

THE NEW PARENT TRANSITION SURVEY

Student Name: _____ Date _____ Age of Child: _____

Completing this survey will help us better understand your needs and expectations for your child's future. It will provide vital information that can lead to successful transition planning. 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.

1. Public School Education

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

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

How old is your son/daughter now? _____

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

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

- age 17 age 18 age 19 age 20
- age 21 age 22 age 23 other: age _____

In what area does your child have the greatest needs? Please check all that apply. Of those checked, **please rank the top 5 areas. Rank: 1- most important to 5- least important.**

- 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: _____

2. Future Post Secondary Education/Training/Lifelong Learning

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: _____

3. Employment and Career Training

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) _____

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

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

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

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.)

4. Future Independent Living Options

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: _____

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: _____

5. Guardianship/Financial Supports/Trusts

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

- Social Security/ SSI/ SSDI
 His/her own wages
 Wages and Social Security
 Wages and Government Benefits
 Government Benefits (food stamps, subsidized housing, etc.)

- Your financial support
 I don't know

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

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

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

6. Transportation

Do you think your son/daughter will get a drivers license? **YES** **NO**

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: _____

7. Recreation and Leisure

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

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

After graduation/school completion, do you feel your son/daughter will probably: (check all that apply)

- Get married
 Have a boy/girl friend, but no marriage
 Have a committed relationship/life partner
 Have children
 Have very little romantic or social contact with the opposite sex

8. Adult Services

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

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