

TVASD Parent Transition Survey

Student's Name:		D.O.B.	Grade:
Your Name:		Relationship to Student: Mother Father Legal Guardian Other: _____	
Today's Date:	Home phone:	Cell Phone:	
Home Address:			
Your E-mail Address:			
<p>1. What type of Special Education program is your son/daughter receiving? (check all that apply)</p> <p>_____ - Learning Support _____ - Behavior/Emotional Support _____ - Life Skills Support _____ - Vision/Hearing Support _____ - Autistic Support _____ - Other Health Impairment _____ - I'm not sure _____ - Other: _____</p>			
<p>2. Do you attend your child's IEP meetings? _____ - YES _____ - NO _____ - What's an IEP?</p> <p>2a. If NO, why do you not attend your child's IEP meetings? _____ - Work _____ - Family _____ - Medical _____ - Transportation _____ - Other: _____</p> <p>2b. If NO, what (if anything) can we do to help accommodate you? _____</p>			
3. Does your son/daughter need help in any of the areas listed below?		YES	NO
- Academics (Reading/Math/Writing)			
- Communication Skills			
- Decision making, goal setting, and/or self-advocacy			
- Interpersonal Skills (friendships and social relationships)			
- Money Management			
- Shopping Skills			
- Travel Skills			
- Meal Planning or Preparation, Diet/Nutrition			
- Grooming and Hygiene			
- Medical Care			
- Recreation/Leisure Skills (Hobbies)			
- Vocational/Post-Secondary Educational/Career Exploration			
If you answered YES to TWO or more of the needs above, please list them in order of importance:			
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>		<p>Use this space to describe any concerns you have:</p>	

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4. Please list the strengths that your child has (the things they do well):

5. What does your child want to do when he/she graduates from high school?

6. What future education/training plans do you have for your child? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Two Year College | <input type="checkbox"/> On-the-job training |
| <input type="checkbox"/> Four Year College | <input type="checkbox"/> Apprenticeship program |
| <input type="checkbox"/> Vocational Program | <input type="checkbox"/> Adult Training Facility |
| <input type="checkbox"/> Trade/Technical School | <input type="checkbox"/> Licensing Program |
| <input type="checkbox"/> Short-term education or employment training | <input type="checkbox"/> NONE (do not answer #7-11) |

Other (describe): _____

Please list Specific Programs/Facilities/Facilitators you have in mind:

7. Have you explored any of the education/training options from #6 alone or with your child?

YES NO

7a. If YES, which ones? Describe your thoughts on what you have explored:

7b. If NO, would you like help setting up a visit or gathering some information on any of these options? Please list those that you would like more information on.

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<p>8. Do you feel as though you child has good grades and good attendance at school? Describe concerns.</p>
<p>9. Do you know about FAFSA (Financial Aide options for college and technical school)? YES NO</p>
<p>9a. If no, would you like more information on the FAFSA? YES NO</p>
<p>10. Do you know about OVR (Office of Vocational Resources – supports for training, employment, and education for after high school)? YES NO</p>
<p>10a. If no, would you like more information on OVR? YES NO</p>
<p>11. Do you know about Career Link (career training and preparation)? YES NO</p>
<p>11a. If no, would you like more information on Career Link? YES NO</p>
<p>12. What type of job does your child want to have? _____</p>
<p>12a. Do you think this is a realistic job for your child? YES NO</p>
<p>12b. If no, what would you consider a realistic job for your child? _____</p>
<p>13. What future employment plans do you have for your child? (check all that apply)</p> <p>_____ Full-time (40 hours/week) (Competitive employment – at least minimum wage)</p> <p>_____ Part-Time (Less than 40 hours/week) (Competitive employment – at least minimum wage)</p> <p>_____ Full or Part time with support (Competitive employment – at least minimum wage)</p> <p>_____ Employment with ongoing support on the worksite (Sheltered employment)</p> <p>_____ Military - Which one: Army Navy Air Force Marines</p> <p>_____ I do NOT want my son/daughter to work (do not answer # 14)</p> <p>_____ Unsure at this time – I need help looking into some options</p>
<p>14. What type(s) of support(s) do you think your child would need to find and maintain a job? (check all that apply)</p> <p>_____ - He/She will not need and help or support (I am confident that they will be independent)</p> <p>_____ - Help finding a job</p> <p>_____ - Assistance only when problems arise or new situations/procedures are to be learned</p> <p>_____ - Extra training for all new jobs and procedures</p> <p>_____ - Long-term support and ongoing training</p> <p>_____ - Full-time support and direct guidance at all times in order to perform any job</p> <p>Please describe any concerns you have:</p>

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15. ONE year after school, how do you see your child living?

- | | |
|---|---|
| <input type="checkbox"/> - At home with parents/relatives | <input type="checkbox"/> - On their own with some support from family |
| <input type="checkbox"/> - On their own or with friends | <input type="checkbox"/> - On their own with support from an agency |
| <input type="checkbox"/> - In a dormitory while attending college | |
| <input type="checkbox"/> - Other : _____ | |

16. FIVE years after school, how do you see your child living?

- | | |
|---|---|
| <input type="checkbox"/> - At home with parents/relatives | <input type="checkbox"/> - On their own with some support from family |
| <input type="checkbox"/> - On their own or with friends | <input type="checkbox"/> - On their own with support from an agency |
| <input type="checkbox"/> - In a dormitory while attending college | |
| <input type="checkbox"/> - Other : _____ | |

17. After graduation, how will your child support themselves?

- Social Security (SSI or Disability)
- His/Her own wages earned from a job
- General relief support (welfare, food stamps, subsidized housing, etc.)
- Family financial support
- Other: _____

18. Has your child met (or is he/she going to meet) these milestones?

	YES	NO
<input type="checkbox"/> - Have a checking/savings account		
<input type="checkbox"/> - Manage own money		
<input type="checkbox"/> - Manage own health and medications		
<input type="checkbox"/> - Prepare a meal for oneself		
<input type="checkbox"/> - Knows proper procedure for emergencies		
(age 16 and older)		
<input type="checkbox"/> - Driver's Permit		
<input type="checkbox"/> - Driver's License		
<input type="checkbox"/> - PA Photo ID		
<input type="checkbox"/> - Registered for Selective Service (males 18+)		
<input type="checkbox"/> - Registered to Vote (ages 18+)		

19. Additional questions, comments, concerns, etc.:

Parent Signature: _____ Date: _____