



Initial Student Transition Assessment

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ Grade: _____ DOB: _____

This is intended to help you begin thinking about what you might want to do when you finish high school. Each year this will be updated to reflect your changing perspective on what you want to do as you get closer to exiting school. This information will also serve as a guide to your teachers in deciding which classes and educational experiences you should have to help you be successful in the kind of life you want to have after high school.

A. Future Vision/Career Interests

1. What kind of work would you like to do?

2. What type of training or education will you need for your work or career?
 College Vocational School
 Military On the job training
 Don't Know

B. Educational Interests

1. What subjects do you like best in school? _____

2. What subjects do you dislike? _____

3. What do you need help with in school? _____

4. What can you do without help? _____

5. Which accommodations help you learn? _____

6. In high school, I plan to earn a
 Diploma Certificate
7. What extra-curricular/after-school activities do you participate in? _____

8. What extra-curricular/after-school activities would you like to participate in? _____

C. Independent Living Skills

1. What chores do you do at home? _____

2. What home and community living skills can you do?
 Shop for clothes
 Fix a snack
 Shop for food
 Cook a meal
 Eat at a restaurant
 Use public transportation
 Other: _____
3. Community Skills you need to learn: _____

D. Recreation and leisure activities

1. What do you do in your free time?
 I spend most of my time alone
 I spend time with friends
 My hobbies and interests are: _____

2. New activities I would like to try: _____

3. Where would you like to live after high school?
 With family
 With friends
 Alone
 Other: _____