

## Raleigh County Student Interest/Preference Survey

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the boxes or fill in the blanks for the following questions. This will give us an idea of what you are interested in doing after graduation. It will also help your teachers work with you to plan your Individualized Education Program (IEP), Transition Plan and PEP to help meet your goals.

1. What year do you plan to graduate? \_\_\_\_\_

2. Do you have any Job Experience?

- Part-time work     Volunteer work     Work-based learning (school to work)     None  
 Full-time work     Family business     Odd jobs (babysitting, mowing, pet care, paper route, etc.)

3. In what area(s) do you need assistance? (math, reading, writing, spelling, job seeking, etc.)

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4. Do you participate in Extracurricular Activities at your school or in the community?

- School Clubs     Sports     None     Church activities  
 Performing Arts     Volunteer Activities     Other: \_\_\_\_\_

5. Check what you would like to do after high school:

- College- 2 yr.     Career & Technical College     Military  
 College- 4 yr.     Volunteer Work     Supported Employment (Job Coach)  
 Employment     Day Training (Supervised)     Other: \_\_\_\_\_

6. Do you have a driver's license?     Yes     No    Learner's permit?     Yes     No

7. How will you get around your community or to work?

- their own car     Family car     Parents will drive     Public Transportation  
 with friends     Bike     Walk     Pay others for transport

8. Check the items that you have:

- Social Security Card     WV State ID     Checking/Savings Account     Credit Card  
 Birth Certificate     Driver's License     Other: \_\_\_\_\_

9. What are your hobbies or special interests?

- Music     Video Games     Shopping     Computers     Going out with friends     Pets  
 Sports     Watch TV     Cooking     Reading     Arts & Crafts     Other: \_\_\_\_\_

10. Where will you live after graduation?

- Own apartment/house                       Dormitory    Group Home                       Supported Living  
 Live with family    Share an apartment                       Military Barracks    Other: \_\_\_\_\_

11. Do you have any responsibilities in the home?

- clean own room       take out trash                       take care of pets       take care of siblings/family  
 doing dishes                       doing laundry                       grocery shopping       personal care (grooming)  
 mowing/raking       vacuum/dust                       buy personal items    cooking       other: \_\_\_\_\_

12. What would you like us to know about your plans for high school and after graduation?

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13. Which of these services would you like to know more about?

- Division of Rehabilitation    Health & Human Services                       Social Security Insurance  
 Housing Agencies                       WV Job Services                       Youth Services  
 Job Training                       Family & Children's Services                       Other: \_\_\_\_\_

14. Which of the following programs do you think should be included in your high school program?

- Vocational/Technical Education       Career Education       Community Work Experience  
 Driver's Education                       Daily Living Skills       Vocational Assessments  
 Occupational Counseling                       Business Courses       Other: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date