

PARENT/Guardian Survey for Transition Planning
Plans for the Future

Student Name: _____	Date of Birth: _____
School: _____	Grade: _____
Parent/Guardian Name: _____	
Telephone Number: _____	
Today's Date: _____	

This survey is intended to help you begin thinking about what you would like your son or daughter to be doing when he/she finishes high school. This information will also serve as a guide to your son/daughter's teachers in deciding which classes and educational experiences he/she should have to help them successfully transition from high school to the adult world. This information will be updated on a yearly basis.

Careers

What year do you think your son/daughter will leave high school?

Which of the following would you like your son/daughter to be doing after leaving high school? Check as many items as you wish.

Job

What kind of job? _____ What kind of help, if any, do you think your he/she will need to get and/or keep a job?

Further job training (technical or trade school)

Military

Community College or University

What kind of help, if any, do you think he/she will need to go to college?

Homemaker

Volunteer Services

Other (please explain) _____

Living Arrangements

Where do you see your son/daughter living after leaving high school?

	Immediately (right after high school)	Long Term (sometime in future)
With parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>
In his/her own apartment/home	<input type="checkbox"/>	<input type="checkbox"/>
In a "group" home	<input type="checkbox"/>	<input type="checkbox"/>
Other living options	_____	_____

What type of help, if any, do you think he/she will need to live in the option you are thinking about?

Community Living and Transportation

How will your son/daughter travel to a job or school?

How will your son/daughter travel to community activities?

How do you think your son/daughter will pay for rent/house payment/travel in the community?

Recreation, Leisure, and Social Activities

What does your son/daughter like to do in his/her free time?

When alone: _____

With a group (e.g. family, church, school): _____

What kind of help, if any do you think your son/daughter may need to participate in the things he/she enjoys doing in your free time?

School

Is your son/daughter receiving vocational training in real work settings?

Yes _____ No _____

What kind of work would you like your son/daughter to be doing, if any, during the next school year?

What do you think your son/daughter needs to know to help he/she live more independently after school?

Is your son/daughter going out in the community for instruction during school day?

Yes _____ No _____

What kind of help does your son/daughter need at school to be successful?

Is your son/daughter participating in any extra-curricular/after-school activities? Yes _____ No _____

If yes, please describe: _____

Other Services

Please check all the services that you think your son/daughter need now, and in the future, to be successful when he/she leaves high school. Check as many boxes as necessary:

	Now	Future
Job Training/support	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>
Medical services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Community Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
Other services: Now _____		
Future _____		

Parent or Guardian Signature:

*Kentucky Transition Collaborative
Fall 2000*