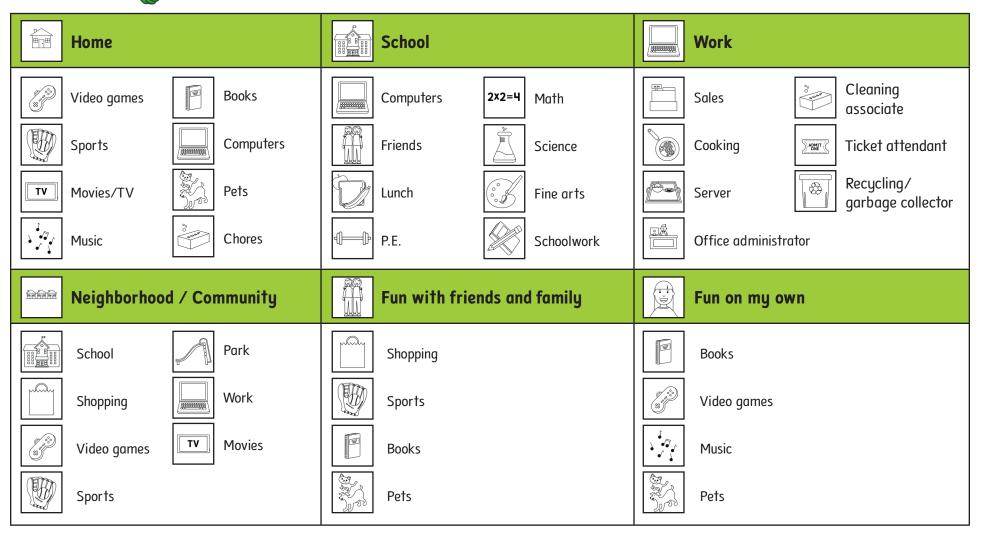
IEP/ Transition Planning Tool - Student Interest Form (Essential/Intermediate)

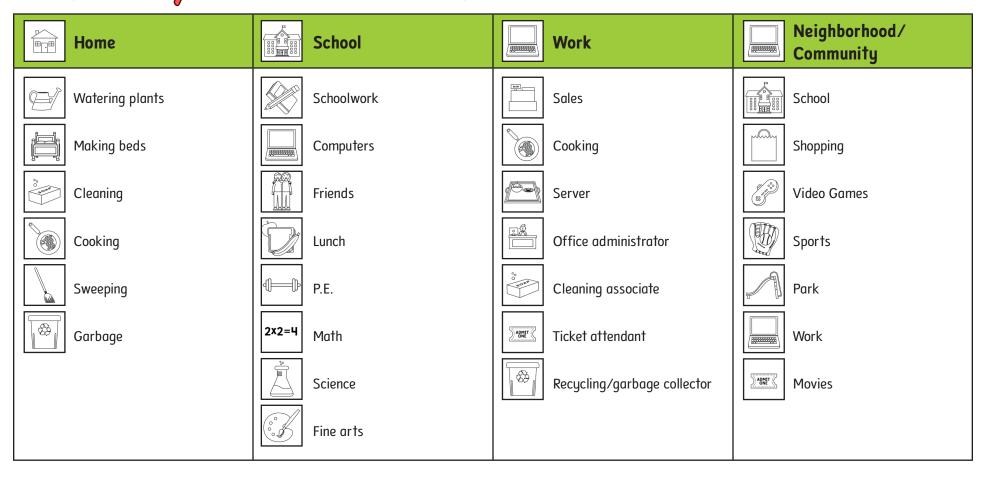
Student:	Grade Level:	Year:	DOB:	

Instructions: Please answer the following questions.

What do you **LIKE** to do at these places? Circle all that apply.



What do you **NOT LIKE** to do at these places? Circle all that apply.



