



**Exceptional Student Education
Transition Assessment (Ages 16+) Form C**

Student Name: _____ Date: _____

Student Signature: _____ Interviewer: _____

A. Instructional

- I learn best when I work:
 By myself With a small group With the teacher
 With a tutor With a large group Other: _____
- Some strategies that help me learn are:
 Taking notes Watching Reading
 Talking about the lesson Working problems Listening
 Study guides Projects/labs Other: _____
- Materials that help me learn are:
 Flash cards Computer Calculator
 Note taker Outlines Dictionary
 Charts/graphs Assistive technology Other: _____
- I do best on tests that are:
 Multiple choice Essay Short answer
 Open book/notes Read to me Other: _____

B. Education and Training

- What kind of education/training do you plan to pursue after high school?
 College/university Military service
 On-the-job training Technical/vocational school
 Other: _____
- Which of the following would be helpful to you in achieving your education/training goals?
 College visit Career/technical school visit
 Meet with military recruiter Job/career visit/shadowing
 Job exploration, research, assessment Other: _____
- What area(s) of interest do you plan to pursue in postsecondary education?
 Cosmetology Electrical Engineering
 EMT/firefighter Health science Information technology (IT)
 Law Manufacturing Medical
 Performing arts Plumbing Military
 Construction Science Arts
 Education Agriculture Other: _____

D. Employment and Career

1. I have participated in a job interview: Yes No
2. I have filled out a job application: Yes No
3. I have made a resume: Yes No
4. I know who I could use as a reference: Yes No
5. I am looking for the following in a job:
- | | | |
|--|---|--|
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Full-time | <input type="checkbox"/> Supervised work |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Work nights | <input type="checkbox"/> Work days |
| <input type="checkbox"/> Work weekends | <input type="checkbox"/> Wear a uniform | <input type="checkbox"/> No uniform |
| <input type="checkbox"/> Casual dress | <input type="checkbox"/> Formal attire | <input type="checkbox"/> Other: _____ |
6. After college/training, I plan to be working as: _____

E. Independent Living/Community Experience

1. While I am in college/training, I plan to live:
- | | |
|--|--|
| <input type="checkbox"/> With parents/family | <input type="checkbox"/> with a roommate |
| <input type="checkbox"/> On my own | <input type="checkbox"/> In a group home |
2. After college/training, I plan to live:
- | | |
|--|--|
| <input type="checkbox"/> With parents/family | <input type="checkbox"/> with a roommate |
| <input type="checkbox"/> On my own | <input type="checkbox"/> In a group home |
3. I need more instruction/help with:
- | | | |
|--|--|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Completing forms | <input type="checkbox"/> Making a budget |
| <input type="checkbox"/> Making appointments | <input type="checkbox"/> Understanding insurance | <input type="checkbox"/> Financial aid |
| <input type="checkbox"/> Registering to vote | <input type="checkbox"/> Signing a lease | <input type="checkbox"/> Other: _____ |