



Genesee School District

# Parent Transition Survey

Darliss Bardwell - 2014

## Transition Survey - Parent

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: Genesee

Case Manager: Darliss Bardwell

Completed by: \_\_\_\_\_

Dear Parents or Caregivers:

This survey will help us gather information that will assist your student in creating a Transition Plan. Transition planning is a required component of high school IEPs and the process is designed to facilitate student and family preparedness for adult living. Please take a few minutes to complete this survey so we can better assist you and your student in this endeavor. You can begin to learn more about transition by visiting the National Secondary Transition Technical Assistance Center at <http://www.nsttac.org/content/students-families> or by asking your student's special education case manager. Thank you for your assistance.

**DISABILITY AWARENESS:**

1. What is your son or daughter's Disability?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Health Impairment            | <input type="checkbox"/> Orthopedic Impairment         |
| <input type="checkbox"/> Cognitive Impairment  | <input type="checkbox"/> Hearing Impairment           | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Deaf-Blindness        | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury        |
| <input type="checkbox"/> Deafness              | <input type="checkbox"/> Multiple Disabilities        | <input type="checkbox"/> Visual Impairment             |
| <input type="checkbox"/> Emotional Disturbance |   |  |

2. What type of support, accommodations or specialized instruction does your son or daughter currently receive in school?

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**EDUCATION NEEDS:**3. In what area does your son/daughter have the **greatest** needs? Please check all that apply. Of those checked, please rank the top 5 areas. **Rank from 1 as most important to 5 least important.**

- Academic skills needed for post-secondary education
- Basic academic skills (reading, writing, math)
- Communication skills (ability to express wants, needs or explain point of view to others)
- Decision making/goal setting/skills for self-advocacy
- Time Management/organization
- Problem solving skills
- Money management/banking skills
- Employability Skills
- Friendships and social relationships
- Sex education
- Travel skills (public transportation, pedestrian, driving)

- Recreational/leisure skills
- Personal care (grooming, shaving, dressing, dental hygiene, etc. to prepare for the day)
- Cleaning house/household tasks
- Laundry skills (using washer/dryer, fold clothes)
- Meal planning, preparation, and cleaning up
- Shopping skills (comparison shopping, handling money, etc.)
- Other

**GRADUATION AND POST-GRADUATION:**

4. At what age do you anticipate or plan for your son/daughter to graduate from high school?

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5. After graduation, how will your son or daughter support himself/herself financially? (Check all that apply).

- His or her own wages
- Social Security, SSI, SSDI
- Idaho Health & Welfare (i.e. food stamps, subsidized housing)
- Parent provided financial support
- I don't know

6. Future Education/Career: I expect the following for my son/daughter:

- Four-year college/university
- Community college or junior college
- Vocational-technical school
- On-the-job training
- Adult education classes
- Homemaker
- Volunteer
- Don't know
- Other \_\_\_\_\_
- 

7. When your son or daughter turns 18 years old, will he or she:

- Become his or her own **Legal Guardian**
- Need a **Conservator** for financial decisions
- Need an **Advocate** or **Personal Representative**
- Need a **Legal Guardian** appointed
- Not sure/don't know

**CAREER:**

8. What type of work does your son/daughter state that he/she is interested in?

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9. Do you feel this is a realistic goal?  YES  NO

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10. What type of employment do you think he/she would enjoy?

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11. What type of support or assistance do you think your son/daughter will need in finding and maintain a job? (check all that apply)

- Won't 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)  
 On-going support to perform the job (personal care attendant, etc.)

**FUTURE LIVING OPTIONS:**

12. Five years after high school, where do you want your son or daughter to live?

- In my home or with relatives  
 In an apartment or house— alone or with roommates (circle one).  
 In a supported apartment/living program – alone or with roommates (circle one)  
 In a group home  
 In subsidized housing  
 Other:

13. Concerns that you have about your son/daughter living on his/her own:

- Can't shop independently  
 Can't manage money  
 Not yet ready to live in the community  
 Has been too dependent  
 Won't take good care of self  
 Will be lonely  
 Will be exploited (financial, sexual, physical)  
 Other:
- 

**TRANSPORTATION:**

14. Do you think your son/daughter will get a driver's license? \_\_\_YES \_\_\_NO

15. After graduation, will your son/daughter travel around town by:

- |  |   |
|--|---|
| <input type="checkbox"/> Bicycle         | <input type="checkbox"/> Get rides with family  |
| <input type="checkbox"/> City bus        | <input type="checkbox"/> Get rides with friends |
| <input type="checkbox"/> Walk            | <input type="checkbox"/> Use taxi               |
| <input type="checkbox"/> His/her own car | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Car pool        |   |

**RECREATION AND LEISURE:**

16. When my son/daughter graduates, I hope he/she will be involved in:

- |  |   |
|--|---|
| <input type="checkbox"/> Recreation that he/she does alone | <input type="checkbox"/> Friends with disabilities    |
| <input type="checkbox"/> Activities with friends           | <input type="checkbox"/> Friends without disabilities |

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Organized recreational activities  
(clubs, team sports)

Classes (to explore interests or  
begin new hobbies)

17. After graduation, do you think 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

**ADULT SERVICES:**

8. Please check the following services that you are **AWARE OF**. Next, indicate which of these services you have **CONTACTED**. Finally, indicate the services you for which would like **MORE INFORMATION**.

Services	Aware Of	Have Contacted	More Info Needed
Vocational Rehabilitation (VR)			
Social Security Administration			
Idaho Council on Developmental Disabilities			
Idaho Parents Unlimited			
Idaho Independent Living Council			
Disability Rights Idaho			
My Choice (Medicaid self-directed community services)			
Idaho Assistive Technology			
Idaho Career Information Services			
Center on Disabilities and Human Development			

**ADDITIONAL COMMENTS:**

**NOTES:**

**SUMMARY:**