

## Transitional Planning Grades 09/10

Name \_\_\_\_\_ TOR \_\_\_\_\_

Date \_\_\_\_\_ DOB \_\_\_\_\_

1. Are you aware that you have an IEP \_\_\_\_\_ Do you know who is your teacher of record is \_\_\_\_\_ Do you attend your IEP meetings \_\_\_\_\_ Are you aware you can? \_\_\_\_\_
2. After high school what are your plans?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have any work experiences? If so what  
\_\_\_\_\_  
\_\_\_\_\_
4. What is your dream career/  
job \_\_\_\_\_  
\_\_\_\_\_
5. Do you play sports or belong to any clubs? If so what  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you have any  
hobbies \_\_\_\_\_  
\_\_\_\_\_
7. If you are thinking of going to college or a postsecondary setting where?  
\_\_\_\_\_ and for what \_\_\_\_\_
8. Do you do chores at home \_\_\_\_\_ what \_\_\_\_\_
9. Do you know the high school requirements for graduations? \_\_\_\_\_
10. Who is your favorite teacher or subject and why? \_\_\_\_\_

