



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?

(Circle one) yes no If yes, specify

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

Full-Time	Part-Time	
<input type="checkbox"/>	<input type="checkbox"/>	University
<input type="checkbox"/>	<input type="checkbox"/>	Vocational/Technical School
<input type="checkbox"/>	<input type="checkbox"/>	Adult Services
<input type="checkbox"/>	<input type="checkbox"/>	Employment (including Supported Employment)
<input type="checkbox"/>	<input type="checkbox"/>	Junior College
<input type="checkbox"/>	<input type="checkbox"/>	Community College
<input type="checkbox"/>	<input type="checkbox"/>	Military Service
<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Work
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

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?

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| <input type="checkbox"/> Job Tours | <input type="checkbox"/> Community Based Vocational Instruction |
| <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Job Sampling | <input type="checkbox"/> Summer Jobs/Summer Youth Employment |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Apprenticeships/Internships |
| <input type="checkbox"/> Career & Technology Education | <input type="checkbox"/> Career Development Activities |
| <input type="checkbox"/> Vocational Education | <input type="checkbox"/> Postsecondary Education Experience |
| <input type="checkbox"/> School-to-Work Programs | <input type="checkbox"/> Extra Curricular Activities |
| <input type="checkbox"/> Community Based Instruction | |

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| <input type="checkbox"/> Public Assistance (food stamps, AFDC) | <input type="checkbox"/> Insurance (Medicare/Medicaid/Private) |
| <input type="checkbox"/> Using Community Resources | <input type="checkbox"/> Meal Preparation and Nutrition |
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Trust/Wills |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Home Repairs/Maintenance |
| <input type="checkbox"/> Clothing Care and Grooming | <input type="checkbox"/> Money and Budgeting |
| <input type="checkbox"/> Respite | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> First Aid, Safety and Health | <input type="checkbox"/> Medical Assistance |

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|--|--|
| <input type="checkbox"/> Driver Education | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Use of Public Transportation | <input type="checkbox"/> Self-Advocacy/Assertiveness/Self Determination |
| <input type="checkbox"/> Use of Special Transportation | <input type="checkbox"/> Political Awareness/Civil Rights/Voter Registration |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Community Awareness |
| <input type="checkbox"/> Emotional Awareness | |
| <input type="checkbox"/> Other _____ | |

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

If so, specify _____

List other area of concern: _____

