

Dream Plan

Dream Plan Interview

Name:

Date:

Please answer the following questions to the best of your ability. There are no right or wrong answers, and you can change your mind about the future you want each year as you learn more about yourself and the education, career, and living options available after high school.

Section 1: All about you

Interviewer:

“Now that you have given me some basic information, let’s talk about you a little more. Let’s start with learning more about your strengths, challenges, and experiences.”

1. What things do you do best?
2. What do you have trouble doing?
3. What do you like about school?
4. What is hard about school?
5. What things or activities do you enjoy doing outside of school?
6. Are there hobbies or activities you want to do as an adult? Think about clubs, political, religious, or community groups, and recreational activities.

Section 2: Family and Friends Network to Find a Job

Interviewer:

“Now let’s talk about your family’s background and any community activities that are important to you.”

7. Can your family or friends help you with job-related needs, such as helping you with job applications, apprenticeships, housing, or internships?

- Yes
- No
- Not sure
- Decline to answer

7A. If yes: Who can help, and in what ways?

8. Can your family or friends help you with your postsecondary education needs, such as entry applications, transportation, referrals, loans, or internships?

- Yes
- No
- Not sure
- Decline to answer

8A. If yes: Who can help, and how?

Section 3: Education and Transition

Individualized Education Programs (IEP) and 504 Plans

Interviewer:

“One way students get help in school is with Individualized Education Programs (IEPs).”

9. Do you know what an Individualized Education Program (IEP) or 504 Plan is?

- Yes
- No
- Not sure
- Decline to answer

10. Have you been involved in one or more of your IEP or 504 meetings?

- Yes
- No
- Not sure
- Decline to answer

11. Do you know what is talked about at your IEP or 504 meetings?

- Yes
- No
- Not sure
- Decline to answer

12. Do you know what postsecondary transition goals are in your IEP or 504 Plan?

- Yes
- No
- Not sure
- Decline to answer

13. Would you like to learn more about your IEP or 504 Plan?

- Yes
- No
- Not sure
- Decline to answer

14. What questions do you have about your IEP or 504 plan?

Section 4: Work Experiences

15. Do you have any work experience?

16. Do you need workplace accommodations?

- Physical workspace modifications** (ramps, accessible restrooms)
- Job restructuring** (changing duties, breaking down tasks)
- Flexible work options** (modified schedules, remote work)
- Accessible technology and equipment** (assistive devices, ergonomic workstations)
- Policy adjustments** (allowing service animals, flexible leave)
- Interpreters or alternative communication formats**
- Other:**

Volunteer Experiences

17. Most Recent Volunteer Experience

18. Responsibilities or duties:

Section 5: Setting Goals for Work, Education, and Independent Living

Interviewer:

“Let’s talk about education, work, and living independently and set goals for each of these areas.”

Postsecondary Employment Goal

19. What do you want to do for work?

After high school, I will work as a **Job Title** at **Place of Employment**.

20. What kind of education or training does the job you want require?

Check all that apply:

- Learn skills while on the job
- General Education Development Diploma or High School Equivalency
- Learn skills at a vocational/trade school
- Join the military
- Go to community college
- Go to a 4-year college
- Learn from my family’s business
- Become a volunteer
- Other:

Postsecondary Training/Education Goal

21. What and where do you want to learn?After high school, I will attend **University/**

Community College/Tech School/ On-The-Job Training to learn.

22. Do you need information on financial resources or scholarships?

- Yes
- No

Independent Living

23. After high school, I will live

Check all that apply:

- On my own, in a house/apartment
- In a house/apartment with someone else or with help from my family
- In a home with other people with disabilities
- With my family
- On a military base
- On a college campus
- In another state/country
- Other:

24. Do you feel you have the skills necessary to live on your own?

- Yes (or with support from my family)
- No/Not Sure

24A. If no: What skills do you think you need to develop to live on your own?

(check all that apply):

- Handling money (counting change, budgeting, bank accounts, credit cards)
- Household management (cooking, cleaning, paying bills)
- Safety (protecting personal information, internet safety, emergency situations)
- Personal appearance/hygiene (doing laundry, dressing for work, hair styling, dental)
- Ordering things at restaurants, in the community, or online
- Shopping (food, clothing, medicine, and other necessary items)
- Traveling in the community (using public transportation/ride sharing (Uber/Lift), driving)

Section 6: Financial Empowerment

Interviewer:

“Let’s talk about your finances and any benefits you may be receiving, and how they might help you reach your goals.”

25. Do you currently have a bank account?

- Yes
- No
- Not sure
- Decline to answer

25A. If yes: Please share what you know about these accounts. Examples: Savings accounts, checking accounts, debit cards, and credit cards.

26. Do you know how to create a budget?

- Yes
- No
- Not sure
- Decline to answer

Section 7: Support Services and Agencies

Interviewer:

"There are state agencies, as well as local and community organizations, that can provide support services to help you when you become an adult. These services can assist with things like understanding eligibility, employment, housing, health care, and more."

27. Please check any of the agencies below that you feel you may need:

- Office for People with Developmental Disabilities (*OPWDD; services for individuals with Intellectual/Developmental Disabilities and other neurological impairments*)
- Vocational Rehabilitation (*VR - assistance with employment*)
- Commission for the Blind (*independent living and employment services for individuals who are legally blind*)
- Office of Mental Health (*OMH; support services, treatment programs, and therapies for individuals with mental health needs*)
- Independent Living Centers (*ILC; services like peer counseling, advocacy, independent living skills training, assistive technology, and accessibility*)
- Office of Workforce Development (*job training and placement support*)
- Student Support Services (*accommodations for eligible students*)
- Social Security Administration (*SSA; eligibility for SSI/SSDI benefits*)
- Other:

28. Do you feel like you have enough support to reach your goals? If not, what additional support do you think you need?

29. What are your biggest concerns about your transition to adulthood?

Check all that apply:

- Future employment opportunities and supports
- Continued education after high school
- Daily, everyday living skills
- Adult living/housing options
- Social needs (self-esteem, making/keeping friends, adjusting to community environments)
- Appropriate behavior (adhering to codes of conduct in work, school, or public)
- Communication skills
- Travel skills/transportation
- Managing money
- Medical/health issues
- Leisure/recreational opportunities
- Accessing adult support services in the community

Other Assessment Data:

	Assessment Name	Date	Results
Employment			
Education/Training			
Independent Living			

- Summary of strengths, interests, and needs:

Section 8: Final Thoughts

Interview

"Before we wrap up, let's talk about any other ways we can support you."

30. Is there anything else you would like to share about your needs or goals that we haven't discussed?
