Life Preferences Survey

Name: _____Date:_____

Mark the choice(s) you like best for each section

Note: This handout is a excerpt from *Standing Up for Me,* Florida's self-determination curriculum. Please contact your Project 10 regional representative for training on the full curriculum, or visit the Project 10 website (http://project10.info/) for more information about the transition process.

Work Setting Preferences

□ part-time job □ full-time job □ job with flexible hours □ work for a small company □ work for a large company □ work in daytime □ work in evening □ work at night □ work early morning □ work late afternoon □ work weekdays □ work inside □ work outside □ work in the same place every day □ work in different places locally □ travel outside my local area □ be my own boss □ work for someone □ dress formally (dress, suit, etc.) □ wear a uniform □ dress casually (jeans, shorts, etc.) □ work in a place with a few people □ work in a place with a lot of people □ work by myself □ work at a slow pace □ work at a fast and busy pace □ work at your own pace □ follow a schedule □ meet deadlines	□ do physical labor □ work at a desk □ work with my mind □ work with my hands □ work with tools □ work with machines □ work with computers □ work with advanced technology □ have a variety of duties □ do the same thing every day □ work in a noisy place □ work in a quiet place □ read as part of the job □ write as part of the job □ do math as part of the job □ earn wage/salary increases □ earn benefits □ earn promotions □ earn awards or recognitions □ walk to work □ take the bus to work □ drive to work □ work that requires a high school diploma □ work that requires college □ work that requires career or technical education □ join the military

Life Preferences Survey

Type of Job I Would Like

Name: _____Date:_____

Choice 1	Choice 2
Type of Job	Type of Job
Skills Needed	Skills Needed
Working Conditions	Working Conditions
Training/Education	Training/Education
Match My Work Preferences & Interests? □ No □ Some □ Most □ All	Match My Work Preferences & Interests? □ No □ Some □ Most □ All
Match My Strengths/Abilities? □ No □ Some □ Most □ All	Match My Strengths/Abilities? □ No □ Some □ Most □ All
Type of Education/Training	Type of Education/Training
Am I still interested in this job? □ Yes □ No	Am I still interested in this job? □ Yes □ No
If yes, what can I do to be successful in getting the job?	**If yes**, what can I do to be successful in getting the job?
Who can I go to for support or assistance?	Who can I go to for support or assistance?
If no, why did I change my mind?	**If no**, why did I change my mind?

Life Preferences Survey

Type of Education or Training I Would Like

Name: _____Date:_____

Choice 1	Choice 2
What job or career would I like? _____	What job or career would I like? _____
What are the education or training requirements to enter this job or career? _____	What are the education or training requirements to enter this job or career? _____
Where would I like to go to school or be trained? _____	Where would I like to go to school or be trained? _____
What are the entrance requirements? _____ _____	What are the entrance requirements? _____ _____
How much will it cost? _____	How much will it cost? _____
Are job placement services provided? □ Yes □ No	Are job placement services provided? □ Yes □ No
Match My Work Preferences & Interests? □ No □ Some □ Most □ All	Match My Work Preferences & Interests? □ No □ Some □ Most □ All
Match My Strengths/Abilities? □ No □ Some □ Most □ All	Match My Strengths/Abilities? □ No □ Some □ Most □ All
Am I still interested in this education or training? □ Yes □ No	Am I still interested in this education or training? □ Yes □ No
If yes, what can I do to be successful in getting the job? _____ _____ _____	**If yes**, what can I do to be successful in getting the job? _____ _____ _____
Who can I go to for support or assistance? _____	Who can I go to for support or assistance? _____
If no, why did I change my mind? _____	**If no**, why did I change my mind? _____

Life Preferences Survey

Where I Want to Live

Name: _____Date:_____

Mark the choice(s) you like best for each section.

Type of home?

□ house
□ apartment
□ trailer/mobile home
□ condominium
□ group home
□ other _____

Who do I want to live with?

□ alone
□ parents
□ friends
□ spouse
□ sibling
□ someone new
□ other family_____
□ other _____

Location?

□ state in which you want to live _____
□ city in which you want to live _____

How will I get around?

□ bike
□ walk
□ parents
□ friends
□ other family
□ bus
□ car
□ motorcycle
□ taxi
□ other _____

Life Preferences Survey

Leisure Activities and Community Participation

Name: _____Date:_____

Mark all that pertain to you personally, both currently and as a goal after graduation.

Leisure Activities:			Community Involvement Activities:		
Now	After		Now	After	
□	□	youth group	□	□	faith-based activities
□	□	scouts	□	□	assist neighbors
□	□	sporting events	□	□	tutor
□	□	school dances	□	□	assist with scouts
□	□	faith-based services	□	□	assist with senior citizens
□	□	lessons:_____	□	□	assist with youth sports
□	□	hobbies:_____	□	□	join a civic club
□	□	clubs:_____	□	□	volunteer work:
□	□	bowling	□	□	_____
□	□	football	□	□	_____
□	□	soccer	□	□	_____
□	□	baseball	□	□	
□	□	swimming	□	□	other:_____
□	□	softball	□	□	other:_____
□	□	cheerleading	□	□	other:_____
□	□	golf	□	□	other:_____
□	□	tennis	□	□	
□	□	hockey	□	□	
□	□	skating	□	□	
□	□	dance lessons/activities	□	□	
□	□	movies	□	□	
□	□	beach	□	□	
□	□	fitness activities	□	□	
□	□	other:_____	□	□	
□	□	other:_____	□	□	
□	□	other:_____			