

PARENT TRANSITION SURVEY

Developed by:

**The Family and Consumer Task Force
The Transition Council of Douglas and Jefferson Counties**

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Adapted from: The Parent/Student Transition Survey by Shawnee Mission School District, Kansas
The Colorado Transition Manual (1992) by S.J. McAlonan; Colorado Department of Education.

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PARENT TRANSITION SURVEY

Student Name: _____

Date _____

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, VR counselors, 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.

I. EDUCATION

1. Type of special education program your son/daughter is in:

_____ Autism

_____ Learning disabilities

_____ EMH

_____ Behavior/Emotional Disabilities

_____ TMH

_____ Other health impairments

_____ SMH

_____ 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 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.

II. FUTURE EDUCATION

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

- Four year college/university
- Community college/junior college
- Vocational technical school
- On-the-job training
- Adult education classes
- Not applicable
- Don't know
- Other: _____

III. CAREER & EMPLOYMENT

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

- Full-time competitive* employment (find and keep 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)
- Military service
- Sheltered workshop
- Volunteer work
- Don't know
- 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 the job (ongoing training)
- ongoing support to perform the job (personal care attendant, etc.)

VII. RECREATION AND LEISURE

1. When my son/daughter graduates, 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)
 - Only for people with disabilities
 - Integrated activities (team members with and without disabilities)
 - Classes (to develop hobbies, and explore areas of interest)

2. After graduation, do you feel your son/daughter will probably: (check all that apply)
 - Get married
 - Have a boy/girl friend, but no marriage
 - Have Children
 - Have very little romantic or social contact with the opposite sex

VIII. 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. Vocational Rehabilitation			
2. Job Training Partnership Act (JTPA)			
3. Job Services			
4. Vocational Rehabilitation Centers			
5. Targeted Jobs Tax Credits			
6. Social Security Administration			
7. Social and Rehabilitative Services (SRS)			
8. Centers for Independent Living			
9. Visiting Nurses Association			
10. Respite Care			
11. Home & Community-based Services Medicaid Waivers (HCBS)			
12. Food Stamps			
13. Mental Retardation Center			
14. Mental Health Center Programs			
15. Other _____			
16. Other _____			