STUDENT PREFERENCE SURVEY

This survey is designed to help the school determine what type of education the student will need to prepare for his life after exiting school. It will be used to develop a long-range plan for the student that will be included in the student’s annual IEP.

Please answer the following questions based on what you know about the student (or yourself, if completed by student):

Student Name __________________________  Age ________  Today’s Date___________________

Your Name ____________________________ Title/Relation _________________ ID# __________________

1. What age should the student graduate? (Circle one)
   - 18
   - 19
   - 20
   - 21
   - 22

2. Is there a particular kind of work or education that the student is currently interested in?
   - yes  
   - no
   - If yes, specify

3. What kind of work or education will the student be participating in after graduation?

<table>
<thead>
<tr>
<th>Full-Time</th>
<th>Part-Time</th>
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<tbody>
<tr>
<td></td>
<td>University</td>
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<td></td>
<td>Vocational/Technical School</td>
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<td></td>
<td>Adult Services</td>
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<td></td>
<td>Employment (including Supported Employment)</td>
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<td></td>
<td>Junior College</td>
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<td>Community College</td>
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<td>Military Service</td>
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<td>Volunteer Work</td>
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<td></td>
<td>Other ____________________________________________</td>
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</table>

4. Where do you project that the student will ultimately live as an adult? (Check all that apply)
   - Independently in their own home of choice – no support
   - In their own home with support staff to assist a few hours per week
   - In a support living situation with regular staff support
   - Supervised living
   - With parents or relatives
   - Group home
   - Other _____________________________________________________________________

5. What types of projected Recreation/Social/Leisure activities will the student participate in as an adult? (Check all that apply)
   - Independently plan friendships and fun.
   - Membership in civic organizations and clubs. Specify, if possible _______________________
   - Participation in community activities & events. Specify, if possible _______________________
   - Religious activities and/or affiliation. Specify, if possible _____________________________
   - Participation in continuing education programs. Specify, if possible _______________________
   - Other ________________________________
6. To participate in the previous activities, what support will be needed?

- [ ] Independent
- [ ] Family supported
- [ ] Friend supported
- [ ] Agency supported
- [ ] Specialized recreation for persons with disabilities
- [ ] Other ________________________________

7. What school programs or community services will be helpful between now and graduation?

- [ ] Job Tours
- [ ] Job Shadowing
- [ ] Job Sampling
- [ ] Career Exploration
- [ ] Career & Technology Education
- [ ] Vocational Education
- [ ] School-to-Work Programs
- [ ] Community Based Instruction
- [ ] Community Based Vocational Instruction
- [ ] Supported Employment
- [ ] Summer Jobs/Summer Youth Employment
- [ ] Apprenticeships/Internships
- [ ] Career Development Activities
- [ ] Postsecondary Education Experience
- [ ] Extra Curricular Activities

- [ ] Public Assistance (food stamps, AFDC)
- [ ] Using Community Resources
- [ ] SSI/SSDI
- [ ] Household Management
- [ ] Clothing Care and Grooming
- [ ] Respite
- [ ] First Aid, Safety and Health
- [ ] Insurance (Medicare/Medicaid/Private)
- [ ] Meal Preparation and Nutrition
- [ ] Trust/Wills
- [ ] Home Repairs/Maintenance
- [ ] Money and Budgeting
- [ ] Guardianship
- [ ] Medical Assistance

- [ ] Driver Education
- [ ] Use of Public Transportation
- [ ] Use of Special Transportation
- [ ] Shopping
- [ ] Emotional Awareness
- [ ] Physical Fitness
- [ ] Self-Advocacy/Assertiveness/Self Determination
- [ ] Political Awareness/Civil Rights/Voter Registration
- [ ] Community Awareness
- [ ] Other ________________________________

Is the student currently receiving services from any other agency?  [ ] Yes  [ ] No

If so, specify ________________________________

List other area of concern: ____________________________________________

__________________________________________________________________________________

__________________________________________________________________________________