

## Parent/Student Transition Questionnaire

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_

Office \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_

Office \_\_\_\_\_

Email \_\_\_\_\_

Name and ages of brothers and sisters

1. \_\_\_\_\_ School: \_\_\_\_\_

2. \_\_\_\_\_ School: \_\_\_\_\_

What options are you interested in considering for post high school?

(check all that apply)

- 2 year colleges
- 4 year colleges
- vocational/independent living programs
- gap year programs
- work force

What characteristics are you looking for in a school or program?

Size: Small \_\_\_ Medium \_\_\_ Large \_\_\_ (check one or more)

Location: distance from home \_\_\_\_\_

Urban \_\_\_ Suburban \_\_\_ Rural \_\_\_

Do you have a tentative career goal? \_\_\_ What? \_\_\_\_\_

Will you apply for financial assistance? \_\_\_

Have you selected any colleges or other programs at this time for consideration? Which ones?

Please list your work experience:

Please list your summer activities:

Please list awards or prizes you have received:

Please list your extra-curricular activities, in school and out, and any hobbies or interests that you have pursued.

Favorite course(s):

Least Favorite course(s):

What three adjectives would you use to describe yourself?

What three adjectives come to mind to describe your son or daughter?

