TRANSITION QUESTIONNAIRE
Middle School Students

This questionnaire is to help you think about and prepare for your transition into high school and beyond. This information will help in developing your Transition Plan which is a part of your IEP.

1. Your age: ______________

2. What careers/jobs are you interested in? ____________________________________________________

3. What concerns you about going to high school? Please feel free to make comments.
   
   - Grades/classwork
   - Getting along with/meeting new students
   - Scheduling/selecting courses
   - Riding the school bus
   - Participating in school clubs and activities
   - Procedures (Checking in and out, handling tardies, etc.)
   - Locating classes
   - Changing classes between periods
   - Lunch
   - Understanding and following school rules
   - Communicating with teachers
   - Adjustment to school hours (i.e., earlier starting time)
   - Homework
   - Using lockers
   - Dressing out for PE
   - Medical concerns
   - Structuring time/organizational skills
   - Other

4. Why are you in special education?

____________________________________________________________________________________
5. What are some things that are easy for you?

6. What are some things that are hard for you?

7. What activities do you participate in outside of school?

8. What work experiences have you had? (examples: babysitting, cutting grass, volunteer work, etc.)

9. What are your duties and responsibilities at home?

10. Write a goal for yourself for the upcoming year. This can be school related or not. This goal will be reviewed in one year.