

Check & Connect Personal Education Plan

Student Questionnaire

About Me

My favorite class is: _____

My least favorite class is: _____

When I am not in school, I like to: _____

Something that my teachers may not know about me is: _____

I think that I am best at/ my strengths are: _____

Someone I can count on for support: _____

My family is interesting because: _____

About School

Usually, the work in my class is: too easy too hard just right (circle one)

I do my best work when I work: alone w/ 1 other person in a group(circle one)

In school, I have the most trouble with: _____

In the past, one thing that has helped me with my schoolwork is: _____

If there was one thing that I could do to make school really great for me, it would be: _____

If there was one thing that I could ask the school to do for me to help me be successful, it would be: _____

Students who are most successful behave in the following ways. **Check** the ones that you are already doing and **circle** the ones that you need to work on:

_____ Attend School every day	_____ Keep an assignment/agenda book	_____ Complete all Class work
_____ Ask questions	_____ Pay attention in class	_____ Complete HW on time
_____ Take notes	_____ Read every day	_____ Study for tests

Where am I going?

If I could do anything with my life, I would: _____

My career goal is to become: _____

To do this I need _____ years of education at a:

4-year college 2-year college technical school No further education (circle one)

Goals to help me get there:

First Semester:

Goal #1: _____

Goal #2: _____

Second Semester:

Goal #1: _____

Goal #2: _____

What can I do to help me meet my goals? _____

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Parent Questionnaire

Student Name: _____

Date: _____

Current Address: _____

Expected Date of Graduation: _____

To assist the school in meeting the needs of your child in high school and beyond, the following information would be helpful for transition planning.

Health Concerns about student: _____

Medications student is taking and dosage: _____

Area agencies currently involved with student:

Agency	Contact Person	Phone #
Counseling		
Mental Health Services		
Department of Family Services		
Big Brother / Big Sister		
Group Home/ Foster Care		
Juvenile Court		
Mentor		
Other:		

I. VOCATIONAL INFORMATION

When your child graduates from high school, what are your expectations for future? (Check all that apply)

_____ Competitive full time job

_____ Competitive part time job

_____ Community College

_____ 4 Year College or Technical School

_____ Military

_____ Sheltered Workshop

_____ Other: _____

2. In what jobs/careers does your son/daughter seem interested? _____

3. What kind of jobs does he/she dislike? _____

4. Do you as a parent have a preference for occupational placement for your child? _____

What is the preference? _____

5. If there are any medial concerns related to your son/daughter's possible vocational placement or interest, please explain them: _____

6. What careers have you discussed with your son/daughter? _____

7. What vocational activities has your son/daughter participated in? _____

8. What job experience (positive or negative) has your son/daughter had? _____

II. PERSONAL MANAGEMENT / LIVING ARRANGEMENTS

1. What duties or responsibilities does your son/daughter have at home? _____

2. List any clubs, activities, organizations, etc. with which your son/daughter has been or is currently involved in: _____

3. When he/she graduates from high school, where do you see your son/daughter living?

- ☐ Independent- on their own (dorm, apartment, house)
☐ Semi-independent (with assistance)
☐ With family
☐ Out of community residential placement
☐ Group home
☐ Other: _____

III. INSTRUCTION

1. In what areas do you feel your child needs assistance at school? (check all that apply)

- ☐ Reading
☐ Written Language
☐ Mathematics
☐ Study Skills
☐ Classroom performance (organizing and completing work)
☐ School behavior (attendance and following school rules)
☐ Other: _____

2. When I think about my son/daughter in the high school setting, I am most concerned about:

What additional information would you like for me to know as your son/daughter's case manager?

Parent Signature

Date