

**About the Future Planning Inventory  
for the Student**

The following inventory has been designed to assist you in planning for your future after high school. Your parents and teachers want to know your goals and how you plan to meet them. Please fill out the inventory on your own as much as possible. Set up an appointment with your high school guidance counselor or school social worker to talk about and complete the inventory as soon as you can.

Bring your completed inventory to your next IEP/transition meeting which is scheduled on \_\_\_\_\_ . Be ready to discuss your future and how we can work together to make sure you meet your goals.

# FUTURE PLANNING INVENTORY

## Student Document

What are your plans during high school and after graduation? Please complete this future planning document and bring it to your next Individual Educational Planning conference.

### General Student Information

Student's name: \_\_\_\_\_

First

Middle

Last

Student's Social Security number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_ Grade: \_\_\_\_\_

Current address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Business phone: \_\_\_\_\_

What kind of courses do you want to take during high school? (Be sure you chose the kind of coursework that will meet your future planning goals!)

College preparatory  General education (Minimum requirements for graduation)

Functional/job preparation  I don't know

### I. VOCATIONAL/POST-SECONDARY EDUCATION OPTIONS

A. Upon graduation, I want to go on for future education or training.

Yes  No

If yes, please check each kind of post-secondary education or training that interests you.

Four-year college/university  Private occupational training program

Community college  Military service

Technical college  Adult education program

What do you want to study or train to be? \_\_\_\_\_

My level of motivation to succeed in the academic setting:

high  medium  low

The level of motivation to succeed in the academic setting:

high  medium  low

My ability to identify what I need and how to get it:

high  medium  low

B. Upon graduation, I am going to get a job right away.

Yes  No

If yes, please check the kind of job you expect to have.

Competitive employment:  Full-time  Part-time

Self-employed

Supported employment:  Full-time  Part-time

Sheltered employment:  Full-time  Part-time

C. In what type of job/occupation will you be working one year after graduation?

\_\_\_\_\_

D. In what type of job/occupation will you be working in five years after graduation?

\_\_\_\_\_

E. What courses do you need to take in high school this year that will help you attain your employment or post-secondary education goals?

\_\_\_\_\_

\_\_\_\_\_

F. Do you want information on tests required to get into post-secondary education e.g. ASVAB, SAT, ACT, PSAT?

\_\_\_\_\_

G. What chores do you have at home and how much do you like to do them?

Activity

Degree of Independence

(e.g. – make bed, carry out trash; mow lawn.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

H. List jobs you can do now and really enjoy.

\_\_\_\_\_

I. What jobs or work experience have you had in your community?

\_\_\_\_\_

\_\_\_\_\_

J. List any jobs you really dislike.

\_\_\_\_\_

\_\_\_\_\_

## II. HOME LIVING OPTIONS

A. Where do you plan on living after graduation?  
(Please check one from this list)

- |     |                                       |            |       |
|-----|---------------------------------------|------------|-------|
| ___ | Large urban (100,000 population plus) | What city? | _____ |
| ___ | Urban (30,000 to 100,000)             | What city? | _____ |
| ___ | Rural (under 30,000 population)       | What town? | _____ |
| ___ | Farm                                  |            |       |

B. (Please check one from this list)

- Live independently in apartment or home
- With family member (who?) \_\_\_\_\_
- With support \_\_\_\_\_
- Supervised apartment (which one?) \_\_\_\_\_
- Group home (which one?) \_\_\_\_\_
- College dormitory (where?) \_\_\_\_\_
- Other, please describe \_\_\_\_\_

III. **RECREATIONAL AND LEISURE OPTIONS**

A. Leisure Interest Inventory

Check all of the following leisure activities in which you currently participate.

