

# **PARENT TRANSITION SURVEY**

**Developed by:**

**The Family and Consumer Task Force  
The Transition Council of Douglas and Jefferson Counties**

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Adapted from: The Parent/Student Transition Survey by Shawnee Mission School District, Kansas  
The Colorado Transition Manual (1992) by S.J. McAlonan; Colorado Department of Education.

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# PARENT TRANSITION SURVEY

Student Name: \_\_\_\_\_

Date \_\_\_\_\_

**Not all of the sections or choices in this survey may be directly relevant to your child, but please complete those sections and choices that best reflect your concerns and thoughts about adult life for your child. Completing this survey will help teachers, VR counselors, and adult service staff to better understand you and your child's expectations for the future. It will provide vital information that can lead to successful transition planning.**

## I. EDUCATION

1. Type of special education program your son/daughter is in:

\_\_\_\_\_ Autism

\_\_\_\_\_ Learning disabilities

\_\_\_\_\_ EMH

\_\_\_\_\_ Behavior/Emotional Disabilities

\_\_\_\_\_ TMH

\_\_\_\_\_ Other health impairments

\_\_\_\_\_ SMH

\_\_\_\_\_ Other \_\_\_\_\_

2. How old is your son/daughter now? \_\_\_\_\_

3. At what age do you anticipate or plan for your son/daughter to **graduate?**

\_\_\_\_\_ age 17    \_\_\_\_\_ age 18    \_\_\_\_\_ age 19    \_\_\_\_\_ age 20

\_\_\_\_\_ age 21    \_\_\_\_\_ uncertain

4. In what area does your child have the greatest needs? Please check all that apply. Of those checked, please rank the top 5 areas. Rank: 1- most important to 5- least important.

\_\_\_\_\_ academic skills needed for postsecondary education

\_\_\_\_\_ basic academic skills (reading, writing, arithmetic)

\_\_\_\_\_ cleaning house

\_\_\_\_\_ communication skills (ability to express oneself to others)

\_\_\_\_\_ drug education

\_\_\_\_\_ decision making/ goal setting/ skills for self-advocacy

\_\_\_\_\_ friendships and social relationships

\_\_\_\_\_ meal planning, preparation, & cleaning up

\_\_\_\_\_ money management skills

\_\_\_\_\_ personal care needs (grooming, shaving, dressing skills etc.)

\_\_\_\_\_ problem-solving skills

\_\_\_\_\_ recreational/leisure skills

\_\_\_\_\_ sex education

\_\_\_\_\_ shopping skills (comparison shopping, handling money, etc.)

\_\_\_\_\_ travel skills (pedestrian, public &/or private transportation)

\_\_\_\_\_ vocational and career exploration (opportunities to experience and learn about several different types of careers and/or jobs)

\_\_\_\_\_ washing clothes, folding, etc.

## II. FUTURE EDUCATION

1. Future education for my son/daughter will be:

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

## III. CAREER & EMPLOYMENT

1. I think my son/daughter will work in:

- Full-time competitive* employment (find and keep a job on his/her own)
- Part-time competitive employment
- Supported employment (community job for real wages with supports to find and keep a job)
- Military service
- Sheltered workshop
- Volunteer work
- Don't know
- I do not expect my son/daughter to work
- Other (please specify) \_\_\_\_\_

2. What type of work does your son/daughter state that he/she is interested in?: \_\_\_\_\_  
\_\_\_\_\_

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

4. What type of employment do you think he/she would enjoy? \_\_\_\_\_  
\_\_\_\_\_

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

- will not 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)
- ongoing support to perform the job (personal care attendant, etc.)

#### **IV. FUTURE LIVING OPTIONS**

1. Five years after school, where do you want your son/daughter to live?  
 at home  
 in an apartment on their own – alone or with roommate(s) (circle one)  
 in a supported apartment/living program – alone or with roommate(s)  
 in a group home  
 in a foster home  
 in subsidized housing  
 other: \_\_\_\_\_
2. Concerns that you have about your son/daughter living on his/her own:  
 can't shop on own  
 can't manage money  
 has no furniture  
 not ready yet to live in the community  
 has been too dependent  
 won't take good care of self  
 will be lonely  
 will be exploited (sexual, physical, financial)  
 other: \_\_\_\_\_

#### **V. FINANCES, WILLS & TRUSTS, GUARDIANSHIP**

1. After graduation, how do you want your son/daughter to be supported? (check all that apply):  
 Social Security/ SSI/ SSDI  
 His/her own wages  
 General relief (food stamps, subsidized housing, etc.)  
 Your financial support  
 I don't know
2. Do you think that when your son/daughter turns 18 years old, he/she will be:  
 his or her own legal guardian  
 will need a conservator for financial decisions  
 will need an advocate or personal representative  
 will need a legal guardian appointed  
 not sure/don't know
3. Have you prepared (trust fund) for the future for your son/daughter? YES/NO
4. Have you prepared a will that includes plans for your son/daughter? YES/NO

#### **VI. TRANSPORTATION**

1. Do you think your son/daughter will get a drivers license? YES/NO
2. After graduation, will your son/daughter travel around town by:  
 bicycle  
 city bus  
 getting rides in the family car or with friends  
 other: \_\_\_\_\_
- walk  
 his/her own car  
 car pool  
 city cab

## VII. RECREATION AND LEISURE

- When my son/daughter graduates, I hope he/she will be involved in:
  - Recreational activities that he/she does alone
  - Activities with friends
  - Friends with disabilities
  - Friends without disabilities
  - Organized recreational activities (clubs, team sports)
  - Only for people with disabilities
  - Integrated activities (team members with and without disabilities)
  - Classes (to develop hobbies, and explore areas of interest)
- After graduation, do you feel 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

## VIII. ADULT SERVICES

- Please check the following services that you are **aware of**.
- Next, indicate which of these services you **have contacted** or had contact with in the past.
- Finally, Indicate the services you would **like more information**.

Services	Aware of	Contacted	More Info
1. Vocational Rehabilitation			
2. Job Training Partnership Act (JTPA)			
3. Job Services			
4. Vocational Rehabilitation Centers			
5. Targeted Jobs Tax Credits			
6. Social Security Administration			
7. Social and Rehabilitative Services (SRS)			
8. Centers for Independent Living			
9. Visiting Nurses Association			
10. Respite Care			
11. Home & Community-based Services Medicaid Waivers (HCBS)			
12. Food Stamps			
13. Mental Retardation Center			
14. Mental Health Center Programs			
15. Other _____			
16. Other _____			