

PARENT TRANSITION SURVEY

Developed by:

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

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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.

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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

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 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: _____
- 2. 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)
 - other: _____

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

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 _____			

Self-Care Abilities Listing

EATING

- Takes soft food from a spoon
- Takes liquids from a cup
- Feeds self with fingers
- Feeds self with spoon with assistance
- Drinks from a cup with minimal assistance
- Feeds self with spoon neatly
- Feeds self with spoon and fork considerably spilling

- Uses table knife and fork correctly and neatly
- Uses napkin for its purpose
- Drinks from straw with minimal assistance
- Does not order at public eating places
- Orders simple meals like hamburgers
- Orders complete meals

TOILETING

- Uses toileting undergarments
- Uses toilet if placed there at intervals
- Has toilet accidents during the day:
 - Frequently
 - Occasional
 - Never

- Lowers pants at the toilet without help
- Sits on the seat without help
- Uses toilet tissue appropriately
- Flushes toilet after use
- Puts on clothes without help
- Washes hands without help

DRESSING

- Must be dressed completely
- Resists when being dressed
- Cooperates when being dressed
- Removes simple articles of clothing
- Puts on simple articles of clothing
- Dresses self with help
- Dresses self with verbal prompting
- Removes shoes without assistance

- Ties shoe laces without assistance
- Completely dresses self without assistance
- Chooses suitable clothing
- Puts clothes in drawer neatly
- Hangs clothes neatly
- Puts dirty clothes in laundry without verbal prompt

GROOMING

- Makes no attempt to wash or dry self
- Resists when being washed or dried by others
- Cooperates when being washed or dried by others
- Attempts to use soap and wash self
- Dries hands and face
- Washes face and hands with soap
- Washes and dries self reasonably well with prompting
- Washes and dries self completely independently
- Prepares and completes bathing unaided
- Recognizes the need to bathe frequently

- Uses deodorant when prompted
- Uses deodorant independently
- Brushes teeth when prompted
- Brushes teeth independently
- Combs/brushes hair with prompting
- Combs/brushes hair independently
- Shampoos hair
- Shaves
- Trims nails with assistance
- Trims nails independently
- Attends to own needs during menstrual period
- Blows nose when needed

PERSONAL BELONGINGS

Take care of personal belongings...

- Never
- Seldom

- Usually
- Always/regularly

ROOM CLEANING

- Does not clean room at all
- Cleans but not thoroughly

- Cleans room well, e.g., sweeping, dusting, tidying

TABLE CLEANING

- Does not clean table at all
- Clears table of unbreakable dishes

- Clears table of breakable dishes

FOOD PREPARATION

- Does not prepare food at all
- Prepares simple foods with no mixing or cooking, e.g., sandwiches
- Mixes and cooks simple foods, e.g., eggs, pancakes, TV dinners

- Prepares adequate complete meals (may use canned or frozen foods)

Information Provided By/Date: _____