Pre-transition questionnaire

Do you understand that you are leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College on …………………………?

Do you know what you want to do after leaving \_\_\_\_\_\_\_\_\_\_\_\_\_ College?

Where would you like to live?

What would you like us to help you with?

When you think of leaving, what are you most scared of?



Paid work?



Volunteer?



Further education?



Alone?



Supported accommodation?



With family?

Agreed actions for \_\_\_\_\_\_\_\_\_\_\_\_ staff to facilitate transition:

Signed (Student)

Signed (Staff)