

## TRANSITION ASSESSMENT SURVEY FOR PARENTS

### Dear Parents,

As your son or daughter moves closer to graduation, it is important to begin to plan for his/her future. At the next meeting the IEP team will develop a transition component for your child's Individualized Education Program. The transition component will identify future goals for your son/daughter and ways to support him/her in reaching these goals. We would like to see all our students become productive members of society. Your input and involvement is critical. Please take a few minutes to complete this Transition Assessment. Think of your son/daughter as an adult after graduation and identify your dreams/goals for him/her.

Student Name: \_\_\_\_\_  
Initial Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Updated: \_\_\_\_\_

### Employment:

I think my son/daughter could work in:

- ☐ Full time regular job (competitive employment)
- ☐ Part time regular job (competitive employment)
- ☐ A job that has support and is supervised, full or part time (supported employment)
- ☐ Military Service (Branch: \_\_\_\_\_)
- ☐ Volunteer Work
- ☐ Other: \_\_\_\_\_

My son's/daughter's strengths in the area of employment are:

My son/daughter seems to be interested in working as:

When I think of my son/daughter working, I am afraid that:

To work, my son/daughter needs to develop job-related skills in:

### Post-Secondary Education/Training:

Future education/training for my son/daughter should include (check all that apply):

- ☐ College or University (4-year degree)
- ☐ Community College (2-year degree or certification program)
- ☐ Vocational Training at a Vocational School
- ☐ On-the-Job Training
- ☐ Adult Basic Education classes at the Community College
- ☐ Compensatory Education classes at the Community College
- ☐ Life Skills classes
- ☐ Other: \_\_\_\_\_

My son's/daughter's educational strengths are:

To attend post-secondary education/training, my son/daughter will need to develop skills in:

**Independent Living:**

After graduation my son/daughter will live:

- ☐ On his/her own in a house or an apartment
- ☐ With a roommate
- ☐ In a supervised living situation (group home, supervised apartment)
- ☐ With parents
- ☐ With other family members
- ☐ Other: \_\_\_\_\_

My son's/daughter's strength(s) in the area of independent living are:

When I think about where my son/daughter will live in the future, I am afraid that:

To live as independently as possible, my son or daughter needs to develop skills in:

**Community Participation:**

When my son/daughter graduates, I hope he/she is involved in (check all that apply):

- ☐ Independent recreational activities
- ☐ Activities with friends
- ☐ Activities with family members
- ☐ Organized recreational activities (club, team sports)
- ☐ Classes (to develop hobbies, and explore areas of interest)
- ☐ Supported and supervised recreational activities
- ☐ Accessing community services/businesses
- ☐ Other: \_\_\_\_\_

During free time, my son or daughter enjoys:

My son's/daughter's strength(s) in the area of community participation are:

When I think of the free time my son or daughter will have after graduation, I am afraid that:

To be active and enjoy leisure time, my son or daughter needs to develop skills in:

**Transportation:**

When my son/daughter graduates, he/she will (check all that apply):

- ☐ Have a driver's license and a car

- ☐ Walk, or ride a bike
- ☐ Use transportation independently (bus, taxi, train)
- ☐ Use supported transportation (family, service groups, car pool, special program)
- ☐ Other: \_\_\_\_\_

My son's/daughter's strength(s) in the area of transportation are:

When I think of my son/daughter traveling around the community I worry about:

To access transportation my son/daughter needs to develop skills in:

Review items in the following three areas. Please identify areas in which your son or daughter needs information/support.

**Social/Interpersonal:**

- \_\_\_\_\_ Making friends
- \_\_\_\_\_ Setting goals
- \_\_\_\_\_ Family relationships
- \_\_\_\_\_ Handling legal responsibilities
- \_\_\_\_\_ Handling anger
- \_\_\_\_\_ Communicating his or her needs/wants
- \_\_\_\_\_ Relationships with the opposite sex
- \_\_\_\_\_ Counseling
- \_\_\_\_\_ Other: \_\_\_\_\_

**Personal Management:**

- \_\_\_\_\_ Hygiene
- \_\_\_\_\_ Safety
- \_\_\_\_\_ Mobility/transportation
- \_\_\_\_\_ Domestic skills
- \_\_\_\_\_ Money management/budgeting
- \_\_\_\_\_ Time/time management
- \_\_\_\_\_ Personal care
- \_\_\_\_\_ Other: \_\_\_\_\_

**Health:**

- \_\_\_\_\_ Ongoing care for a serious medical condition
- \_\_\_\_\_ Sex education
- \_\_\_\_\_ AIDS awareness
- \_\_\_\_\_ Information on drug/alcohol abuse
- \_\_\_\_\_ Other: \_\_\_\_\_