**Student Interview – Transition Portfolio Inventory**

As you move closer to graduation, it is important to begin to plan for your future. It is important that you make and have goals for your future. It is your future and it is important that your goals are a part of your transition plan.

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| Name |  |

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| Education/ Training | | | | | | | | | |
|  |  | |  | |  |  | |  | |
| What kind of vocational training/education would you like to have after high school? | | | | | |  | |  | |
| What school/training do you plan to attend? | | | | | |  | |  | |
| What are your best subjects? | | | | | |  | |  | |
|  | | | | | |  | |  | |
| What classes give you the most trouble? | | | | | |  | |  | |
|  | | | | | |  | |  | |
| What year do you plan to graduate | | | | | |  | |  | |
| How do you learn best | | | | | |
| □ | Watching others | □ | | Listening to others | | □ | Working with your hands | | |
| □ | Reading/researching |  | | | | □ | Other | |  |

What source(s) of funding can pay for your education

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| □ | FAFSA | □ | Agency | | □ | Parents |
| □ | Savings | □ | Other: |  | | |

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| --- | --- |
| Career/Employment | |
| What would like to be doing in 2, 5, 10 years from now? | |
| In 2 years? |  |
| In 5 years? |  |
| In 10 years? |  |

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| What careers are you interested in? |  |

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| Name | **Student Interview – Transition Portfolio Inventory** |

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| --- | --- |
| Career/Employment | |
| What work experience have you had? | |
| □ | Job shadowing |
| □ | In-school work |
| □ | Volunteer work |
| □ | Paid community work |

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| Residential Living | |
| Where do you want to live after graduation? | |
| □ | In my own house or apartment |
| □ | With a roommate |
| □ | Supervised living situation |
| □ | With family |
| What chores/jobs do you do at home that will help you to be an independent adult? | |
| □ | Cooking |
| □ | Shopping |
| □ | Laundry |
| □ | Yard work |
| □ | Cleaning |

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| What kind of transportation will be available to you after you graduate? | |
| □ | I have a driver’s license and car |
| □ | Walk or ride bike |
| □ | Public transportation |
| □ | Supported transportation (family, carpool) |
|  | |

**Student Interview – Transition Portfolio Inventory**

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| --- | --- |
| Name |  |

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| Residential Living | |
| If you moved out on your own tomorrow, what kind of help would you need? | |
| □ | Money management/budgeting |
| □ | Using a checkbook and paying for bills |
| □ | Domestic skills/household tasks |
| □ | Locating housing |
| □ | Other: |

|  |  |  |  |  |  |  |  |  |  |
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| Do you have a doctor? | □ | Yes | □ | No | Do you know his/her name? | □ | Yes | □ | No |
| Do you have a dentist? | □ | Yes | □ | No | Do you know his/her name? | □ | Yes | □ | No |
| List your person medical condition? (i.e. allergies, seizure disorder, etc.) | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you know what you prescription medication are? | □ | Yes | □ | No |
| Do you know how to get them? | □ | Yes | □ | No |
| Do you know what a lawyer is for? | □ | Yes | □ | No |
| Do you know where to contact a lawyer? | □ | Yes | □ | No |

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| Interagency linkages | |
| What agencies have you contacted and/or will be helping you? | |
| □ | Disability service coordinator at a college or university? |
| □ | Vocational Rehabilitation |
| □ | Department of Health and Welfare |
| □ | Independent Living Centers |
| □ | Private Service Agencies |
| □ | Disability Rights Idaho |
| □ | Other: |

**Student Interview – Transition Portfolio Inventory**

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| --- | --- |
| Name |  |

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| Communication and Social Interaction | | | | | |
| Are there any areas in your person life that you are having difficulty with? | | | | | |
| □ | Behavior | |  | □ | Handling anger/frustration |
| □ | Setting goals | |  | □ | School difficulties |
| □ | Family relationships | |  | □ | Relationships with authority |
| □ | Time management | |  | □ | Drugs/alcohol |
| □ | Motivation | |  | □ | Relationships with peers/coworkers |
| □ | Advocating for yourself | |  | □ | Money management/budgeting |
| □ | Understanding your disability | |  | □ | Mobility |
| □ | Other |  |  | □ | Hygiene/personal care |

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| Recreation and Leisure | |
| What are your hobbies or free time activities? | |
| By yourself? |  |
| With others? |  |

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| After you graduate, what would you like to be involved in? | | | | | |
| □ | Group activities | |  | □ | Individual sports (biking, etc.) |
| □ | Church groups | |  | □ | Vocational School |
| □ | Team/organized sports | |  | □ | 4 year college |
| □ | Other |  |

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| What other concerns or question to have about your future? |
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