

3. 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
- communication
- caring for personal health
- personal maintenance (grooming, dress, hygiene)
- personal relationships
- friendship making skills
- accessing medical care
- shopping
- accessing transportation
- accessing community services
- personal 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.
- Leisure/social opportunities
- Support for a legal decision maker
- Other (please specify):

2. I understand my child will become his/her own legal decision maker at age 18 unless he/she has been legally adjudicated 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 decisions.

3. My son/daughter currently uses or has applied for the following services: (Please check all that are applicable):

- Social Security
- Medical Card
- HCBS Waiver Services
- Family Grant (Cottonwood)
- Mental Health Services
- Vocational Rehabilitation
- Independence, Inc.
- Arc of Douglas County
- Case 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