

Transition Services Student Exit Interview

Date Survey Completed _____

IMPORTANT SURVEY - Parents and Students, one year from now you will receive a survey in the mail from Wayne State University and the Michigan Department of Education. Please complete and return the survey so that educational leaders can use the information to help students achieve their educational and career goals. Thank you!

Name _____ Date of Birth _____

Current Address _____ City _____ Zip _____

Email address _____ School _____

Home Telephone _____ Cell Phone _____

I am receiving a: Diploma Certificate of Completion Dropped Out: Date: _____

What is your disability? _____

Have you received your Summary of Performance? Yes No

Do you currently have a Michigan driver's license? Yes No

Do you currently have a Michigan State ID? Yes No

Do you currently have a Social Security Card? Yes No

Employment

I have a summer job at: _____

My tasks/activities/responsibilities are: _____

In the fall I will be working at: _____

The job includes: Health Benefits Full-time (over 30 hours per week) Part-time (Hours _____)

Agency Contact/Referral

Check the agency(ies) in which you have current involvement:

Michigan Rehabilitation Services (MRS) MOKA Disability Connection

Community Mental Health (CMH) Goodwill Other _____

Department of Human Services (DHS) Kandu Other _____

Post-secondary Education/Training

This fall I will be attending:

College (name of school) _____ Submitted Application Yes No

Trade School (name of school) _____ Submitted Application Yes No

MCTI _____ Submitted Application Yes No

Military Branch (name of branch) _____ Submitted Application Yes No

Other _____ Submitted Application Yes No

I will not be completing any post-secondary education/training

Community Living

I am currently living with: Parents Relative(s) Friends Alone Foster Care

This fall, I plan on living with: Parents Relative(s) Friends Alone At college or trade school

Two persons who would know my location one year from now:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____ Zip _____

City: _____ Zip _____

Telephone: _____

Telephone: _____

Please forward completed survey to your Transition Coordinator