

Student Post-Secondary Transition Interview

Name: _____ Birthdate: _____

School: _____ Age _____

Occupational & Career Plans:

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

What are your career plans:

Career Field/Major: _____

Type or Location for Work: _____

Additional Training Needed: _____

What might prevent you from doing this? _____

Work Skills / Habits / Attitudes / Self Awareness:

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 work	_____	_____	_____
Accepts Consequences for Actions	_____	_____	_____

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

How do you find jobs? _____

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

What skills do you bring to a new job in your career field? _____

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

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

What accommodations or special considerations might you need at work? _____

What could you do if your employer was unwilling to provide the accommodations or considerations? _____

Ongoing Education Plans:

If additional or ongoing training is needed for my career field, how might I get this?

- _____ Continue at the Community College
- _____ Transfer to a Four-Year College
- _____ Use on-the-job training opportunities

Learning 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	_____	_____	_____
Completes Tasks/Assignments	_____	_____	_____
Likes to work with others	_____	_____	_____
Likes to learn new skills/information	_____	_____	_____
Likes to learn information not connected to major	_____	_____	_____
Accepts Responsibilities at school	_____	_____	_____
Accepts Consequences for Actions	_____	_____	_____
Seeks assistance when needed	_____	_____	_____

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

1. _____ lecture _____ modeling/demonstrations _____ lab experiences
2. _____ small group work _____ large group questions/answer _____ individual learning
3. _____ Teacher Moves Around _____ Teacher Sits/Stands in one area

Do you have any spending money? Y N Do you earn your spending money? Y N
What do you do with your money? _____

Do you use banking services? Y N If so, what ones (e.g., checking, savings, debit card, etc.) _____

Do you drive a car? Y N Do you own and maintain your own car? Y N Pay for Insurance? Y N
Do you prepare meals? Y N How often? _____ What do you like to fix? _____

Do you do the grocery shopping? Y N If not, who does the shopping? _____

Do you use a budget? Y N Who develops your budget? _____

Do you do laundry? Y N How often? _____

Do you know how to handle emergency situations? Y N

Do you have regular medical appointments/ medications? Y N

Do you make doctors/dentists appointments? Y N

Who gives you medications? _____

What accommodations or assistance might you need to live on your own?

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

Ongoing Transition Planning Resources:

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 | ____ Military Recruiter |
| ____ Special Education Teacher(s) | ____ College Counselor |
| ____ Vocational Rehabilitation Counselor | |
| ____ Other (_____) | |

What assistance would you like from any of the above individuals and/or IEP team to help you and your parents continue with your transition planning? _____

Student's Signature _____ Date _____