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.

STRENGTHS

6. What are your strengths?

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?

Financial
① Social Security
② TWC/VR
③ MHMR
④ 

College/Postsecondary Ed
① TWC/VR
② Office of Admissions
③ Office of Disability Services
④ 

Employment
① TWC/VR
② Texas WorkForce
③ MHMR
④ 

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