I Participate in the Following Athletic/Sports Activities

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> swimming    | <input type="checkbox"/> lifting weights | <input type="checkbox"/> skiing            |
| <input type="checkbox"/> running     | <input type="checkbox"/> aerobics        | <input type="checkbox"/> canoeing          |
| <input type="checkbox"/> softball    | <input type="checkbox"/> basketball      | <input type="checkbox"/> riding motorcycle |
| <input type="checkbox"/> walking     | <input type="checkbox"/> fishing         | <input type="checkbox"/> camping           |
| <input type="checkbox"/> riding bike | <input type="checkbox"/> bowling         | <input type="checkbox"/> riding horses     |
| <input type="checkbox"/> other _____ |  |  |

I Attend the Following Large Group Events

- |  |  |
|--|--|
| <input type="checkbox"/> movies          | <input type="checkbox"/> car races                   |
| <input type="checkbox"/> sporting events | <input type="checkbox"/> horse, dog, car shows       |
| <input type="checkbox"/> music events    | <input type="checkbox"/> community education classes |
| <input type="checkbox"/> other _____     |  |

I Participate in the Following Individual Activities

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> sewing                       | <input type="checkbox"/> listening to music | <input type="checkbox"/> playing pool/billiards |
| <input type="checkbox"/> handcrafts                   | <input type="checkbox"/> cooking            | <input type="checkbox"/> video arcade games     |
| <input type="checkbox"/> reading                      | <input type="checkbox"/> playing instrument | <input type="checkbox"/> shopping               |
| <input type="checkbox"/> caring for pets              | <input type="checkbox"/> writing letters    | <input type="checkbox"/> caring for lawn        |
| <input type="checkbox"/> talking on phone             | <input type="checkbox"/> watching TV        | <input type="checkbox"/> cleaning/repairing car |
| <input type="checkbox"/> playing cards or board games |   |   |
| <input type="checkbox"/> other _____                  |   |   |

I Participate in the Following Social Activities

- |   |   |
|---|---|
| <input type="checkbox"/> dating                   | <input type="checkbox"/> entertaining at home                 |
| <input type="checkbox"/> picnicing                | <input type="checkbox"/> dancing                              |
| <input type="checkbox"/> eating out               | <input type="checkbox"/> driving around                       |
| <input type="checkbox"/> attending church         | <input type="checkbox"/> spending time with family or friends |
| <input type="checkbox"/> belonging to social club | <input type="checkbox"/> volunteering                         |
| <input type="checkbox"/> other _____              |   |

B. In which extracurricular activities would you like to participate during this year of high school?

\_\_\_\_\_

\_\_\_\_\_



2. Help getting the right job     Yes     No

If yes, please check all of the following for which you would like information.

- a. Division of Rehabilitation Services (DRS)
- b. Job Training Partnership Programs (JTPA)
- c. Minnesota Job Service – Targeted Job Tax Credits (TJTC)
- d. Supplemental Security Income (SSI)

3. Home living assistance     Yes     No

If yes, please check all of the following for which you would like information.

- a. County Social Services
- b. Supplemental Security Income (SSI)/medical assistance
- c. Housing assistance – city government
- d. Independent living center services

B. Have you contacted any of the following agencies regarding financial help?

Yes     No

(Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Not applicable                            | <input type="checkbox"/> Social Security Office |
| <input type="checkbox"/> Division of Rehabilitation Services (DRS) | <input type="checkbox"/> County Social Services |
| <input type="checkbox"/> Other, please describe _____              |   |

**VI. HEALTH-RELATED NEEDS**

A. When was your last physical examination?

(date) \_\_\_\_\_

B. Do you have any of the following needs?

- |  |                               |                             |
|--|-------------------------------|-----------------------------|
| <input type="checkbox"/> medical (i.e., medications) | <input type="checkbox"/> yes* | <input type="checkbox"/> no |
| <input type="checkbox"/> counseling                  | <input type="checkbox"/> yes* | <input type="checkbox"/> no |
| <input type="checkbox"/> other _____                 |                               |                             |

\*Please explain \_\_\_\_\_

C. What are some possible supports you may require in the future?

\_\_\_\_\_  
\_\_\_\_\_

**VIII. Currently, what is your greatest concern for your future?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_