Republic of Palau Ministry of Education
Special Education Office
Phone: (680) 488-2568/5298 Fax: (680)488-5808
E-mail: spedpw@palaunet.com
Hospital #: A-_____

Student's Preferences and Interests - SE 8F (Transition)

Date: _____

Student: _____ DOB: _____ Grade: _____ Age: _____

School: _____ Completed by: _____

Year Scheduled to Graduate: _____ Current # of Credits: _____

I. Employment

1. Are you currently working part-time? ☐ YES ☐ NO

   If **YES,** where? _____

2. What kind of a job would you like to get after high school? _____

_____.

3. What do you like to do during your free time? _____

_____

II. Education/training

1. Are you interested in going to college/university? ☐ YES ☐ NO
2. What college/university would you like to attend? _____
3. What is/are the courses you enjoy the most? _____

_____

4. What vocational classes have you taken? _____

_____

5. What courses are you doing well in school? _____

_____

6. What courses are you having problems with in school? _____

_____

III. Independent Living:

A. Transportation

1. Do you have a driver's license? ☐ YES ☐ NO
2. Do you know how to access public transportation such as a taxi? ☐ YES ☐ NO
3. How do you get to high school? ☐ Walk ☐ Bus ☐ Car

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B. Residence

1. Do you live at home with your parents? ☐ YES ☐ NO
2. When you finish high school, where would you live?

   ☐ At home ☐ Alone/With friends outside of family home ☐ Move off-island
3. Are you able to cook simple meals? ☐ YES ☐ NO
4. Are you able to do your own laundry? ☐ YES ☐ NO
5. Do you help with chores at home? ☐ YES ☐ NO (Indoors & Outdoors)

C. Community Participation

1. Are you a registered voter? ☐ YES ☐ NO ☐ Not applicable

   If **YES**, did you vote in the last election? ☐ YES ☐ NO
2. Are you accessing community facilities such as:

   ☐ Grocery stores ☐ Banks
   ☐ Post office ☐ Laundromat
   ☐ Hospital ☐ Restaurants
   ☐ Gym ☐ Police station
   ☐ Swimming pool ☐ Government offices
   ☐ Park ☐ Social Security office
   ☐ Airport ☐ Hotels
3. Do you participate in Palau cultural activities? ☐ YES ☐ NO

D. Financial

1. Have you earned any money? ☐ YES ☐ NO
2. Do you know how to budget? ☐ YES ☐ NO
3. Do you buy your own toiletries and clothing? ☐ YES ☐ NO

E. Grooming

1. How would you rate your grooming skills? ☐ EXCELLENT ☐ GOOD ☐ POOR (Explain)

_____

_____

_____