

Interest Inventory
Informal Transition Planning Assessment

Student's Name: _____ **Grade:** _____ **Age:** _____

INTEREST:

1. What do you like to do when you have a few hours to spend doing as you please?

 2. Of the courses you take in school, which do you **LIKE** the most? Of the courses you take in school, which do you **NOT LIKE**?

 3. What hobbies do you have?

 4. Do you play any sports? Which ones?

 5. Do you belong to any clubs, church groups, or organizations? Please name them.
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STRENGTHS

6. What are your strengths?
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NEEDS

7. What type of information, instruction or help do you need to be successful now and in the future?

PREFERENCES

- 8. After high school, what type of job do you want to have for a career?

- 9. What type of education or training do you need to get your dream job?

MEASURABLE POSTSECONDARY GOALS

- 10. Education/Training

- 11. Employment

- 12. Independent Living (when appropriate)

ANNUAL GOAL

- 13. What action(s) should you begin this year to begin to prepare for your goals for after high school?

COORDINATED ACTIVITIES

- 14. What courses do you need to take in high school to help you reach your education and career goals?

- 15. What high school/community clubs or activities can you join that match your future goals?

- 16. Which of these agencies do you want information from and to attend your IEP Meeting to learn about they help can provide to you after high school?

<u>Financial</u>	<u>College/Postsecondary Ed</u>	<u>Employment</u>
<input type="radio"/> Social Security	<input type="radio"/> TWC/VR	<input type="radio"/> TWC/VR
<input type="radio"/> TWC/VR	<input type="radio"/> Office of Admissions	<input type="radio"/> Texas WorkForce
<input type="radio"/> MHMR	<input type="radio"/> Office of Disability Services	<input type="radio"/> MHMR
<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____

- 17. How can your parents help you reach your goals?