STRENGTHS, INTERESTS & PREFERENCES:

- 1. What are your strengths? (Check All That Apply)
 - _____ Dependable
 - _____ Hard-worker
 - _____ Easy to get along with
 - _____ Follow directions
 - _____ Being helpful
 - _____ Artistic
 - _____ Musical
 - _____ Mechanical/working with your hands
 - _____ Positive attitude
 - _____ Ambitious (highly motivated to reach your goals)
- 2. What are your interests, what do you like to do in your free time? (Check All That Apply)
 - _____ Listen to music
 - _____ Play video games
 - _____ Social media
 - _____ Help others
 - _____ Read
 - _____ Pets/animals
 - _____ Sports
 - _____ Outdoor activities (fishing, camping, hiking, swimming, etc.)
 - _____ Exercise
 - _____ Movies/TV
 - Computers
- 3. What are your preferences? (Check One)
 - a.____ Working alone OR _____ Working with a partner/group

OR

- b.____ Working inside OR _____ Working outside
- c.____ Moving around/being active **OR**
- d. Quiet environment **OR**
 - Louder busy environment

Sitting/slower pace

e. _____ Written instructions

Checklists OR

Verbal instructions with modeling

LIVING:

1. In five years, where do you see yourself living? a. At home With a roommate Alone With staff/parent assistance 2. Do you have a checking or savings account? a. Yes No b. Do you manage it yourself? Yes No 3. What form or transportation do you use? Check all that apply. a. City bus Drive Walk Get rides Uber/cab Paratransit Other 4. Would you like more transportation training? _____Yes _____ No 5. Do you need help with any of the following? (Check All That Apply) Finding your own place to live Setting up utilities How to take care of your apartment/house (changing light bulbs, hanging pics, putting things together, etc.) Budgeting Paying bills Counting money/making change Grocery shopping ____ Cooking _____ Meal planning _____ Cleaning (all rooms, including bathroom) ____ Laundrv Making appointments (doctor, dentist, job interviews, etc.) Applying or maintaining linkage services (SSI, Waivers, IVRS, etc) Getting insurance coverage (health, car, dental, etc)

_____ Other: **(Describe**)______

LEARNING:

- 1. What are your plans for future learning?
 - _____ On the job training
 - _____ Vocational (electrician, plumbing, etc)
 - _____ Community college
 - _____ Work full time **OR** _____ Work part time

_____ Military

- 2. What is your learning style? (Check All That Apply)
 - _____ Written instructions

_____ Verbal instructions

_____ Listening

_____ Visual/modeling (someone showing you how to do it)

_____ Hands-On Learning

3. Things I'd like to learn in this year: (Check All That Apply)

_____ How to speak up for myself/what I need

_____ Asking for accommodations (things that help me be successful in a work/school setting)

_____ Asking for help reading information/figuring out work task

_____ Other (Describe): ______

4. Do you know the accommodations you have had in high school? _____ Yes _____ No

5. Did you ever ask to use any of your accommodations? _____ Yes _____ No

WORKING:

	etc.,):		
a.	What training/education do you need for this job?		
	2-Year College Vocational/Trade School 4-Year College On the job training		
	4-Year College	On the job training	
What	t non-paid work experiences have you had? (State where and when)		
٠	Non-Paid Experiences:		
٠	Volunteer Experiences:		
•	Chores:		
Have	you held a paid job?(State where and when)	
٠	Where:	From	То
•	Where:	From	То
٠	Where:	From	То
I'd like	e to work on the following so I can be successi Career exploration Maintaining employment Filling out applications Creating a resume Job interviewing Setting up a professional email Accepting constructive criticism (ever Asking for workplace accommodation Asking for help doing your job	n when it seems "mean")	