

Transition Survey for Students (Form A)

Student's Name _____

Student's Age _____ Birthdate _____

Survey completed by _____ Date _____

1. What kind of job do you want?



Other _____

2. Do you want to work all day or part-time?



3. Do you want to go to college or learn about jobs?



4. What do you do in your free time by yourself or with friends?



Other _____

5. Where do you want to live?



Apartment



House



country



Large city



small town