

PARENT TRANSITION SURVEY

Transition planning is an evolving and continual process of identifying needs, developing goals, and making connections if needed to services and service providers inside and outside of the school system. Both you and your son or daughter need to be part of this transition planning. In order to accurately document transition services in the IEP, it is helpful for information to be gathered prior to the IEP meeting. Questions on this form relate to education, employment, adult living, and linkages to services and service providers.

Not all of the sections or choices in this survey may be directly relevant to your child, but please complete those sections and choices that best reflect your concerns and thoughts about adult life for your child. Completing this survey will help teachers, and adult service staff to better understand you and your child's expectations for the future. It will provide vital information that can lead to successful transition planning.

Student Name: _____ **Date** _____

EDUCATION

1. Type of special education program your son/daughter is in:
- | | |
|--------------------------------|---------------------------------------|
| _____ Autism | _____ Learning disabilities |
| _____ Life Skills/ID | _____ Behavior/Emotional Disabilities |
| _____ Other health impairments | _____ Other: _____ |

2. How old is your son/daughter now? _____

3. At what age do you anticipate or plan for your son/daughter to **graduate?**
 _____ age 17 _____ age 18 _____ age 19 _____ age 20 _____ age 21 _____ uncertain

4. In what area does your child have the greatest needs?

★	✓	Please check all that apply. Of those checked, please star (★) the 5 most important:
		academic skills needed for postsecondary education
		basic academic skills (reading, writing, arithmetic)
		cleaning house
		communications skills (ability to express oneself to others)
		decision making/goal setting/skills for self –advocacy
		friendships and social relationships
		meal planning, preparation, and cleaning up
		money management skills
		personal care needs (grooming, shaving, dressing skills etc.)
		problem-solving skills
		recreational/leisure skills
		shopping skills (comparison shopping, handling money, etc.)
		travel skills (pedestrian, public and/or private transportation)
		vocational and career exploration (opportunities to experience and learn about several different types of careers and/or jobs)
		washing and folding clothes etc.

5. In what areas does your child show strength, both academically and non-academically?

6. Briefly state your child's areas of interest.

FUTURE EDUCATION

1. Future education for my son/daughter will be:

Four year college/university

Community college/university

Vocational technical school

On-the-job training

Post-secondary Education Programs for students with Intellectual and/or Developmental Disabilities (usually on a College Campus)

Adult Day Services

Not applicable

Don't know

Other: _____

CAREER & EMPLOYMENT

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

Full-time competitive employment (finds and keeps a job on his/her own)

Part-time competitive employment

Supported employment (community job for real wages with supports to find and keep a job)

Volunteer work

Don't know

Supervised Day Program (Adult Day Services)

I do not expect my son/daughter to work

Other (please specify): _____

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

3. Do you feel this is a realistic goal? _____ Yes _____ No

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

5. 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 finding a job

assistance only when problems or new situations arise

time-limited support to learn the job (extra training)

long-term support needed to learn job (ongoing training)

FUTURE LIVING OPTIONS

1. Five years after school, where do you want your son/daughter to live?
 at home
 in an apartment on their own alone, or with a roommate(s)
 in a supported apartment/living program - alone or with roommate(s)
 in a group home or supervised living setting with peers
 other: _____
2. Concerns that you have about your son/daughter living on his/her own:
 can't shop on own
 can't manage money
 not ready to live in the community
 won't take good care of self
 will be lonely
 will be exploited (sexual, physical, financial)
 other: _____

FINANCES, WILLS & TRUSTS, GUARDIANSHIP

1. After graduation, how do you want your son/daughter to be supported? (check all that apply):
 Social Security/SSI/SSDI
 His/Her own wages
 General relief (food stamps, subsidized housing, etc.)
 Your financial support
 I don't know
2. Do you think that when your son/daughter turns 18 years old, he/she will be:
 his or her own legal guardian
 will need a conservator for financial decisions
 will need a legal guardian appointed
 not sure/don't know
3. Have you prepared (special needs trust) for the future for your son/daughter? Yes No
4. Have you prepared a will that includes plans for your son/daughter? Yes No

TRANSPORTATION

1. Do you think your son/daughter will get a driver's license? Yes No
2. After graduation, will your son/daughter travel around town by:
 bicycle carpool
 walk his/her own car
 city bus getting rides in the family car or with friends
 city cab other: _____

RECREATION AND LEISURE

1. My son/daughter is currently involved in the following activities:
 - Recreational activities that he/she does alone
 - Activities with friends
 - Friends with disabilities
 - Friends without disabilities
 - Organized recreational activities (club, team sports)
 - Only for people with disabilities
 - Integrated activities (team members with and without disabilities)
 - Classes (to develop hobbies, and explore areas of interest)
 - other: _____

ADULT SERVICES

1. Please check the following services that you are **aware of**.
2. Next, indicate which of these services you **have contacted** or had contact with in the past.
3. Finally, indicate the services you would **like more information**.

Services	Aware of	Contacted	More Info
1. TWS - Vocational Rehabilitation			
2. Supported Employment			
3. Social Security Administration/SSI			
4. Day habilitation Programs			
5. Tarrant County MHMR Services *			
6. Medicaid Waivers: Home & Community-based Services(HCS), Community Living and Assistance and Support (CLASS)			
7. Mental Health Services			
8. Other:			
9. Other:			

* If you receive services through MHMR Tarrant County please list the name of your Service Coordinator/Case Manager _____ and the name of your Direct Service Provider _____

After completing this survey give a copy to your son or daughters teacher and/or bring a copy to your ARD meeting.

This survey is provided by the IDD Council and may be reproduced for the benefit of educators and caregivers.

