



Student Transition Survey Dream Sheet

Student: _____ **Teacher:** _____

Date: _____ **School:** _____

Anticipated Date of Graduation: _____

The following questions will be used to assist in transition planning activities and post-school goals:

1. Where do you want to live after graduation? _____
What kind of housing? _____
2. How do you intend to continue learning after graduation? _____
What types of things do you want to learn after graduation? _____
Where do you want this learning to occur? _____
3. What kind of job do you want now? _____
4. What kind of job do you want when you graduate? _____
5. Where do you want to work? _____
6. What type of work schedule do you want? _____
7. What type of pay and benefits do you want from your future job? _____
8. What types of chores do you do at home? _____
9. What equipment/tools can you use? _____
10. Do you have any significant medical problems that need to be considered when planning post-school goals? _____
11. What choices do you make now? _____
12. What choices are made for you that you want to take charge of? _____
13. What kind of transportation will you use after graduation? _____
14. What do you do for fun now? _____
15. What would you like to do for fun in the future? _____