

# Parent Transition Survey

Student Name: \_\_\_\_\_ Date \_\_\_\_\_ Age of Child: \_\_\_\_\_

## Public School Education

1. Type of disability that qualifies your son/daughter for special education

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism                         | <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Deaf/Hard of Hearing          |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Emotional Disability     | <input type="checkbox"/> Multiple Disabilities         |
| <input type="checkbox"/> Traumatic Brain Injury         | <input type="checkbox"/> Deaf-Blind               | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Specific Learning Disability   | <input type="checkbox"/> Blind/Visually Impaired  | <input type="checkbox"/> Orthopedic Impairment         |
|   | <input type="checkbox"/> Other Health Impairments | <input type="checkbox"/> Other _____                   |

2. Do you anticipate your child receiving a standard high school diploma?  YES  NO

3. At what age do you anticipate or plan for your son/daughter to exit public school?

- |                                 |                                 |                                 |  |
|---------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> age 17 | <input type="checkbox"/> age 19 | <input type="checkbox"/> age 21 | <input type="checkbox"/> age 23          |
| <input type="checkbox"/> age 18 | <input type="checkbox"/> age 20 | <input type="checkbox"/> age 22 | <input type="checkbox"/> other: age ____ |

4. In what area does your child have the greatest needs? (Check all that apply. Of those checked, **please rank the top 5 areas. Rank: 1 most important → 5 least important.**)

Ex:

- 1 Example (most important, #1)
- \_\_\_ Academic skills needed for postsecondary education
  - \_\_\_ Basic academic skills (reading, writing, arithmetic)
  - \_\_\_ Household chores (cleaning, laundry, etc.)
  - \_\_\_ Community safety
  - \_\_\_ Communication skills (ability to express oneself to others)
  - \_\_\_ Substance Abuse education
  - \_\_\_ Decision making/ goal setting/problem-solving skills
  - \_\_\_ Friendships and social relationships
  - \_\_\_ Meal planning, preparation, & cleaning up
  - \_\_\_ Money management skills
  - \_\_\_ Personal care needs (grooming, shaving, dressing skills etc.)
  - \_\_\_ Disability knowledge/self-advocacy
  - \_\_\_ Recreational/leisure skills
  - \_\_\_ Safe sexual behavior and sexual health education
  - \_\_\_ Shopping skills (comparison shopping, handling money, etc.)
  - \_\_\_ Assistive technology
  - \_\_\_ Travel skills (pedestrian, public &/or private transportation)
  - \_\_\_ Vocational and career exploration (opportunities to experience and learn about several different types of careers and/or jobs)
  - \_\_\_ Health care management
  - \_\_\_ Toileting
  - \_\_\_ Other: \_\_\_\_\_

## Future Post-Secondary Education / Training / Lifelong Learning

5. Future education goals for my son/daughter will be:

- Four year college/University
- Community College
- Vocational technical school
- On-the-job training
- Adult-continuing education/Community sponsored classes
- Job Corps
- Don't know
- Other: \_\_\_\_\_

## Employment and Career Training

6. I think my son/daughter will work in:

- Full-time competitive* employment (find and keep a job on his/her own w/o support)
- Part-time competitive* employment
- Supported employment (community job for real wages with supports to find and keep a job)
- Military service
- Adult Day Services
- Volunteer work
- Don't know
- I do not expect my son/daughter to work
- Other (please specify) \_\_\_\_\_

7. What type of work does your son/daughter state that he/she is interested in?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you feel this is a realistic goal?  **YES**  **NO**

9. What type of employment do you think he/she would enjoy?

\_\_\_\_\_  
\_\_\_\_\_

10. What type of support or assistance do you think your son/daughter will need in finding and maintaining a job? (Check all that apply.)

- Will not need any support
- Help locating job opportunities
- Assistance with application and interview
- Assistance only when problems or new situations arise
- Time-limited support to learn the job (extra training)
- Long-term support needed to learn the job (ongoing training)
- Ongoing support to perform the job (personal care attendant, etc.)