Education	What is your school?
	What do you like at school? Circle all that apply.
	2x2=4Image: Constraint of the second sec
	Other:
	What do you want to do after school?
	Work at a job Volunteer Go to a day center Go to school
	Work at a job Volunteer Go to a day center Go to school Other:
	What are you good at in school? Circle all that apply.
	2x2=4 P
	Being a good friend Math Reading Writing Science Art Cooking Social studies/history Other:
	What do you need help with at school?
	Turning in assignments on time Group activities Working in a group P.E. Using computers
	Using the library Free time Working alone

Career (Work)	What job do you	want?			
	and the second s			A CONTRACTOR	00 00 00 00 00 00
	Building W	orking at a store Gre	eting Putting things	together Taking care of p	oets Cleaning
		Cool	king Movie theater	Office	
	Other:			ome	
	How do you like to work?		Alone With other	ers	
	What do you want to do aft	er school?			
		School	Job shadowing O)n-the-job training	
	Other:		······································		
	What do you want to know	about?			
	Å Å				
	Supported work	Competitive employme	t Community-based	d work Education/training	Jobs I can do
	Other:				

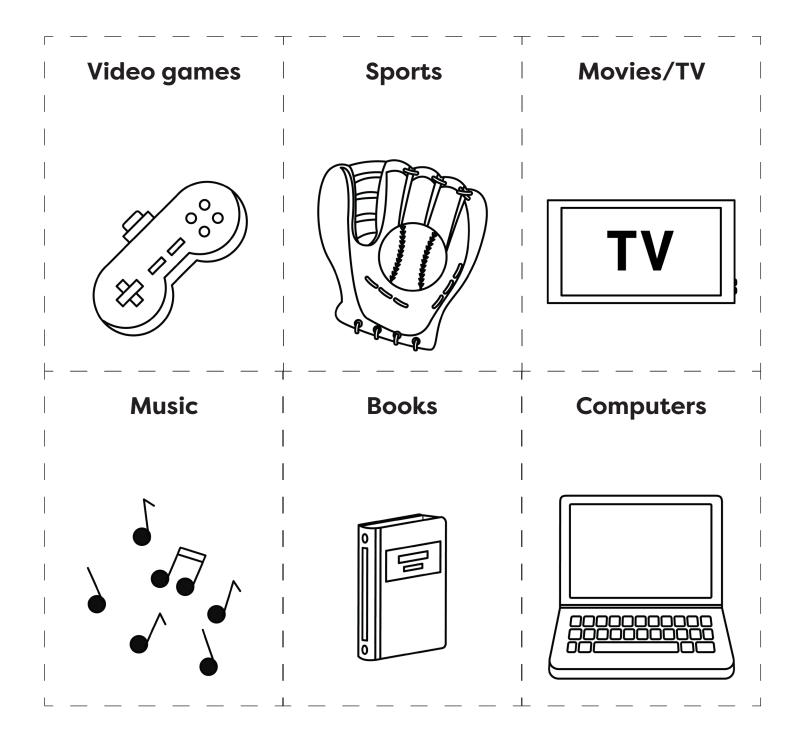
Living Arrangements/	Where do you want to live when you are an adult?
Independent Living	Image: With friendsImage: With my familyImage: On my ownIn a supported home
	What kinds of things do you need to learn to meet this goal?
	Image: CleaningLaundryCookingTransportationHygieneMoneySafety
Communication	How do you communicate with others?
	ABC
	ABC Image: Constraint of the second
	I can tell others what I need.
	Yes No With help
	I want to learn how to:
	Talk to friendsTalk to familyTalk to co-workersUse a device
	Where can you communicate? Circle all that apply.
	School Store Restaurant At the park Doctor's office Airport Work
	Other:

Social Interaction	How do you feel when you are with friends?
	Happy Nervous Excited Scared Other:
	Do you have friends?
	Are you able to solve problems?
Recreation and Leisure	What do you like to do for fun at home?
	Read Play with pets Watch TV Watch movies Draw Spend time alone Cook Clean
	Other:
	What do you like to do outside?
	Go for a walk Ride a bike Go camping Play sports Go swimming
	Other:

