

PARENT TRANSITION SURVEY

Developed by:

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

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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 program
- ☐ 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 the 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: _____
3. 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)
 - ☐ will get involved with drug abuse

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	_____ walk	_____ car pool
_____ city bus	_____ his/her own car	_____ city cab
_____ getting rides in the family car or with friends		
_____ other _____		

VII. RECREATION AND LEISURE

1. 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)
2. 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

- 1) Please check the following services that you are aware of . 2) Next, Indicate which of these services you have contacted or had contact with in the past. 3) 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 _____			

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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,
Denver CO.

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