



Exceptional Student Education
Transition Assessment (Ages 14-16) Form B

Student Name: _____ Date: _____

Student Signature: _____ Interviewer: _____

A. Self Advocacy

- 1. I know what my classroom and testing accommodations are: Yes No
2. I know how to advocate for my accommodations in class: Yes No
3. I have participated in my IEP meetings: Yes No
4. I need accommodations that are not on my IEP: Yes No

Describe: _____

B. Instructional

- 1. What are your favorite subjects in school? (check all that apply)
English/language arts, Journalism/writing, Social sciences, PE, Math, Music/band/choir, Marine Science, Computer Science, Digital/graphic/audio design, Art, Drama/theater, Science
2. What skills do you still need to work on? (check all that apply)
Follow a schedule, Starting tasks by myself, Good attendance, Following directions, Finishing work on time, Writing, Getting along with others, Standing up for myself, Planning study time, Organization, Reading, Math

C. Education and Training

- 1. What are your plans right after high school? (check all that apply)
Work part/full-time, Attend vocational/technical school, Other, Attend university/college, Join the military
2. If planning to attend college, do you know the admission requirements and how to apply for financial aid? Yes No
3. What is your long-term career goal? _____

D. Employment and Career

1. Which of the following areas interest you? (check all that apply)

Working indoors

Working outdoors

Working independently

Working with the public

Law enforcement

Landscaping

Computers/technology

Teaching

Building things/construction

Medical/health care

Hair/skin/nail care

Sports

Music/acting/performing

Retail/customer service

Taking care of children

Cooking

Automotive

Military

Repairing things

Other: _____

2. Are you currently employed?

Yes

No

3. Have you ever been employed?

Yes

No

4. Do you have a driver's license?

Yes

No

5. Do you know how to use public transportation?

Yes

No

E. Independent Living/Community Experience:

1. What sports, activities, church/community activities do you participate in? _____

2. What are your strengths? _____

3. What do you like to do for fun? _____

4. What are your needs/concerns about living on your own? _____