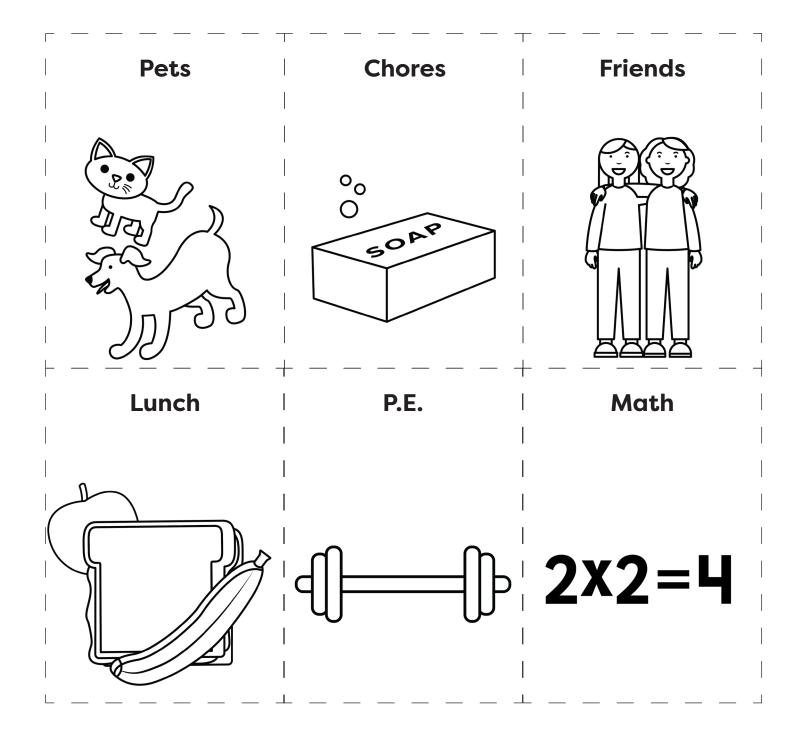
Health and Medical	Do you take medication?
	Do you need help with medicine?
	How will you get to the doctor?
	My family will take me I will take public transportation
	I want to know about:
	Medical care Dental care Nutrition Cooking healthy meals My body Image: Safety rules Image: Emergency care Exercise
	What do you need from others to be healthy?

Money Knowledge	Do you know how to buy things with money?
	Do you know how to count money?
	Which of the following things do you know about? Circle all that apply.
	Counting change Buying groceries Paying tips at restaurants Buying items from the vending machine
	Other:

