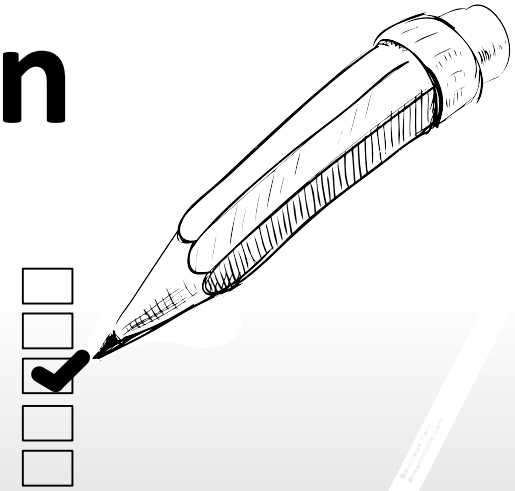
Parent Transition Survey

Revised 2014



Fournier, L.L. (Revised 2014). *Parent Transition Survey.* From *Parent Transition Survey* by M.E. Morningstar, I. Crawford, J. Scarff & M. Blue-Banning (1994). Adapted with permission.

For more information about this survey, contact Mary E. Morningstar, mmorningstar@ku.edu

PARENTS: Completing this survey will help us better understand your needs and expectations for your child's future. It will provide vital information that can lead to successful transition planning. 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.

Parent Transition Survey

Student Name: _____Date _____Age of Child: _____

Public School Education

1. Type of disability that qualifies your son/daughter for special education

☐ Autism	☐ Intellectual Disability	☐ Deaf/Hard of Hearing
☐ Autism Spectrum Disorder (ASD)	☐ Emotional Disability	☐ Multiple Disabilities
☐ Traumatic Brain Injury	☐ Deaf-Blind	☐ Speech or Language Impairment
☐ Specific Learning Disability	☐ Blind/Visually Impaired	☐ Orthopedic Impairment
	☐ Other Health Impairments	☐ Other_____

2. Do you anticipate your child receiving a standard high school diploma? ☐ **YES** ☐ **NO**

3. At what age do you anticipate or plan for your son/daughter to exit public school?

☐ age 17	☐ age 19	☐ age 21	☐ age 23
☐ age 18	☐ age 20	☐ age 22	☐ other: age __

4. In what area does your child have the greatest needs? (*Check all that apply. Of those checked,* ***please rank the top 5 areas. Rank: 1 most important → 5 least important.***)

Ex: ☑ *_1_ Example (most important, #1)*

- ☐ ___ Academic skills needed for postsecondary education
- ☐ ___ Basic academic skills (reading, writing, arithmetic)
- ☐ ___ Household chores (cleaning, laundry, etc.)
- ☐ ___ Community safety
- ☐ ___ Communication skills (ability to express oneself to others)
- ☐ ___ Substance Abuse education
- ☐ ___ Decision making/ goal setting/problem-solving skills
- ☐ ___ Friendships and social relationships
- ☐ ___ Meal planning, preparation, & cleaning up
- ☐ ___ Money management skills
- ☐ ___ Personal care needs (grooming, shaving, dressing skills etc.)
- ☐ ___ Disability knowledge/self-advocacy
- ☐ ___ Recreational/leisure skills
- ☐ ___ Safe sexual behavior and sexual health education
- ☐ ___ Shopping skills (comparison shopping, handling money, etc.)
- ☐ ___ Assistive technology
- ☐ ___ 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
- ☐ ___ Health care management
- ☐ ___ Toileting
- ☐ ___ Other: _____

Future Post-Secondary Education / Training / Lifelong Learning

5. Future education goals for my son/daughter will be:
   - ☐ Four year college/University
   - ☐ Community College
   - ☐ Vocational technical school
   - ☐ On-the-job training
   - ☐ Adult-continuing education/Community sponsored classes
   - ☐ Job Corps
   - ☐ Don't know
   - ☐ Other: _____

Employment and Career Training

6. I think my son/daughter will work in:
   - ☐ *Full-time* competitive employment (find and keep a job on his/her own w/o support)
   - ☐ *Part-time* competitive employment
   - ☐ Supported employment (community job for real wages with supports to find and keep a job)
   - ☐ Military service
   - ☐ Adult Day Services
   - ☐ Volunteer work
   - ☐ Don't know
   - ☐ I do not expect my son/daughter to work
   - ☐ Other (please specify)_____

7. What type of work does your son/daughter state that he/she is interested in?
   _____
   _____

8. Do you feel this is a realistic goal? ☐ **YES** ☐ **NO**

9. What type of employment do you think he/she would enjoy?
   _____
   _____

10. 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 locating job opportunities
    - ☐ Assistance with application and interview
    - ☐ 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.)

