Transition Survey for Parents

Studer	t's Name:	Student's Age:	Birth date:
Survey	completed by:	Date:	
	omplete this survey to help us better undesection of his/her IEP.	erstand the expectations for you	ur child's future. It will provide vital information for the transition
Curren	t Educational Program:		
1.	the IEP transition goals?Graduate with Class YearAdditional semester(s) will be completing their graduation requ	of Graduation: e needed (Students who uirements may receive se	class or will additional semester(s) be needed to meet continue to have IEP and transition needs after cruice through the year they turn 21.) exit schools services if they stay beyond the year their
2.	In which areas does your son/da No concerns, skills are aded Employment Skills Social Skills Self-advocacy Skills Communication Skills	quateInde Per De Lei	the most? Please check all that apply. ependent Living Skills sonal Care and Safety cision Making Skills sure skills her: (Please list):
1. 2. 3.			ed by the IEP or school program: e to address these needs
	Learning/Training:		
1. I wo	uld like to see my son/daughter h	nave the opportunity to ex	xplore further learning opportunities including:
	On-the-job trainingVolunteer activitiesHealthy living and exercise	Adult educa	participation ation/leisure classes mmunity College/Vo-Tech
2. Ple	ase list activities and/or hobbies	your child enjoys:	
	& Employment: er exiting school, I think my son/d	mmunity job for real wag- ge paid according to how hter to work.	es with support to learn and keep the job) much work is accomplished)

2. If employment is desired, what type of career/work do you think your son/daughter would enjoy and perform well? (Please list)

 Do you believe your son/daughter will need assistance in developing any of the following work skills? Yes No If yes, what type of assistance will he/she need to obtain/maintain a job?
(Check all that apply.) Identifying his/her skills for a job Completing job applications or resume Job carving Finding job openings and job development Support on the job to learn tasks and to become familiar with the work environment (short term support) Assistance in performing job duties Personal care attendant Relationships with co-workers and supervisors Transportation to and from work Other: (please specify):
4. Would you like to see work/volunteer experience be a part of your son's/daughter's school day?Yes No
Supported/Independent Living:
1. In the future, if my son/daughter lives in supported living, he/she needs help with the following skills: no concerns, age appropriate skills communicationcaring for personal health personal maintenance (grooming, dress, hygiene)personal relationships friendship making skills accessing medical careshopping accessing transportation accessing community servicespersonal safety leisure activities socializing 2. Do you believe your son/daughter will need services from community agencies after graduating from high school? Yes No I don't know If yes, which services do you think he/she may need (check all that apply): Support getting and maintaining employment Financial support for health care services Subsidized, lower cost, housing Financial assistance for food, clothing, etc Connecting with community resources Assistance in obtaining assistive technology Support for budgeting, managing a household, etc Cother (please specify): Other (please specify):
 I understand my child will become his/her own legal decision maker at age 18 unless he/she has been legally adjudicate to be an incapacitated person or child in need. Yes, I understand. Yes, I understand.And, would like information on taking legal steps to support my son/daughter in making major decision
3. My son/daughter currently uses or has applied for the following services: (Please check all that are applicable): Social Security Medical CardHCBS Waiver Services
Family Grant (Cottonwood) Mental Health Services Vocational Rehabilitation Independence, Inc.
Arc of Douglas CountyCase Management Services other (please list):
Please list any services you would like to learn more about:

Thank you for completing this survey. Please return the survey via email or to Sheila Vander Tuig, East Central Kansas Cooperative in Education, PO Box 41, Baldwin, KS 66006 If you would like more information about the transition planning process or have questions or concerns, please contact Sheila Vander Tuig, Transition/Vocational Coordinator at 594-2737 or svandertuig@eckce.com This survey was adapted from: Douglas & Jefferson Counties Parent Transition Survey. 09/10