Parent Transition Questionnaire

Created by: ODLSS Transition Services
Dear Parent/Guardian,

We are asking you to complete the following Parent Transition Questionnaire for Transition Planning purposes. The information you provide will assist in making educational plans which focus on your child's post-school goals and outcomes.

What is Transition Planning?

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

This is a questionnaire given to parents of students with a wide range of educational needs. Please answer each question carefully, giving specific information related to your child's needs. If a question is not applicable, you need not answer it. When finished, please share relevant information with your child’s team at school.

Thank you for your cooperation. Happy Transition Planning!!

Sincerely,

ODLSS Transition Services
PARENT QUESTIONNAIRE FOR TRANSITION PLANNING

Student ____________________________ Date ________________
School ______________________________ Grade ____________

1. What special strengths, interests, and preferences does your son/daughter have?
   Strengths: ____________________________________________
   ____________________________
   Interests: ____________________________________________
   ____________________________
   Preferences: __________________________________________
   ____________________________

2. When your son/daughter graduates from high school, what do you anticipate he/she will do?
   _____ Attend a 4-year college
   _____ Attend a junior college or trade school
   _____ Enlist in the military
   _____ Begin competitive employment, working full time or part time
   _____ Work in a job with a job coach available to assist when needed
   _____ Work in a job with a job coach providing assistance all the time
   _____ Work in a sheltered workshop or activity center
   _____ Other (please specify) ____________________________

3. Do you anticipate your son/daughter will need assistance getting and keeping a job?
   _____ YES  ______ NO

4. Following graduation, either high school or college, where do you think your son/daughter will be living?
   _____ In our home or the home of a relative
   _____ In an apartment with a friend(s) and needing no extra help
5. In the future, do you anticipate your son/daughter will need assistance managing
his/her adult living needs? _____________________________

6. What coursework and activities would you like for your son/daughter to take in high
school? __________________________________________

7. What kind of work experience (paid or unpaid) does your son/daughter have?
________________________________________________

8. In which career(s) or specific job(s) has your son/daughter expressed an interest?
________________________________________________

9. Do you have preferences regarding the type of work your son/daughter should do
now and in the future? If so, what are your preferences? ______________________

10. Please share any medical concerns we may not be aware of that might impact your
son/daughter's transition to adult life. ____________________________

11. What leisure/recreational activities does your son/daughter enjoy?

__________________________________________________________________________

__________________________________________________________________________

12. Are there other leisure/recreational activities in which you would like to see your son/daughter participate? _____ If YES, please name them. ________________

__________________________________________________________________________

__________________________________________________________________________

13. If he/she is under 16 years old, do you anticipate your son/daughter will be able to obtain a driver’s license? _____ YES _____ NO

If he/she is 16 or older, does he/she have a license? _____ YES _____ NO

Do you anticipate your son/daughter will in the future own and maintain a vehicle? _____ YES _____ NO

14. In which of the following areas, if any, do you feel your son/daughter needs instruction from the school?

_____ Clothing care _____ Meal preparation and nutrition

_____ Hygiene/grooming _____ Home care (cleaning/maintenance)

_____ Health/first aid _____ Shopping and making purchases

_____ Crossing streets _____ Time management

_____ Sex education _____ Measurement

_____ Money management _____ Safety
15. If your son/daughter is receiving assistance from any public or private agency, what service or assistance is provided and which agency provides the service?

16. Do you feel your son/daughter will be and should be his/her own legal guardian when they turn 18 years of age?  YES  NO

17. If not, do you know the steps needed to establish your guardianship of your son/daughter before they turn 18 years of age?  YES  NO

18. Would you like information on guardianships?  YES  NO

19. Do you have any other concerns for your son/daughter at this time that you want to share with the school?  

_____Driver's education  _____Parenting/child development

_____Other (please specify) ________________________________

______________________________

______________________________

______________________________
20. 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)
- cleaning house
- communication skills (ability to express oneself to others)
- drug education
- decision making/ goal setting/ skills for self-advocacy
- friendships and social relationships
- meal planning, preparation, & cleaning up
- money management skills
- personal care needs (grooming, shaving, dressing skills etc.)
- problem-solving skills
- recreational/leisure skills
- sex education
- shopping skills (comparison shopping, handling money, etc.)
- 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)
- washing clothes, folding, etc.

21. 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 the job (ongoing training)
- ongoing support to perform the job (personal care attendant, etc.)

22. Write your son or daughter's post-secondary transition outcomes

Employment:
Upon completion of high school ____________ will ________________.

Education/Training:
Upon the completion of high school ____________ will ________________.

Training:
Upon the completion of high school ____________ will ________________.

Independent Living:
Upon the completion of high school ____________ will ________________.
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**

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<thead>
<tr>
<th>Services</th>
<th>Aware of</th>
<th>Contacted &amp; when</th>
<th>Need more</th>
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<tbody>
<tr>
<td>1. Vocational Rehabilitation</td>
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<td>2. Job Development</td>
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<td>3. Supported Employment Agencies</td>
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<td>4. College/University Disability Department</td>
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<td>5. Social Security Administration</td>
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<td>6. SSI/SSDI Work Incentive Counseling</td>
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<td>7. Health Benefits (Medicaid/Medicare/All Kids)</td>
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<td>8. Advocacy (know your rights)</td>
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<td>9. Center for Independent Living</td>
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<td>10. Home Services</td>
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<td>11. Developmental Disability Agencies</td>
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<td>12. Mental Health Agencies</td>
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<td>13. Recreational Activities</td>
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<td>14. Family</td>
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<td>15. Other</td>
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**Student schedule after high school:**

Imagine your child is no longer a student and has graduated or aged-out. Map out what their schedule will look like for the week. Identify how they will get to and from locations. Identify who will assist (if needed), and who will pay for services.

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<th>Monday</th>
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<th>Thursday</th>
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