Student Survey

1. Age:\_\_\_\_\_\_\_
2. Gender: \_\_Male \_\_ Female
3. Please check appropriate box:
* I left school before graduation.
* I will look for a job after graduation.
* I plan to attend a technical school after graduation.
* I plan to attend college after graduation.
1. What concerns do you have about young people with disabilities and how our community connects with and supports them?
2. When you take off your student hat, what personal gifts do you have that you might like to share in an informal way?

How might you share that gift?

1. Individual contact info:
2. Do you have any friends or acquaintances whom you think might be interested in learning more about transition and who might help us further engage the community in this work? If so, may I have your permission to tell them you gave me their name and contact information?
3. Contact info for others identified:

Individual answering the survey questions:

Name of interviewer: