***Personal Information:***

**Student Name: Date of Birth:**

**Staff Member:                     Grade:**

**Date Completed:**

What will you be doing after high school?

***Educational Preparation:***

Do you have plans for additional education or training after high school?     Y ☐    N ☐

If yes, describe the field or major that interests you:

Is there a course/s that you would like to take next year that you think supports your future plans:

Are there non-academic skills that you need to support your Post School Goal?

Is there a place you would like to visit or get more information on to support your Post School Goal?

What activities related to your Post School Goal do you currently participate in?

Postsecondary Education and Training Goal: (discuss with student for inclusion in IEP)

***Employment Preparation:***

What type of job are you interested in doing?

What types of Community Based Vocational Training have you done?

What volunteer work have you done?

Are you currently employed and earning a wage?

If currently employed do you need any supports to maintain the current position?

***Job Preferences:***

Indicate which preferences are important to you:

|  |  |  |
| --- | --- | --- |
| ☐Using my hands | ☐Doing physical labor | ☐Having minimal supervision |
| ☐Using my mind | ☐Doing repetitious tasks | ☐Being given detailed instructions |
| ☐Driving a truck or car | ☐Having a variety of duties | ☐Being given orders with no explanation |
| ☐Working with tools | ☐Having frequent changes in routine | ☐Working in a relaxed atmosphere |
| ☐Working with advanced technology | ☐Feeling needed | ☐Being pressured to work fast |
| ☐Working with computers | ☐Having others view my work as important | ☐Working toward a career goal |
| ☐Working outdoors | ☐Waiting | ☐Having the opportunity to be promoted |
| ☐Working for a large company | ☐Sitting for long periods of time | ☐Receiving company benefits |
| ☐Consistent hours | ☐Doing heavy lifting | ☐Making new friends |
| ☐Flexible hours | ☐Walking | ☐Being close to home |
| ☐Daytime hours | ☐Working in loud, noisy places | ☐Traveling |
| ☐Early morning work | ☐Being warm/hot | ☐Being home on weekends |
| ☐Evening hours | ☐Being cold | ☐Working on weekends |
| ☐Part-time hours | ☐Getting my hands dirty | ☐Taking the bus to work |
| ☐Using my education/training | ☐Working alone | ☐Traveling long distances to work |
| ☐Jobs that require reading | ☐Working with others | ☐Disclosing my disability |
| ☐Jobs that require math | ☐Being my own boss |  |
| ☐Being challenged | ☐Having close supervision  |  |

Do you work with any outside agencies (i.e., Probation, OPWDD, ACCESS-VR)?  ☐Yes  ☐No

If yes, who?

***Job Search Assistance Needed:***

What job search assistance do you need?

|  |  |  |
| --- | --- | --- |
| ☐Working independently | ☐Resume | ☐Reference letters |
| ☐Working with agencies | ☐Disclosure/Disability issues | ☐Finding job openings  |
| ☐Working with schools | ☐Informational interviews | ☐Job interviews |
| ☐Clothing | ☐Applications | ☐Other support |
| ☐Job shadowing |  |  |

If other please describe:

What is your employment Goal:

***Independent Living:***

What is your current living arrangement?

Where do you plan to live after graduation?  .

Do you have a driver’s license? ☐ Yes ☐ No

Are you planning on getting a driver’s license? ☐ Yes ☐ No

Do you have an identification Card? ☐ Yes ☐ No

Currently uses:

☐Public transportation ☐ Drives family/own car ☐  Family transportation

Are you registered to vote?   ☐ Yes ☐ No

What recreation and leisure activities are you involved in or enjoy doing?

Will you need supports with these activities?

Do have any health issues? ☐ Yes ☐ No

If yes describe:

Do you have any physical conditions or limitation?  ☐ Yes ☐ No

If yes describe:

Do you take medications/side effects?  ☐ Yes ☐ No

If yes describe:

Independent Living Goal: (discuss with student for inclusion in IEP)

***Questions about you:***

How well do you get along with others?

What things motivate you?

What do you find as obstacles to what you want or enjoy doing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Preparer/Date**