



Parent Transition Survey for Life Skills, Transition Program and Project SEARCH

Student Name: _____ **Date:** _____

Please fill out the relevant information regarding your student. We advise that you and your student work together on this survey so that we may have a comprehensive assessment of your student and family’s needs and a useful tool to assist you better with successful transition planning.

Education:

- 1. At what age does your IEP determine your planned to graduation?**
Age 17 _____ Age 18 _____, Age 19 _____ Age 20 _____ Age 21.
- 2. What functional academics will your student need to develop in order to meet their needs after graduating high school? Please check all that apply.**

| Math | Reading | Writing |
|--|--|--|
| __be able to budget own money | __read newspaper | __write/take messages |
| __be able to pay bills | __read bus schedule | __develop a resume |
| __be able to comparison shop | __read for information | __write a cover letter |
| __understand a checking/savings account | __read forms | __Develop a signature |
| __understand how to tell time | __Read signs in the community | __Fill out forms such as job applications or medical forms |
| __time management | __Use a schedule (Bus, personal planner) | __Write personal information |
| __recognize cost of item and available money | __Read technical material | __Plan a list of things to do or shopping list |

| Math | Reading | Writing |
|------------------------------------|---|--------------------------|
| <i>_recognize bill/coin values</i> | <i>_Read community/employment words</i> | <i>___Keep a planner</i> |
| <i>___measuring for cooking</i> | <i>___Read for enjoyment</i> | |
| <i>___Use a calendar</i> | | |

****Please note that all areas addressed will not necessarily become IEP goals as that is an IEP team determination.**

3. Please check all that apply and then rank your concerns 1 –most important to 5- least important.

What are your concerns in relation to your student’s education?

| Self manage | Personal | Community | Vocational | Home |
|--------------------------------------|--|--|--|---|
| <i>___Able to eat on his/her own</i> | <i>___reasoning/decision making skills</i> | <i>___Transit and travel (bus/walking)</i> | <i>___work exploration</i> | <i>___cleaning skills</i> |
| <i>___Toileting needs</i> | <i>___Keep confidential info.</i> | <i>___Shopping Skills</i> | <i>___Volunteer experiences</i> | <i>___Meal preparation</i> |
| <i>_Dresses self</i> | <i>___Self advocacy ___Able to talk about disability ___Able to have needs/wants met</i> | <i>___Communication in the community-ability to make needs met</i> | <i>___ Problem solving skills</i> | <i>___ laundry skills (washing, folding, dryer)</i> |
| <i>___Able to use an alarm clock</i> | <i>___ sex education (HIV/AIDS, contraception, etc.)</i> | <i>___Safety with people known /unknown</i> | <i>___Social Skills appropriate for work</i> | <i>___ Money management</i> |
| <i>___Hygiene</i> | <i>___Friendships/relationships</i> | <i>___Mobility in the community</i> | <i>___ Time management</i> | <i>___Safety at home</i> |
| | <i>___Understanding and explaining disability</i> | | <i>___Reading, writing and math for the job.</i> | <i>___understanding consumer rights/advocacy</i> |
| | | | | <i>_Understanding comparison shopping</i> |

4.Does your student use a special communication system? If so, please indicate

5. **Student's possible future education will include:**

- community college/adult basic ed**
- Vocational or technical school**
- On the job training**
- Not sure at this time**
- Other _____**

6. **What general education classes do you think your student could benefit from? -**

_____.

7. **Student's possible career/employment :**

- Full time employment – competitive (student gains employment and maintains employment without supports)**
- Part time competitive employment (student gains and maintains employment without supports)**
- Supported employment – student receives support to obtain and maintain employment using an employment vendor.**
- Volunteer work (unpaid)**
- I do not expect my student will work**
- Other _____**

8. **Student is interested in working in the area of**

_____.

9. **Student has received information about this field of work ?** **Yes** **No**

10. **Is this a realistic expectation?** **Yes** **No**

11. **Have employment goals been discussed at the student's IEP?** **Yes** **No**

12. **What strengths does the student have as it relates to employment?**

_____.

13. **What employment related skills do you think your student will need to develop?**

_____.

14. **What routine household chores does student perform?**

_____.

15. **What work/volunteer experiences has your student had? (Include paid and unpaid)**

_____.

16. What types of supports will your student need in order to be successful in finding and maintaining employment?

no support needed

assistance linking up with resources such as Department of Vocational Rehabilitation, Dept. of Developmental Disabilities, SSI, etc.

support to transition into an employment situation

long term on-going support to learn the job (job coach)

ongoing long term support to perform the job (job coach, personal care attendant, etc)

Future Living Options

1. Where does your son/daughter want to live 5 years after exiting the school district?

in the home

in a group home

in an apartment/home of their own

in an adult family home

with a sibling

in a supported living arrangement with a roommate or roommates

2. What are the concerns you or your daughter/son have about living on their own?

personal hygiene issues

not independent in decision/reasoning

lonliness

unable to manage money

will not shop for himself/herself

could be harmed –physically/sexually

Legal/Financial

1. After exiting the school system what financial supports will your son/daughter need or use?

own job with living wage

Food stamps, medical coupons, subsidized housing

Social Security SSI/SSDI

Your financial support

2. At 18 years of age, your student is a legal adult. Your student or your family will need:
- Nothing, my student will be his own legal guardian.
 - conservatorship for financial/medical decisions
 - to be appointed a legal guardian
 - A payee to assist with financial management
 - power of attorney
3. Does your son/daughter have a trust fund? Yes No
4. Do you have a will that includes provisions for the care of your son/daughter? Yes No

Transportation:

1. After exiting the school district my son/daughter will meet their travel needs by using: (Check all that apply.)
- Intercity Transit bus with a caregiver
 - Intercity Transit Independently
 - their own car as they will have a license
 - walk
 - Ride their bicycle
 - Dial-A-Lift
 - Friends and family
 - Parent

Recreation and Leisure:

1. After exiting the school system my son or daughter may be involved in:
- YMCA Clubs Hobbies: _____
 - Using the public library Special Olympics
 - Activities with non-disabled friends
 - Activities with friends who have disabilities
 - Church activities Other : _____

Relationships:

1. After exiting the school district, I hope my son/daughter
- has a relationship (boyfriend/girlfriend)
 - develops and maintains
 - marries and has a family
 - Have not thought about this.

Adult Services :

1. *Please check all the services that your daughter/son receives.*
2. *Please check all the services that you or your daughter/son are planning to contact.*
3. *Please check services that you will need in the future.*
4. *Please put a check in the not applicable section if you do not need this service.*

| Services | Receiving Services | Will need to contact | Future Need | Not applicable |
|--|---------------------------|-----------------------------|--------------------|-----------------------|
| Social Security | | | | |
| Department of Vocational Rehabilitation | | | | |
| Department of Developmental Disabilities | | | | |
| Intercity Transit Dial-A-Lift | | | | |
| Intercity Transit Bus Pass | | | | |
| D.S.H.S. Medical coupons/food stamps | | | | |
| Behavioral Health Resources (BHR) | | | | |
| Home and community based waiverservices (DDD) | | | | |
| Respite care (DDD) | | | | |
| Employment Vendor for supported employment | | | | |
| Legal Services such as the ARC of Washington | | | | |

Thank you for taking the time to discuss these important transitional issues with your student and family. You can return this form to your student's teacher and it will be kept as part of their confidential file. It will also serve to provide as an important tool for future planning. You may obtain and keep a copy for yourself and your family by requesting a copy from your teacher.