\_\_\_\_\_

2. **Preferred Working Conditions:** Think carefully about the working conditions described in the 11 items below. Each group lists working conditions that are very different. Check the working condition in **each** group that you would prefer in any job. You may check more than one if you do not have a strong preference for any one particular condition.

1. \_\_\_ Indoors

\_\_\_ Outdoors

2. \_\_\_ With People

\_\_\_ With Things

\_\_\_ With Ideas

3. \_\_\_ Moving Around

\_\_\_ Sitting/Standing in one area

4. \_\_\_ Busy Place

\_\_\_ Quiet Place

5. \_\_\_ Wear a Uniform

\_\_\_ Casual clothes

\_\_\_ Dress clothes

6. \_\_\_ Same task

\_\_\_ Different tasks

7. \_\_\_ Unskilled

\_\_\_ Semi-skilled

\_\_\_ Skilled

8. \_\_\_ Supervised

\_\_\_ Unsupervised

9. \_\_\_ Dirty

\_\_\_ Neat and clean

10. \_\_\_ One location

\_\_\_ Travel in town

\_\_\_ Travel out of town

11. \_\_\_ Days

\_\_\_ Evenings

\_\_\_ Nights

3. **Work Temperament:** Rate yourself on each of the following by making a checkmark in the column that describes you the best in that area.

	Most of the time	Sometimes	Never
Dependable	_____	_____	_____
Punctual	_____	_____	_____
Even-Tempered	_____	_____	_____
Completes Tasks	_____	_____	_____
Well-groomed	_____	_____	_____
Likes to work with others	_____	_____	_____
Likes to learn new tasks	_____	_____	_____
Accepts Responsibilities at home	_____	_____	_____
Accepts Consequences for Actions	_____	_____	_____

How well do you get along with other people (peers, bosses, teachers, principals, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Career Planning:**

After high school, do you plan to attend post secondary training?

- Major Area(s) of Interest:
- \_\_\_\_\_ College
  - \_\_\_\_\_ Community College
  - \_\_\_\_\_ Trade School/Vocational-Technical School
  - \_\_\_\_\_ Military

Or will you seek

- \_\_\_\_\_ Part-time Employment
- \_\_\_\_\_ Full-time Employment
- \_\_\_\_\_ Supported Employment
- \_\_\_\_\_ Sheltered Employment

What employment or career related skills would you like to learn while still in school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of work experience (paid or unpaid, volunteer work, etc.) have you had?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From the work experiences identified above or from other experiences (such classes taken or helping parents or relatives), what previous work training have you had? Please list specific work-related tasks you are able to complete. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would like to do if you could do anything you wanted to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What might prevent you from doing this? \_\_\_\_\_  
\_\_\_\_\_

What job(s) do you think you would like to do and could do well? \_\_\_\_\_  
\_\_\_\_\_

What job(s) do you really not want to do and why? \_\_\_\_\_  
\_\_\_\_\_

**5. Independent Living Skills:**

What do you do in your leisure time? (sports, hobbies, church groups, etc.) \_\_\_\_\_  
\_\_\_\_\_

Do you have any jobs/chores at home? Y N If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Do you have any spending money? Y N What do you do with your money? \_\_\_\_\_  
\_\_\_\_\_

Do you use banking services? Y N If so, what ones \_\_\_\_\_  
\_\_\_\_\_

Do you drive a car? Y N

Do you own and maintain your own car? Y N

Do you prepare meals? Y N How often? \_\_\_\_\_

What do you like to fix? \_\_\_\_\_  
\_\_\_\_\_

Do you do laundry? Y N How often? \_\_\_\_\_

Do you know how to handle emergency situations? Y N

Do you make doctors/dentists appointments? Y N

Who gives you medications? \_\_\_\_\_

Do you do cleaning and repairs at home? Y N If so, what do you do? \_\_\_\_\_  
\_\_\_\_\_

How do you find jobs? \_\_\_\_\_

What community resources are you aware of (for financial, health or job training assistance)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Transition Planning Resources:**

Please indicate any additional information about yourself that might help in planning and preparing for your future after high school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Student Transition Planning Interview continued*

Who is currently helping you with your plans for after high school?

High School Counselor

Parents/Family Members

High School Teacher(s)

Friend(s)

School to Work Coordinator/Careers Teacher

Voc. Rehab. Counselor

Special Education Teacher(s)

College Counselor

Military Recruiter

Other ( \_\_\_\_\_ )

What assistance would you like from the guidance office and/or IEP team to help you and your parents continue with your transition planning? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_