



AGE APPROPRIATE TRANSITION ASSESSMENT

RICHMOND HILL HIGH SCHOOL | ISS DEPARTMENT
T. Alamarie, Principal | J. Singh, AP ISS




Name:	Date:
Osis #:	Age:

Career Exploration		Career Goal	What does it take to accomplish this goal? College/trade school/on the job training/military
	*Plan A		
	Plan B		
	Plan C		

Getting to know you	Describe your personality
	What are your hobbies?
	What are you good at?
	What are you <i>not</i> good at?

Community Experiences	Do you currently have a job? <input type="radio"/> Yes, I work at _____ <input type="radio"/> No
	Have you ever had a job in the past? <input type="radio"/> Yes, I have experience working at _____ <input type="radio"/> No
	Do you participate in any after school clubs or activities? <input type="radio"/> Yes, I participate in _____ <input type="radio"/> No
	Do you have responsibilities at home? <input type="radio"/> Yes, I am responsible for _____ <input type="radio"/> No

Development of Employment	Do you have working papers?	Yes <input type="radio"/>	No <input type="radio"/>	N/A (18 year old) <input type="radio"/>
	Do you have a resumé?	Yes <input type="radio"/>	No <input type="radio"/>	
	Do you have a bank account?	Yes <input type="radio"/>	No <input type="radio"/>	
	Do you have a state ID?	Yes <input type="radio"/>	No <input type="radio"/>	
	Have you ever filled out a job application?	Yes <input type="radio"/>	No <input type="radio"/>	
	Have you ever participated in a job interview?	Yes <input type="radio"/>	No <input type="radio"/>	
	Can you travel around NYC using public transportation?	Yes <input type="radio"/>	No <input type="radio"/>	N/A (School Bus) <input type="radio"/>

Academics	What is your learning style? <i>Select all that apply</i>	What is your favorite subject?		
	<input type="radio"/> Visual (<i>see it</i>) 	What is your least favorite subject?		
	<input type="radio"/> Auditory (<i>hear it</i>) 			
	<input type="radio"/> Kinesthetic (<i>building things</i>) 			
	Do you have good school attendance?	Yes <input type="radio"/>	No <input type="radio"/>	Working on it <input type="radio"/>
	Do you arrive at school on time?	Yes <input type="radio"/>	No <input type="radio"/>	Working on it <input type="radio"/>
Do you complete all assignments on time?	Yes <input type="radio"/>	No <input type="radio"/>	Working on it <input type="radio"/>	
Do you study for exams?	Yes <input type="radio"/>	No <input type="radio"/>	Working on it <input type="radio"/>	
What is working well for you in school? What could be going better?				

Social Skills	Rate your relationship with teachers	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Explain:
	Rate your relationship with classmates	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Explain:
	Rate your relationship with friends	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Explain:
	Rate your ability to collaborate in a group	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Explain:
	Rate your ability to follow rules and directions	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>	Explain:
How do you handle stressful situations?					

Physical Development Skills	Do you like physical education? Yes <input type="radio"/> No <input type="radio"/>
	Do you play any sports? <input type="radio"/> Yes, I play _____ <input type="radio"/> No
	Do you have any health issues? <input type="radio"/> Yes. Please explain _____ <input type="radio"/> No
Do you take any medication(s)? <input type="radio"/> Yes. Please explain _____ <input type="radio"/> No	

Notes: