

PARENT/GUARDIAN SURVEY

(To Be Used in Conjunction with Transition Planning and IEP Development)

I. General Information

A. Student:

Name: _____ Birth Date: _____

Address: _____

B. Respondent:

Name: _____ Phone#: _____

Address: _____

II. Desired Outcome

A. When do you plan on your son/daughter finishing high school?

___ 4 Years ___ Age 21 Other (describe): _____

B. What type of employment situation do you think would be best for your son/daughter?

___ work independently ___ work with support

___ other (describe): _____

C. What kind of support/help would be needed by your son/daughter to be employed after leaving high school?

___ career counseling ___ on-the-job training

___ job placement ___ long term support

___ transportation ___ not sure

___ special equipment/devices (switches, communication boards, computer)

D. Would your son/daughter want to go on to school or further training after leaving high school?

___ yes ___ no ___ not sure

If yes, please indicate:

___ technical school ___ college or university

___ business school ___ adult education classes

___ on-the-job training experiences ___ other: _____

What help (if any) would (s)he need?

___ adapted course work ___ individual tutor

___ career placement/counseling ___ financial assistance

___ equipment/devices (computer, communication board)

___ other (describe): _____

- E. **Where will your son/daughter live immediately after leaving school?**
 parent/relative dorm
 house/apartment independently supervised group home
 house/apartment with support other: _____
- F. **Where would you want your son/daughter to be living five years after leaving high school?**
 parent/relative dorm
 house/apartment independently supervised group home
 house/apartment with support other: _____
 skilled nursing group home
- G. **What type of support/help (if any) would be needed for your son/daughter to live where he/she wants?**
 none financial
 full-time assistance transportation
 part-time assistance other: _____
 spouse/friend
 personal aide/equipment (canine companion, home modifications)
- H. **After leaving school, what kinds of things would your son/daughter want to do to have fun?**
 travel clubs/organizations
 community recreation health/fitness club
 adult enrichment classes other: _____
- I. **What kind of support/help (if any) would be needed for your son/daughter to participate in social activities after leaving school?**
 friend/companion transportation
 special equipment/devices financial
 accessing and planning
 other (describe): _____

III. Transition Services

A. Agency Involvement

1. **Which non-school agencies or services do you feel would be of value in transition planning with your son/daughter?**
 Office of Vocational Rehabilitation advocacy
 Integrated Field Services Social Security
 service providers: () vocational () residential
 other (describe): _____

2. With which non-school agencies or community services are you currently in contact?

- Vocational Rehabilitation
- advocacy
- Bureau of Developmental Disabilities Services (Division of Disability, Aging and Rehabilitative Services)
- Social Security Administration
- service providers: () vocational () residential
- other (describe): _____

B. Anticipated Services Needed

1. Which of the following services do you currently need?

- employment placement income support
- medical services transportation
- residential guardianship
- other (describe): _____

2. Which of the following services do you anticipate your son/daughter will need after (s)he leaves high school?

- employment placement income support
- medical services transportation
- residential guardianship
- other (describe): _____

C. What are your greatest concerns for your son/daughter after (s)he leaves high school?

IV. Curriculum Priorities

A. Home Skills

1. In what activities does your son/daughter participate at home, and how independent is (s)he in these activities?

Activity

(e.g., Makes own bed)

Independence

(e.g., Independent - Needs no help)

2. Check home skills in which your son/daughter needs instruction.

- | | |
|--|---|
| <input type="checkbox"/> appropriate clothing choice | <input type="checkbox"/> meal preparation |
| <input type="checkbox"/> clothing care | <input type="checkbox"/> hygiene/grooming |
| <input type="checkbox"/> housekeeping | <input type="checkbox"/> home safety |
| <input type="checkbox"/> leisure | <input type="checkbox"/> budgeting |
| <input type="checkbox"/> other (describe): _____ | |

B. Community Skills

1. In what community activities does your son/daughter participate, and how independent is (s)he in these activities?

<u>Activity</u>	<u>Independence</u>
(e.g., Shops for groceries)	(e.g., Semi-Independent - Shops for only 1-2 items)
_____	_____
_____	_____
_____	_____

2. In what community activities do you want your son/daughter to be able to participate?

- | | |
|---|---|
| <input type="checkbox"/> public transportation | <input type="checkbox"/> grocery shopping |
| <input type="checkbox"/> shopping | <input type="checkbox"/> restaurants |
| <input type="checkbox"/> health services | <input type="checkbox"/> public recreation facilities |
| <input type="checkbox"/> public service agencies (post office, bank, job service, etc.) | |
| <input type="checkbox"/> other (describe): _____ | |

C. Recreation/Leisure

1. In what recreation/leisure activities does your son/daughter participate, and how independent is (s)he in these activities?

<u>Activity</u>	<u>Independence</u>
(e.g., Plays cards with sister)	(e.g., Semi-Independent - Cannot shuffle or deal)
_____	_____
_____	_____
_____	_____

2. In what recreation/leisure activities do you want your son/daughter to participate?

- | | |
|--|--|
| <input type="checkbox"/> attend movies | <input type="checkbox"/> attend family outings |
| <input type="checkbox"/> attend spectator events | <input type="checkbox"/> participate in sports |
| <input type="checkbox"/> use the library | <input type="checkbox"/> attend concerts/plays |
| <input type="checkbox"/> travel | |
| <input type="checkbox"/> other (describe): _____ | |

D. Mobility

1. How does your son/daughter get around the community, and how independent is (s)he in this area?

2. What forms of transportation would you like to see your son/daughter use to get around the community?

- own car family car car pools
 friends/family city bus taxi
 walking
 other (describe): _____

E. Vocational

1. What work demands are being placed on your son/daughter at home. Does (s)he like these jobs, and how independent is (s)he in doing them?

Work Demand	Reaction	Independence
(e.g., Carries out trash)	(Doesn't complain)	(Independent - Needs no help)

2. What kind of work do you think would be interesting/enjoyable to your son/daughter?

3. What kind of work do you think would be objectionable to your son/daughter?

4. What kind of work would you find objectionable for your son/daughter?

(Adapted from: School to Community Transition Project, 1993. Crossroads Rehabilitation Center, Kent State University, Cooperative Transitional Services Project, 1992.)