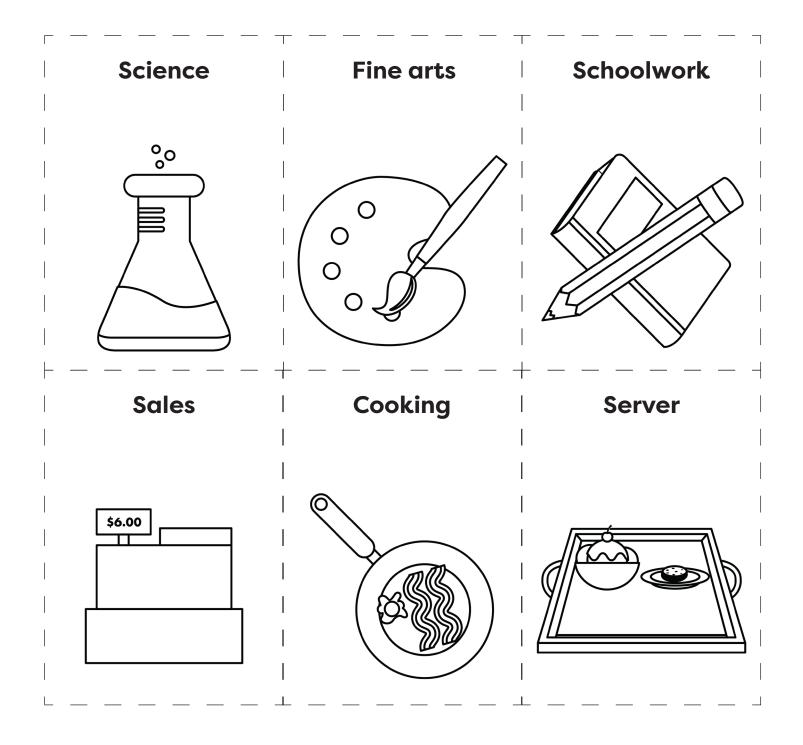




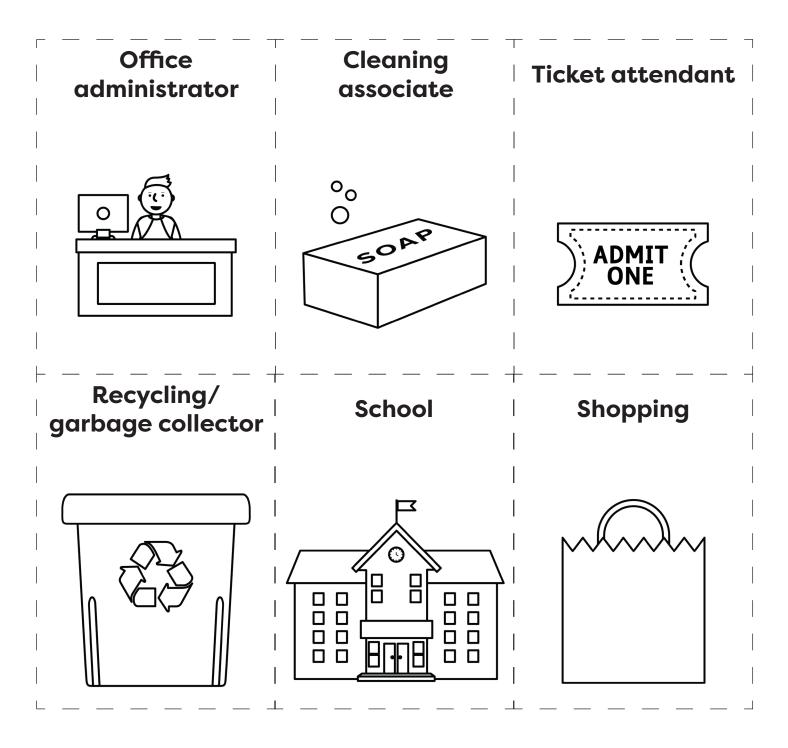