## Future Independent Living Options

11. Five years after school, where do you want your son/daughter to live?

- At home
- With family – other than parents
- In an apartment on their own – alone or with roommate(s) (circle one)
- In a supported apartment/living program – alone or with roommate(s)
- In a group home
- In a foster home
- In subsidized housing
- Other: \_\_\_\_\_

12. Concerns that you have about your son/daughter living on his/her own:

- Can't shop independently
- Can't manage money
- Health related concerns
- Has been too dependent
- Won't take good care of self (eating, hygiene, etc)
- Will be lonely
- Will be exploited (sexual, physical, financial)
- Other: \_\_\_\_\_

## Guardianship / Financial Supports / Trusts

13. After graduation/school completion, how do you want your son/daughter to be supported? (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security/ SSI/ SSDI    | <input type="checkbox"/> Government Benefits (food stamps, subsidized housing, etc.) |
| <input type="checkbox"/> His/her own wages             | <input type="checkbox"/> Your financial support                                      |
| <input type="checkbox"/> Wages and Social Security     | <input type="checkbox"/> I don't know  |
| <input type="checkbox"/> Wages and Government Benefits |  |

14. Do you think that when your son/daughter turns 18 years old, he/she will:

- Be his or her own legal guardian
- Need a guardian/conservator for financial decisions
- Need a guardian/conservator for medical decisions
- Need an advocate or personal representative
- Need a medical proxy
- Need Power of Attorney
- Need a legal guardian appointed
- Not sure/don't know

15. Have you prepared (trust fund/special needs trust) for the future support for your son/daughter?  YES  NO

16. Have you prepared a will that includes plans for your son/daughter?  YES  NO

## Transportation

17. Do you think your son/daughter will get a driver's license?  YES  NO

18. After graduation/school completion, will your son/daughter travel around town by:

- \_\_\_\_\_ Bicycle
- \_\_\_\_\_ Walk
- \_\_\_\_\_ Public Transportation – (bus, commuter rail, etc.)
- \_\_\_\_\_ His/her own car
- \_\_\_\_\_ City cab
- \_\_\_\_\_ Get rides in the family car or with friends
- \_\_\_\_\_ Other: \_\_\_\_\_

## Recreation and Leisure

19. When my son/daughter graduates/completes school, I hope he/she will be involved in:

*(check all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Recreational activities that he/she does alone         | <input type="checkbox"/> Integrated activities (team members with and without disabilities) |
| <input type="checkbox"/> Activities with friends                                | <input type="checkbox"/> Classes (to develop hobbies, and explore areas of interest)        |
| <input type="checkbox"/> Friends with disabilities                              | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Friends without disabilities                           | _____   |
| <input type="checkbox"/> Organized recreational activities (clubs, team sports) |   |

20. After graduation/school completion, do you feel your son/daughter will probably:

*(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Get married                                | <input type="checkbox"/> Have children   |
| <input type="checkbox"/> Have a boy/girlfriend, but no marriage     | <input type="checkbox"/> Have very little romantic or social contact with a boy/girlfriend |
| <input type="checkbox"/> Have a committed relationship/life partner |  |

## Adult Services

21. Please check the following adult services that you either **aware of**, **involved with**, or **need more information** about:

AGENCY	Aware Of	Involved With	Need more information
Vocational/Employment Rehabilitation Services			
Department of Disabilities Services (DDS)			
Health Care and/or Health Insurance			
Adult Social Security Benefits			
Working and Collecting Social Security Benefits – Programs Offered			
Centers for Independent Living			
Post Secondary Options for Adults with Disabilities			
Visiting Nurses Association			
Community Employment Resources			
Government Assistance (food stamps, subsidized housing, etc.)			
Attorney or Planning Services for Guardianship/Conservatorship/Power of Attorney			
Attorney or Planning Services for Financial Options for Your Child - wills, trusts, etc.			
Transportation Services			
Respite Care			
Mentor Programs			
Community Recreation Options			
Parent/Family Support			
Services for the Blind			
Mental Health Services			
Services for the Deaf and Hard of Hearing			

## Comments/Questions/Concerns:

22. Please let us know other transition related concerns you may have as your child moves from public education to adult services.

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*Thank you for completing this survey. We look forward to assisting you and your child seamlessly transition from public school to adult services.*