Future Independent Living Options

11. Five years after school, where do you want your son/daughter to live?
    - ☐ At home
    - ☐ With family – other than parents
    - ☐ 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: _____

12. Concerns that you have about your son/daughter living on his/her own:
    - ☐ Can't shop independently
    - ☐ Can't manage money
    - ☐ Health related concerns
    - ☐ Has been too dependent
    - ☐ Won't take good care of self (eating, hygiene, etc)
    - ☐ Will be lonely
    - ☐ Will be exploited (sexual, physical, financial)
    - ☐ Other: _____

Guardianship / Financial Supports / Trusts

13. After graduation/school completion, how do you want your son/daughter to be supported? *(check all that apply)*:
    - ☐ Social Security/ SSI/ SSDI
    - ☐ His/her own wages
    - ☐ Wages and Social Security
    - ☐ Wages and Government Benefits
    - ☐ Government Benefits (food stamps, subsidized housing, etc.)
    - ☐ Your financial support
    - ☐ I don't know

14. Do you think that when your son/daughter turns 18 years old, he/she will:
    - ☐ Be his or her own legal guardian
    - ☐ Need a guardian/conservator for financial decisions
    - ☐ Need a guardian/conservator for medical decisions
    - ☐ Need an advocate or personal representative
    - ☐ Need a medical proxy
    - ☐ Need Power of Attorney
    - ☐ Need a legal guardian appointed
    - ☐ Not sure/don't know

15. Have you prepared (trust fund/special needs trust) for the future support for your son/daughter? ☐ **YES** ☐ **NO**

16. Have you prepared a will that includes plans for your son/daughter? ☐ **YES** ☐ **NO**

Transportation

17. Do you think your son/daughter will get a driver's license? ☐ **YES** ☐ **NO**

18. After graduation/school completion, will your son/daughter travel around town by:

- ☐ _____Bicycle
- ☐ _____Walk
- ☐ _____Public Transportation – (bus, commuter rail, etc.)
- ☐ _____His/her own car
- ☐ _____City cab
- ☐ _____Get rides in the family car or with friends
- ☐ _____Other: _____

Recreation and Leisure

19. When my son/daughter graduates/completes school, I hope he/she will be involved in:
(check all that apply):

- ☐ Recreational activities that he/she does alone
- ☐ Activities with friends
- ☐ Friends with disabilities
- ☐ Friends without disabilities
- ☐ Organized recreational activities (clubs, team sports)
- ☐ Integrated activities (team members with and without disabilities)
- ☐ Classes (to develop hobbies, and explore areas of interest)
- ☐ Other: _____ _____

20. After graduation/school completion, do you feel your son/daughter will probably:
(check all that apply)

- ☐ Get married
- ☐ Have a boy/girlfriend, but no marriage
- ☐ Have a committed relationship/life partner
- ☐ Have children
- ☐ Have very little romantic or social contact with a boy/girlfriend

Adult Services

21. Please check the following adult services that you either **aware of**, **involved with**, or **need more information** about:

AGENCY	Aware Of	Involved With	Need more information
Vocational/Employment Rehabilitation Services			
Department of Disabilities Services (DDS)			
Health Care and/or Health Insurance			
Adult Social Security Benefits			
Working and Collecting Social Security Benefits – Programs Offered			
Centers for Independent Living			
Post Secondary Options for Adults with Disabilities			
Visiting Nurses Association			
Community Employment Resources			
Government Assistance (food stamps, subsidized housing, etc.)			
Attorney or Planning Services for Guardianship/Conservatorship/Power of Attorney			
Attorney or Planning Services for Financial Options for Your Child - wills, trusts, etc.			
Transportation Services			
Respite Care			
Mentor Programs			
Community Recreation Options			
Parent/Family Support			
Services for the Blind			
Mental Health Services			
Services for the Deaf and Hard of Hearing			

Comments/Questions/Concerns:

22. Please let us know other transition related concerns you may have as your child moves from public education to adult services.

_____

_____

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_____

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Thank you for completing this survey. We look forward to assisting you and your child seamlessly transition from public school to adult services.