# 9th GRADE TRANSITION SURVEY

## Name and Contact Information

| | | | |
|---|---|---|---|
| 1. Your name | | 2. Your cell phone number | |
| 3. Parent/ Guardian name(s) | | 4. Parent/Guardian cell phone number | |

## Hobbies, Clubs, and Interests

| | |
|---|---|
| 5. What do you like to do in your free time? What are your interests and hobbies? | |
| 6. Which clubs, activities, or teams might you want to join in high school? | |
| 7. What do you want to do after high school? What is your dream job? | |

## High School and Academics

8. How important are the following to you? (check the box that applies)

| | ***Not important*** | ***Somewhat important*** | ***Very important*** |
|---|---|---|---|
| Doing well in classes | | | |
| Completing homework every night | | | |
| Graduating in 4 years | | | |

| | ***Not important*** | ***Somewhat important*** | ***Very important*** |
|---|---|---|---|
| Making and having friends | | | |
| Connecting with teachers and staff | | | |
| Participating in school activities | | | |

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9. How much do you agree with the following statements? (check the box that applies)

| | ***Disagree*** | ***Somewhere in the middle*** | ***Agree*** |
|---|---|---|---|
| I believe I will be successful in high school. | | | |
| I know where to find help when I need it. | | | |

| | ***Disagree*** | ***Somewhere in the middle*** | ***Agree*** |
|---|---|---|---|
| I have friendships and connections here. | | | |
| There is at least one adult at school I can talk to if I have a problem. | | | |

10. When you have a problem, who do you usually go to for support? List as many people as you would like.

_____

_____

_____

11. How do you feel about each of the following classes? (check the box that applies)

| | ***Nervous*** | ***Somewhere in the middle*** | ***Confident*** |
|---|---|---|---|
| English | | | |
| Math | | | |
| History/ Social Studies | | | |

| | ***Nervous*** | ***Somewhere in the middle*** | ***Confident*** |
|---|---|---|---|
| Science | | | |
| World Language | | | |
| Gym/PE/ Health | | | |

12. What makes you nervous about the classes for which you checked that box?

_____

_____

_____

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13. Last year, how often did you do each of the following?

| | ***Never*** | ***Sometimes*** | ***Always*** |
|---|---|---|---|
| Take notes during class | | | |
| Complete my homework | | | |
| Make a schedule or plan to complete your work | | | |

| | ***Never*** | ***Sometimes*** | ***Always*** |
|---|---|---|---|
| Study for tests/quizzes | | | |
| Get homework help at home | | | |
| Ask a teacher for extra help | | | |

## Conclusion

14. What is a question that you have for your On-Track Coach?

_____

_____

_____

15. What is something that you would like your On-Track Coach to know about you?

_____

_____

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