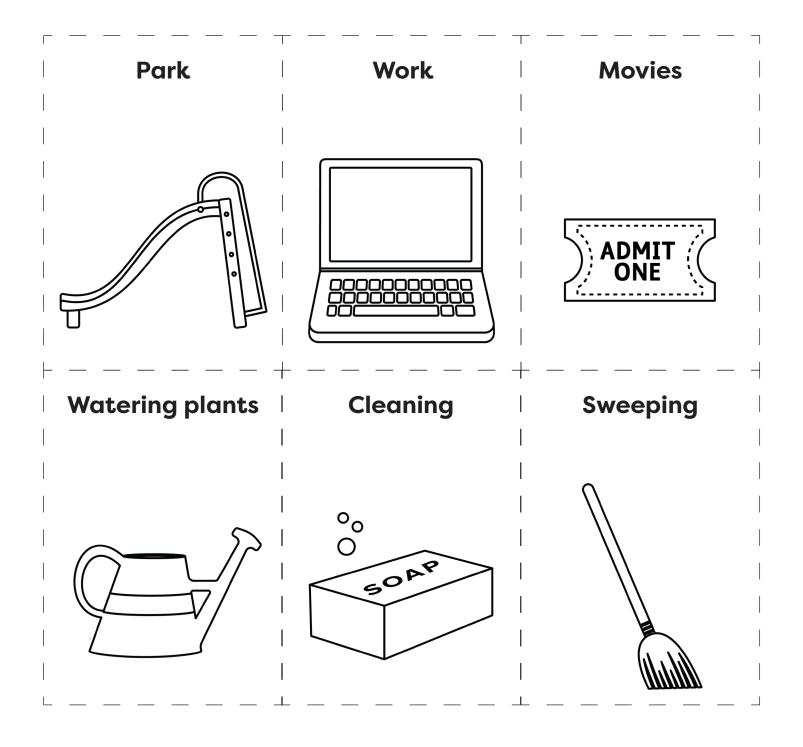




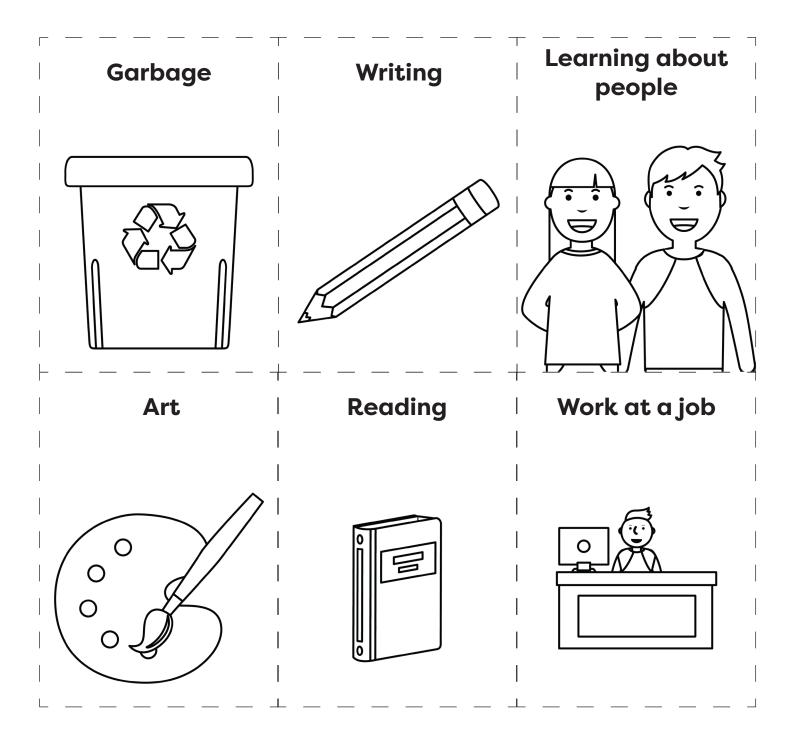




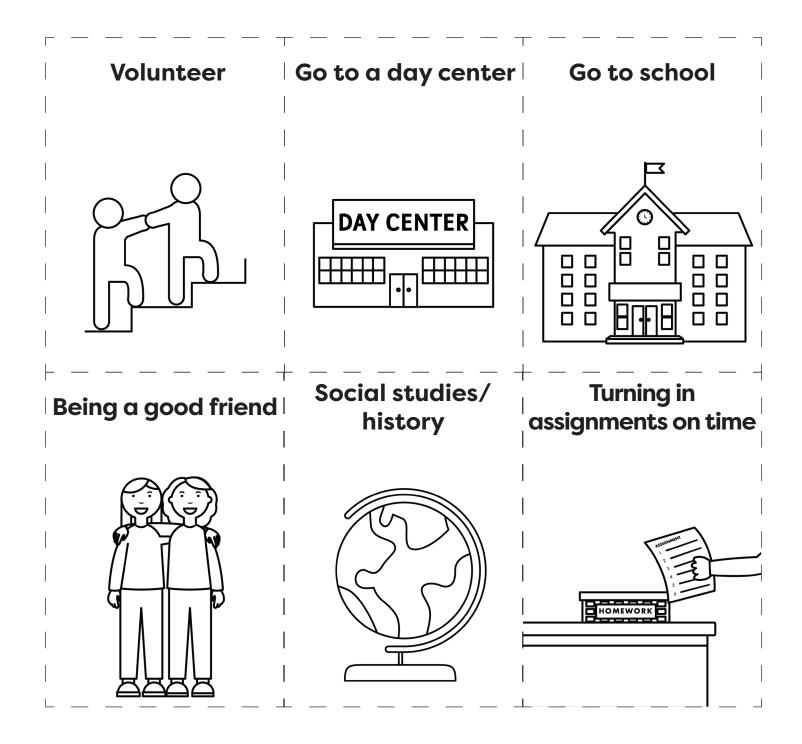




