

# Parent/Guardian Transition Planning Interview

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## Student's Vocational Expectations:

1. After high school, will your child attend post secondary training?

College

Community College

Trade School/Vocational-Technical School

Military

Major Area(s) of Interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or will your child seek

Part-time Employment

Full-time Employment

Supported Employment

Sheltered Employment

2. What employment or career related skills would you like your child to learn in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What types of work experience (paid or unpaid, volunteer work, etc.) has your son/daughter had?  
\_\_\_\_\_  
\_\_\_\_\_

4. From the work experiences identified in #3 or from other experiences, what previous work training has your child had? (Training provided by parent, relative, friend, teacher, etc.) Please list specific work-related tasks your child is able to complete. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List at least two careers or jobs your child would like to have after leaving school: \_\_\_\_\_  
\_\_\_\_\_

## Student's Preferred Working Conditions:

Think carefully about the following working conditions described in the lists below. Each group lists working conditions that are very different. Check the working condition in each category that you think your son/daughter would prefer. More than one condition per category may be checked if there is not a strong preference.

1.  Indoors

2.  With People

3.  Moving Around

4.  Busy Place

5.  Wear a Uniform

6.  Same task

7.  Unskilled

8.  Supervised

9.  Dirty

10.  One location

11.  Days

Outdoors

With Things

Sitting/Standing in one area

Quiet Place

Casual clothes

Different tasks

Semi-skilled

Unsupervised

Neat and clean

Travel in town

Evenings

With Ideas

Dress clothes

Travel out of town

Nights

(Student's Preferred Working Conditions continued)

**Student's Work Temperament:**

Please indicate the level that best describes your son/daughter's temperament.

	Most of the time	Sometimes	Never
Dependable	_____	_____	_____
Punctual	_____	_____	_____
Even-Tempered	_____	_____	_____
Completes Tasks	_____	_____	_____
Well-groomed	_____	_____	_____
Likes to work with others	_____	_____	_____
Likes to learn new tasks	_____	_____	_____
Accepts Responsibilities at home	_____	_____	_____
Accepts Consequences for Actions	_____	_____	_____

**Student's Academic Preferences:**

- I see my son/daughter's strongest academic area(s) as: \_\_\_\_\_  
\_\_\_\_\_
- I see my son/daughter's weakest academic area(s) as: \_\_\_\_\_  
\_\_\_\_\_
- What classes has your son/daughter taken related to his/her career interest area: \_\_\_\_\_  
\_\_\_\_\_

**Independent Living Skills:**

Do you expect your son/daughter to live at:

\_\_\_ Home \_\_\_ Dorm \_\_\_ Apartment with Friends \_\_\_ Supervised Apartments \_\_\_ Group Home

- |  |         |        |
|--|---------|--------|
| 1. Can your son/daughter do laundry?   | Yes ___ | No ___ |
| 2. Can your son/daughter shop for food or clothing?  | Yes ___ | No ___ |
| 3. Can your son/daughter prepare a nutritional meal?   | Yes ___ | No ___ |
| 4. Can your son/daughter manage money?   | Yes ___ | No ___ |
| 5. Can your son/daughter use checking or savings accounts?   | Yes ___ | No ___ |
| 6. Can your son/daughter handle emergency situations?  | Yes ___ | No ___ |
| 7. Does your son/daughter make doctors' appointments?  | Yes ___ | No ___ |
| 8. Does your son/daughter take medications independently?  | Yes ___ | No ___ |
| 9. Can your son/daughter clean a house or apartment?   | Yes ___ | No ___ |
| 10. Can your son/daughter complete simple maintenance tasks?   | Yes ___ | No ___ |
| 11. Can your son/daughter drive a car or other motor vehicle?  | Yes ___ | No ___ |
| 12. Can your son/daughter locate a new place on a map?   | Yes ___ | No ___ |
| 13. Does your son/daughter use community resources?<br>(library, post office, doctor's office, job placement office, etc.) | Yes ___ | No ___ |
| 14. What does your child like to do most for leisure activities?   | _____   |        |

What do you see as your role in planning for your son/daughter's career/vocational future and what have you done specifically? \_\_\_\_\_  
\_\_\_\_\_

What assistance would you like from the guidance office and/or IEP team to help you and your son/daughter continue with his/her transition planning? \_\_\_\_\_  
\_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_