

Parent Transition Survey

Student: _____

Date: _____

This survey addresses those areas identified by federal law for transition planning. Please complete the following checklist for your child/student by checking the boxes as indicated. Please add any comments or concerns that you feel will assist the IEP team in making decisions for the Individual Education Program (IEP).

Area 1: Post Secondary Education

My son/daughter intends to go on to post secondary education or training as indicated:

- 4-year College Community College
 Vocational/Technical School Other
 My son/daughter does not intend to go on to post secondary education

I would like the IEP team to support my child in the following ways:

- Assistance in making appointments with a school counselor for post secondary school information.
 Assistance in applying for scholarships
 Assistance in making application for financial aid
 Assistance in arranging for modifications for the ACT or SAT
 Other: _____

Comments: _____

Area 2: Vocational Training

My son/daughter has successfully completed course work in the following vocational areas:

- Family and Consumer Sciences Computers Construction Trades
 Business Health Studies Industrial Arts
 Photography Graphic Arts Auto
 Other: _____

My son/daughter requires the following assistance in vocational skill training:

- Vocational assessment information to identify areas of interest
 Classroom support or accommodations for academic demands of vocational classes
 Referral to an adult agency for post secondary vocational training options
 Other: _____

Comments: _____

Area 5: Adult Services

My son/daughter is currently connected to the following community agencies:

- Division of Vocational Rehabilitation (DVR)
- Division of Developmental Disabilities Services (DDDS)
- Social Security Administration
- Independent Resources Inc.
- Association for the Rights of Citizens (ARC)
- Other _____

My son/daughter requires IEP Team assistance in the following:

- Identifying appropriate agencies for support services
- Referral to an adult service provider
- Assistance in completing an application for services
- Other _____

Comments: _____

Area 6: Independent Living Skills

My son/daughter has age appropriate skills in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> budgeting | <input type="checkbox"/> maintenance of a household |
| <input type="checkbox"/> cooking | <input type="checkbox"/> self-help (grooming, dress, hygiene) |
| <input type="checkbox"/> communication skills | <input type="checkbox"/> recreation/leisure skills |
| <input type="checkbox"/> community safety | <input type="checkbox"/> menu planning |
| <input type="checkbox"/> caring for personal health | <input type="checkbox"/> accessing medical assistance |
| <input type="checkbox"/> accessing legal assistance | <input type="checkbox"/> shopping |
| <input type="checkbox"/> money skills | <input type="checkbox"/> use of banking services |
| <input type="checkbox"/> use of credit | <input type="checkbox"/> accessing transportation services |
| <input type="checkbox"/> personal relationships | <input type="checkbox"/> caring for others (babysitting, parents) |
| <input type="checkbox"/> making friends | <input type="checkbox"/> accessing community services |
| <input type="checkbox"/> Other _____ | |

My son/daughter needs IEP Team assistance in the following areas:

- Money management (banking, credit, budgeting)
- Personal care (dress, grooming, hygiene)
- Household management (bills, rent, household maintenance, cleaning, etc.)
- Community safety
- Personal relationships (making friends, sex education, etc.)
- Caring for others (parenting skills, family relationships, dating, marriage)
- Communication skills Social skills
- Recreation/Leisure skills Shopping Skills
- Self Advocacy (accessing assistance in legal, medical, financial areas)
- Other _____

Area 7: Community Participation

My son/daughter accesses the following community organizations:

- Religious organization of choice
- Athletic club
- Boys and Girls Club
- Swimming
- School athletics/clubs/extracurricular activities
- Other

My son/daughter uses the following transportation:

- Drives self
- Taxi service
- Bicycle
- Community public transportation
- DAST specialized transportation
- Walks

My son/daughter needs IEP Team assistance in the following areas:

- Identifying community organizations and activities
- Participating in school activities
- Using community skills
- Developing recreation/leisure skills
- Accessing public transportation (DART or DAST)
- Referral to a community service provider
- Other

Comments:

Please help us understand your current priorities by indicating your preferences for the upcoming IEP meeting. Rate each area below. A "1" indicates the area of greatest need, and a "6" indicates an area of little concern.

- Post Secondary Education
- Vocational Training
- Continuing / Adult Education
- Adult Services
- Independent Living Skills
- Community Participation

Thank you for completing this survey. This information will be very helpful as we continue to plan for your child's high school and post secondary needs. Please return to:
