

**Transition Survey for Parents
Informal Transition Assessment**

Parent/Guardian Name: _____
Student Name: _____
Campus: _____

Dear Parent,
Please complete the following survey to help the district plan your child's Individual Education Program (IEP). Transition services that are provided for students with disabilities by age 16 (or younger if needed) are activities that are designed to help us to help you and your child plan for life after public school. Please answer the following questions to the best of your ability. If you have questions or would like to tell your answers to your child's case manager, please call _____ at this telephone number _____.

After completing the survey, please send it to your child's case manager:

Strengths:
What are your child's strengths? (Things they can do for themselves, things they like, attitudes, personality traits, responsibility, etc.)

Graduation Questions:

1. What year do you plan for your child to graduate from public school?
2. Do you know if your child is on-track to graduate on time? If not, would you like an update and how to help your child if he/she is not on-track to graduate with his/her same-age peers?

Employment:

3. Has your child had a paid job while he/she was in high school? If so, what type of job?
4. What type of job does your child want after graduation from high school?
5. What type of job do you believe your child would enjoy and be good at that would help them to make a living and still be considered a good job 10 years after graduation from high school? (*A good job match for your child*)

Postsecondary Education:

6. Does the job your child wants require some type of training or education in order to qualify for the job? If so, what type of training or education?
7. Does the job you believe would be a good job match for your child require some type of training or education after high school in order to qualify for the job?
8. If your child attends postsecondary education, such as community college, university, vocational or technical school, where do you think they will attend? (*The name and location of the college, trade school, etc.*)
9. Have you or your child investigated ways to pay for postsecondary education? Do you have any concerns? Do you need this information?
10. Do you and your child know about the supports that are available at postsecondary education schools that are available to help young adults with disabilities? Do you need this information?
11. If your child graduates this school year, do you need information on how to support your child's goals to attend postsecondary education? What type of information do you need?

Transportation:

12. How will your child get to work or postsecondary education after graduation, when the school bus is no longer available?
13. What transportation concerns do you have for your child following graduation?

Living Options:

14. Most children, with or without disabilities, live with their parents for a while following graduation from high school. What about 5 years later? Where do you plan for your child to be living 5 years after graduation?
15. If you believe your child may need assistance to live somewhere else besides in your home, would you like information on supervised apartments, assisted living, or group homes?

Home/Community Activities:

16. What hobbies or activities does your child participate in at home?
17. What recreation activities does your family do on the weekends?
18. What recreation activities is your child able to do at home by himself/herself?
19. What recreation activities can your child do at home if someone else helps him/her?
20. If you could pick two recreation activities your child could do at home by himself/herself if he/she knew how, what would they be?

Self-Help Skills:

21. What chores does your child do at home? Please list them.

22. What chores would you let your child do if he/she knew how?

23. Can your child get himself/herself ready for school? If not, which activities would you like them to learn?

Nightmare

24. What is your greatest concern, fear, or nightmare for your child following graduation from high school?

Dreams:

25. What are your hopes and dreams for your child following graduation from high school?

Needs:

What do you believe are the most important instructional needs for your child?
Things you would like taught this year? Which is most important for your child
and to you?

When you have completed this survey, please return it to _____.
If you have questions regarding the survey or would like to give your answers by phone,
please call this number _____ and ask for _____.

Thank you for helping us to help your child.