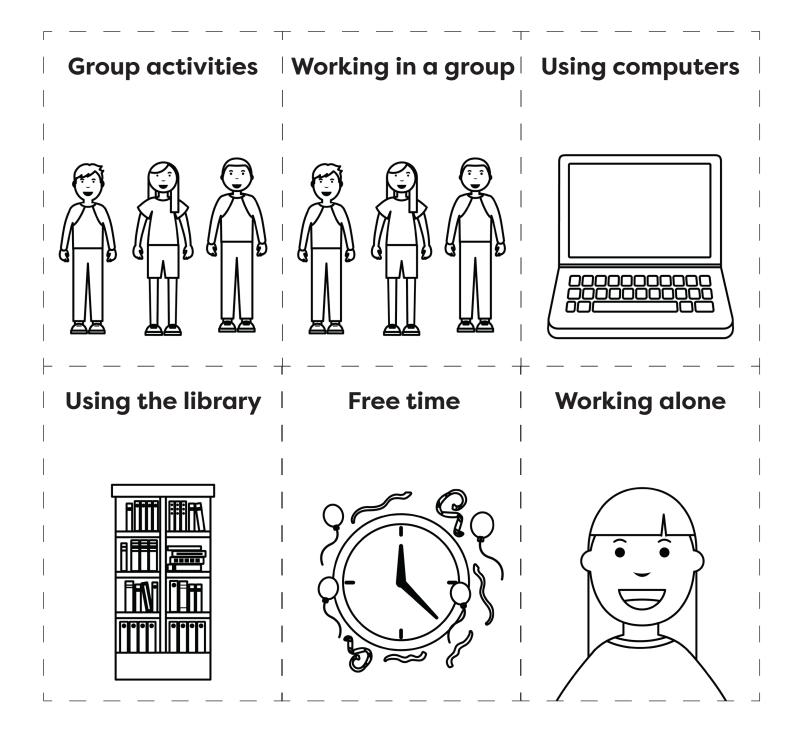




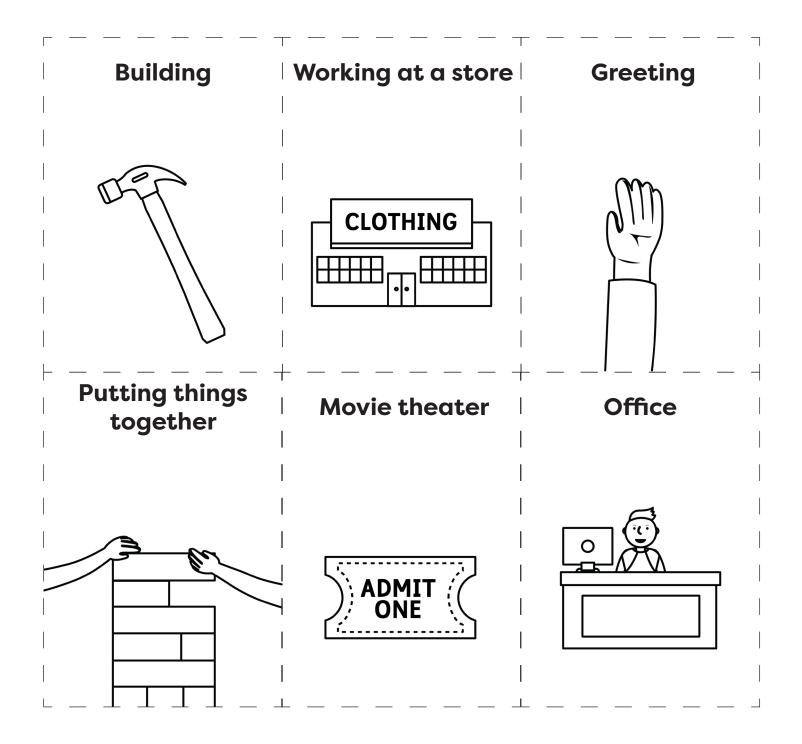




