

Middle School Transition Assessment

(Age 12)

Student: _____

Age: _____

Grade: _____

School: _____

Date: _____

Check all answers that apply to you.

School

<p>1. What do you like about school?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Friends</td><td style="width: 20%;"></td></tr> <tr><td>Classes</td><td></td></tr> <tr><td>Teachers</td><td></td></tr> <tr><td>Extra Help</td><td></td></tr> <tr><td>Clubs</td><td></td></tr> <tr><td>Sports Team</td><td></td></tr> <tr><td>After School Program</td><td></td></tr> </table> <p>Other (explain):</p>	Friends		Classes		Teachers		Extra Help		Clubs		Sports Team		After School Program		<p>2. How do you learn the best?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">by seeing information</td><td style="width: 20%;"></td></tr> <tr><td>by hearing information</td><td></td></tr> <tr><td>by seeing and hearing information</td><td></td></tr> <tr><td>by doing something hands on</td><td></td></tr> <tr><td>by working alone</td><td></td></tr> <tr><td>by working with others</td><td></td></tr> <tr><td>by using technology</td><td></td></tr> </table> <p>Explain -</p>	by seeing information		by hearing information		by seeing and hearing information		by doing something hands on		by working alone		by working with others		by using technology	
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<p>3. What subjects are you good at? (list as many as you like excluding lunch)</p>	<p>4. What subject (classes) areas are difficult for you? Why do you find them difficult?</p>																												
<p>5. How is your attendance? (yes/no)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Absences</th> <th style="width: 35%;">Lateness</th> </tr> </thead> <tbody> <tr><td>Daily</td><td></td><td></td></tr> <tr><td>1 x a week</td><td></td><td></td></tr> <tr><td>1 x month</td><td></td><td></td></tr> <tr><td>More than 1 x a month</td><td></td><td></td></tr> </tbody> </table>		Absences	Lateness	Daily			1 x a week			1 x month			More than 1 x a month			<p>6. Do you participate in class?</p> <p>_____ never</p> <p>_____ sometimes</p> <p>_____ often</p> <p>_____ always</p>													
	Absences	Lateness																											
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7. Do you complete your homework/classwork?

	homework	classwork
never		
sometimes		
often		
always		

Explain

8. Describe the quality of your homework/classwork.

	homework	classwork
poor		
fair		
good		

Explain

9. How do you prepare for tests? (check all that apply)

<input type="checkbox"/>	I do not study
<input type="checkbox"/>	With a friend or parent
<input type="checkbox"/>	Read class notes
<input type="checkbox"/>	Attend extra help
<input type="checkbox"/>	Complete teacher created study guides
<input type="checkbox"/>	Complete student created study guides
<input type="checkbox"/>	Index cards

10. Are you comfortable asking for help from your teachers and support staff?

<input type="checkbox"/>	never
<input type="checkbox"/>	sometimes
<input type="checkbox"/>	always

Explain

11. Do you get along with your classmates?

<input type="checkbox"/>	never
<input type="checkbox"/>	sometimes
<input type="checkbox"/>	always

Explain

12. Do you socialize with your classmates outside of school?

Explain

<input type="checkbox"/>	never
<input type="checkbox"/>	sometimes
<input type="checkbox"/>	always

Academic Skills: (Check each answer that applies)

13. At what time of day are you most ready to learn?

Morning	
Before Lunch	
After Lunch	

14. Can you explain/ express your ideas to a classmate clearly?

Good	
Fair	
Poor	

15. I can listen to and follow directions

	Never	Sometimes	Always
Independently			
Need Directions Repeated			
Need Directions Explained			

16. Can you read and understand
(Check the appropriate response)

	Good	Fair	Poor
Signs in the Community			
Movie Schedule			
Train Schedule			

17. Can you

	Good	Fair	Poor
Take readable notes			
Clearly Write Answers on a test			
Clearly Write an Essay			

Do you use technology to complete essays?

Yes No

18. Can you perform the following calculations? (Check the appropriate response)

	Independently	With a Calculator
Add		
Subtract		
Multiply		
Divide		

Can you independently solve word problems? Yes No

19. List some things that your friends and /or parents would say that you are good at?

20. List some things that you need to improve upon doing (ex. getting along with others, learning math or a specific job skill)

Social Skills and Community

21. What are some of your interests and hobbies when you have spare time?	22. Do you enjoy sports and physical activities? Yes No
23. Which sports or physical activities do you participate in?	24. Do you belong to any afterschool clubs or activities? If so, what?
25. After high school where would you like to live? After college?	26. Who would you like to live with after high school? After college?

Employment

27. Have you had any job experiences (list both in and out of school jobs)?	28. What have you learned from these job experiences?
29. What would you like to do when you graduate from high school?	30. What are your career or vocational goals/interests?
31. What do you think you have to do to prepare for this?	32. What jobs do your parents/guardians have?

Management:

33. What is your disability?	
34. Have you ever attended your Committee on Special Education (CSE) Meeting?	35. Are you looking forward to attending your upcoming CSE meeting? Explain:
36. Circle the accommodations that you need to be successful in school?	
Assistive Technology	Special location for testing
Extended time	Large print
Directions, Questions or tests read	2 nd set of books
Calculator	Special Seating
Directions Explained	Listening sections repeated
Other _____	

If not completed by the student please list interviewer's name and title:

Date _____