

Annual Senior Transition Survey School

Year: _____

1. About Yourself: Complete the information below (please print)

Your Name (First Middle Last)	
Street Address	
City, State, Zip	
Parent/Guardian Name	
High School	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other

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What do you plan to do after Graduation (Please Print)

<input type="checkbox"/>	Go to School (full or part-time in a college, vocational, technical, or special school) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Name of School</p> <p>First Choice <input style="width: 100%;" type="text"/></p> <p>Second Choice <input style="width: 100%;" type="text"/></p> </div> <div style="width: 45%;"> <p style="text-align: center;">Location (City, State)</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> </div> </div>
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<input type="checkbox"/>	Find a Job <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Name of Company</p> <p>First Choice <input style="width: 100%;" type="text"/></p> <p>Second Choice <input style="width: 100%;" type="text"/></p> </div> <div style="width: 45%;"> <p style="text-align: center;">Location (City, State)</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> </div> </div>
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<input type="checkbox"/>	Join the military (check one) <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Navy
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<input type="checkbox"/>	Work full-time caring for home/family
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<input type="checkbox"/>	Participate in community service (Peace Corps, VISTA, Religious duties, etc.)
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<input type="checkbox"/>	Other (describe):
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How can we reach you this fall?

<p style="text-align: center;">Name of friend/family member</p> <input style="width: 100%; height: 30px;" type="text"/> <p style="text-align: center;">City, State, Zip</p> <input style="width: 100%; height: 30px;" type="text"/>	<p style="text-align: center;">Permanent Street Address</p> <input style="width: 100%; height: 30px;" type="text"/> <p style="text-align: center;">Telephone Number</p> <input style="width: 100%; height: 30px;" type="text"/>
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**FOR
SCHOOL
USE ONLY**

Seniors- do not
complete this
section

Graduate was verified by

- Graduate
- Parent/Guardian
- Sibling/Friend
- Neighbor/Relative
- Post-Secondary School
- Employer/Military

Status of Graduate

- College in Kentucky
- College Out of State
- Vocational/Technical/Special School
- Military Service
- Employment
- School/Work Combination
- Unsuccessful
- Deceased

Name of school/district staff who verified graduate

Date

Did this student participate in the alternative assessment process?

Yes

No

Student Demographic/Graduation

Diploma Date

Diploma Type

- Advanced Diploma
- Certificate of Attainment
- Commonwealth Diploma
- District/State Approved GED
- General Diploma
- Secondary GED

Diploma Period

Spring

Summer

Early

NCLB Status

- Graduated with diploma in 4 years
- Graduated with diploma IEP 5 + years
- Graduated with diploma more than 4 years
- Graduated with a certificate of successful completion or received a GED

LEP

IEP

504

Migrant

SES:

4103

4104

4198

If IEP checked, what is the Primary Disability

- 01 MMD
- 02 Func Ment Dis
- 04 Hearing
- 05 Speech
- 06 Visual
- 07 EBD
- 08 Ortho/Phys
- 09 Other
- 10 Spec Learn
- 11 Deaf/Blind
- 12 Multiple
- 13 Autism
- 14 TraumBrain
- 15 Dev Delayed

This section is to be completed by the Career and Technical Education Coordinator or CTE Teachers

The information for questions 1 and 2 must be provided by the CTE Coordinator for the district or school at the end of the student's senior year.

1. Did this student complete a Career and Technical Education Major/Program

Yes

No

2. If yes, which CTE Career Major/Program did the student complete?

3. Is the student pursuing a post secondary program related to the CTE Career Major/Program identified above?

Yes

No

4. Is the student employed in an area related to the CTE Career/Program above?

Yes

No