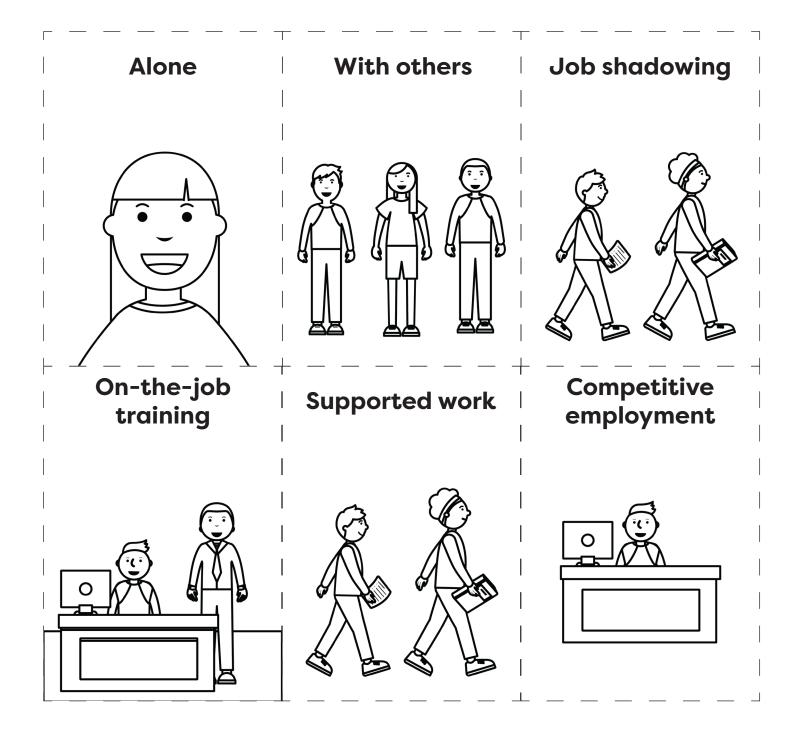




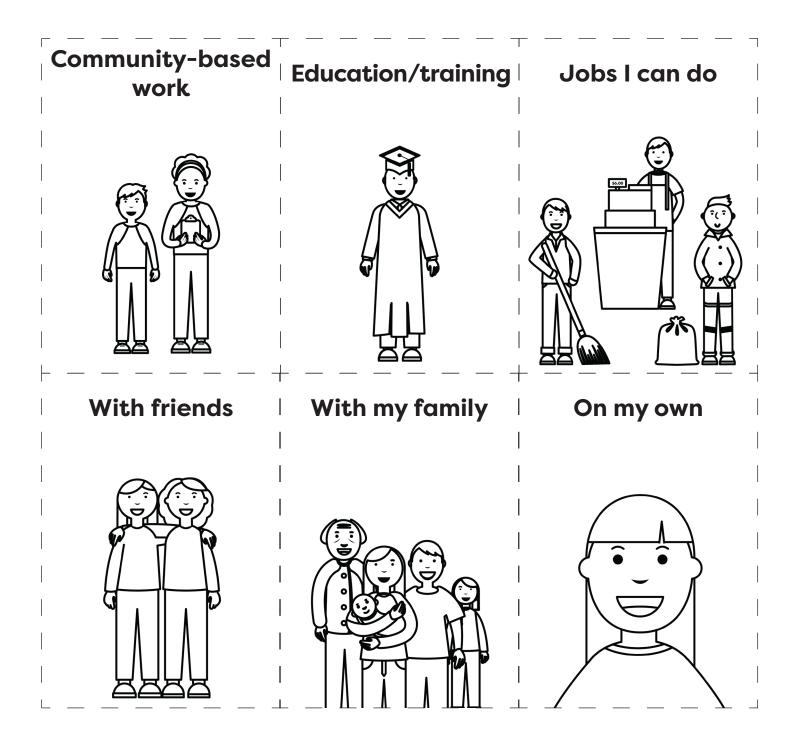




