Student Transition Questionnaire

A Guide for Transition Planning

The following questions will help you think about the services you will need after leaving the public school system. Please place a check next to the item or items that you would like more information about, or write down any ideas that you want included in your transition plan.

1. Name of Student		Date Fo	orm Filled Out
2. Date of Birth:		School	Exit Date:
3. Plan of Graduation:	Diploma		Modified Diploma
	Extended Diploma		Alternative Certificate

4. What are your current post high school plans? What do you need more information about?

Community Education	Housing	Vocational
Community College	Living at Home	Job
Technical Training	Independent	More Training
Armed Forces	Apartment	Volunteer Work
4 Year College	Other	No Plans
Other		Other

5. Please check the items that you will need assistance in for post-school planning, or check items that you need more information about.

Employment:	Continuing Education	Social Legal
Career Plan	Placement Options	Counseling
Work Placement	Financial	Rights/Liabilities
Work Training	Accommodations	
Transportation		
Housing	Medical	Leisure/Recreation
Housing Placement	Medical Oregon Health Plan	Leisure/Recreation
0		
Placement	Oregon Health Plan	Locating Programs

6. What most concerns you about your future?

7. Are you aware of any community agencies that are available to assist you on your post-high school plan?

8. What could the school district staff do to assist you in the planning of and start of your postschool plan?

Additional comments or questions.