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## Planning for the Future

### Student Form

*The information obtained from completing this form will help your Individual Education Plan team make decisions about your course of study so that you can be successful after graduation from high school. Please complete this form yourself or with the help of your case manager.*

### General Information

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

After graduating from high school, I would prefer to:

\_\_\_\_ continue my education at a vocational school or college

\_\_\_\_ get a job and go directly to work

\_\_\_\_ I don't know at this time

### Vocational/Post Secondary Educational Options

After graduating from high school, if I were to continue my education, what interests me most is:

- Four year college or university
- Two year community college
- Technical college
- Apprenticeship
- Military service
- Adult Education Program
- Other (please identify): \_\_\_\_\_

What job or career do you want to study or train to be: \_\_\_\_\_

Do you need information on tests required to get into post secondary education or the military (SAT, ACT, PSAT, ASVAB, AcuPlacer)? \_\_\_\_\_ yes \_\_\_\_\_ no

About me:

My level of motivation to succeed in the academic setting is

\_\_\_\_ high \_\_\_\_\_ medium \_\_\_\_\_ low

The level of control I have over decision making and my individual success is

\_\_\_\_ high \_\_\_\_\_ medium \_\_\_\_\_ low

My ability to identify what I need and how to get it is

\_\_\_\_ high \_\_\_\_\_ medium \_\_\_\_\_ low

The hardest thing for me to learn at school is: \_\_\_\_\_

The subject I am best at is: \_\_\_\_\_

One thing that helps me to learn is: \_\_\_\_\_

I think I learn best by:  seeing things  hearing things  doing things

After graduation, I would like to have a job and go right to work:  yes  no

If yes, check the kind of work you hope to have:

Competitive Employment (earn at least minimum wage in the traditional job market)

Full time  Part time

Self-Employed (run your own business)

Supported Employment (working in the competitive market with support)

Full time  Part time

Sheltered Employment (center based employment for those with disabilities)

Full time  Part time

In what type of job/occupation would you like to be working one year after graduation?

In what type of job/occupation would you like to be working five years after graduation?

What classes could you take in high school that would help reach the job/occupation goal you have?

- |    |    |
|----|----|
| 1) | 2) |
| 2) | 4) |

What chores or jobs (mow lawn, clean, wash dishes, etc.) do you have at home and how much help do you need to do them?

Activity/chores	Do it Independently	Need some help
1)		
2)		
3)		
4)		

What are some things (hobbies or jobs) that you really like to do?

What volunteer things have you done at school or in the community?

List any jobs you really dislike doing?

## Home Living Options

Following graduation, where (location) do you plan to live (check one):

- Large city                      Which one: \_\_\_\_\_  
 Smaller town                      Which one: \_\_\_\_\_  
 On a farm or in the country

Following graduation, how (situation) do you plan to live (check one):

- Independently in an apartment or home  
 With a family member  
 In an apartment or home but with help/support from family or others  
 In a supervised apartment  
 In a group home  
 In a college dormitory  
 Other (Please describe): \_\_\_\_\_

## Recreation and Leisure Options

**Leisure Interest Inventory** (Check all of the following activities in which you currently participate):

*Athletic/sports activities:*

- swim                       lift weights                       ski                       skate board                       hunt  
 walking/jogging                       aerobics                       softball                       motorcycle                       fish  
 ride bike                       camping                       football                       gymnastics                       volleyball  
 Other (please list): \_\_\_\_\_

*Large group events:*

- movies                       ball games                       music events                       dances  
 car races                       community education classes                       horse/dog/car shows  
 Other (please list): \_\_\_\_\_

*Individual activities:*

- reading                       listen to music                       go shopping                       handcrafts  
 cooking                       care for pets                       play instrument                       gardening/lawn care  
 talk on phone                       watch TV                       computer games                       cards or board games  
 clean/repair things                       draw or write                       volunteer  
 Other (please list): \_\_\_\_\_

*Social activities:*

- dating                       volunteers                       church activities                       youth club  
 spend time with friends                       eat out                       drive around  
 Other (please list): \_\_\_\_\_

In which extra curricular activities would you like to participate while in high school?

Do you need any extra support to participate in this/these extracurricular activities?

- yes                       no

If yes, please describe: \_\_\_\_\_

List all the community leisure activities in which you would like to participate after graduation:

## Transportation Options

How will you get around the community and to work?"

Transportation method	I do now	I need to learn	Will not use
Drive my own vehicle			
Drive a family vehicle			
Use the city bus			
Take a taxi			
Ride a bicycle			
Walk			
Special transportation (Stride, etc.)			
Let other people take me			
Other (describe):			

### Financial Support

Agencies and services providing support:

Agency or service	Use now	Want information	Will NOT need
Division of Rehabilitation Services (DRS)			
Job Training Partnership Programs (JTPA)			
Minnesota Workforce Center			
Supplemental Security Income (SSI)			
County Social Services/Case Management			
Medical Assistance			
Center for Independent Living			
Other			

## Miscellaneous Issues

When was your last physical examination? Month \_\_\_\_\_ Year \_\_\_\_\_

Do you have medical or counseling needs? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, do you need support to manage those needs? (describe):

Currently, what is your greatest concern for your future?

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