Erie Middle School Transition/Interest Survey

Name:	Date:
PERSO	NAL
1	I. My Strengths:
2	2. My Weaknesses:
3	3. I like to work: Independently or In a Group/Partner
4	4. During class I like: Hands on Work or Paper and Pencil or Online Assignments
4	5. At lunch I like to: Eat Alone or With Friends
E DUC A	ATION **Please circle your answers and explain why or other***
Current:	6. What is your favorite subject: Math Science English Social Studies Why:
	7. What is your favorite related arts class: Art Gym Music STEM Computer Why:
	8. Are you involved in any school related activities: Sports Student Council Dance Intramurals Cheerleading Other:
	9. Programs you have used in school: Career Cruising ALEKS Membean Lexia Read 180 Others:
Future:	10. What High School would you like to attend? Erie High School Collegiate Other:
	11. Are there any activities in high school that you would like to be involved in?
	Sports: Football Wrestling Volleyball Basketball Tennis Bowling Golf Baseball/ Softball Track & Field Cross Country Cheerleading Swimming
	Activities: Academic Sports League (ASL) Yearbook JROTC Go College Ski Club
155	Newspaper RoboBots Student Council Skill USA Manufacturing Boot Camp
	Other:
	12. In High school would you like to take? Regular Classes Shop Classes Performing Arts
	Shop Classes: Medical Assistant Rehabilitation Assistant Nursing Assistant Cosmetology Digital MediaHorticulture/Landscaping Criminal Justice Protective Services Computer Technology Machine Technology Pre-Engineering Welding Technology Construction Trades Auto Body Technolog Auto Mechanics Technology Marketing/Business Culinary Arts Computer Programming Child DevelopmentACSM Fitness and Health Education Maritime
	Performing Arts: Art/Design Ceramics Theatre Band/Music Choir/Singing Dance

Beyond High School:		
13. After High School would you like to go to?		
4 Year College for a degree in		
Technical or Trade school for Join the Military in the area of Army, Navy, Airforce, Marine, Reserves		
Join the work force		
Employment		
14. Have you ever used a career portfolio program (i.e. Career Cruising): YES or NO		
15. Have you had any type of work experience where you've been paid? YES or NO		
Circle all you've been paid for:		
Babysitting Shoveling Snow Mowing Lawn Chores Other:		
16. When you are of working age, do you plan on getting a job? YES or NO		
Where:		
17. What type of job would you like to have when you are older?		
18. Do you need to go to college for this job? YES or NO		
19. Do you know anyone who already has this job? Who?		
Independent Living		
20. Circle all that you can do independently:		
Use a Cell Phone Ride a City Bus Use Social Media Wash Clothes Prepare a Meal		
Go Shopping by Yourself Order a Meal Stay Organized (classwork, binder, room)		
Volunteer/Community Service Schedule and Keep an Appointment (Dr., Extra help night, sports, etc.)		
Others:		
21. Are there any chores you do at home?		
Clean Room Wash Dishes Laundry Mow Lawn Take care of a pet		
Vacuum Clean Bathroom Fold Clothes Take out Garbage		
Take care of family member (brother, sister, etc)		
Others:		
23. When you are an adult, do you want to: Live Independently Live w/Family Live w/Peers		
24. When you are an adult, do you want to live in Erie? YES or NO		
If not, then where would you like to live?		