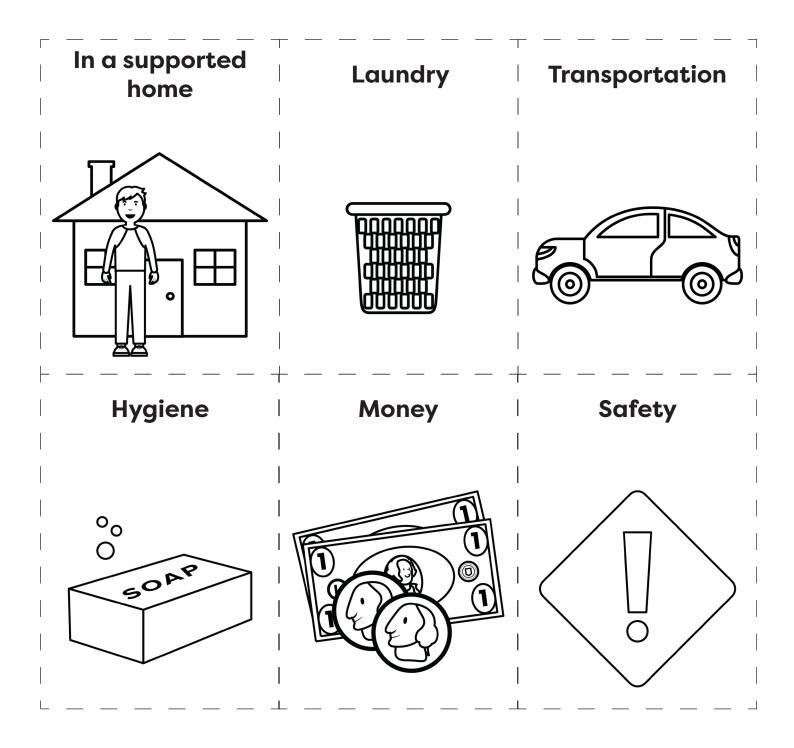


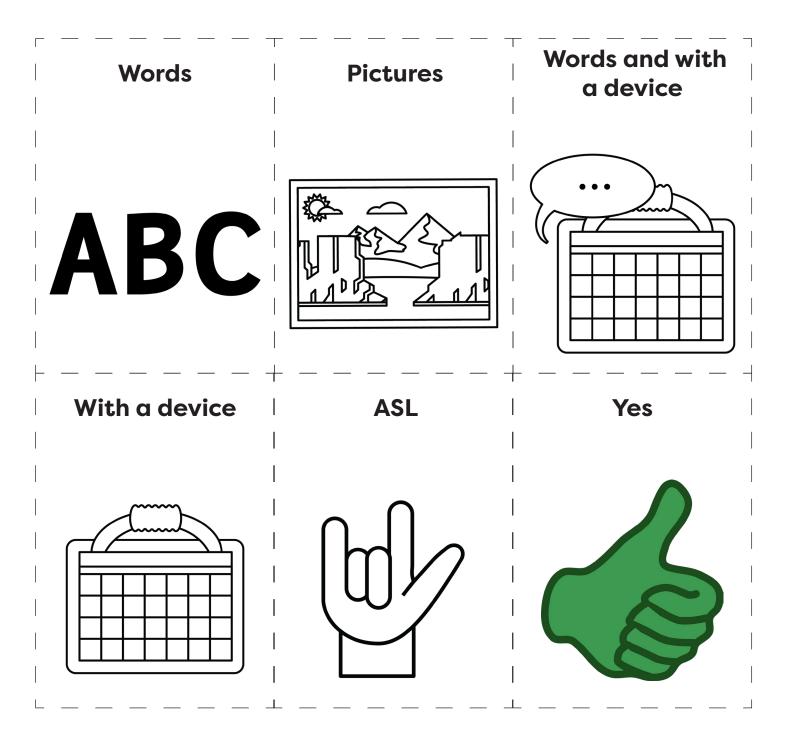












Response flashcards





