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

<table>
<thead>
<tr>
<th>Services</th>
<th>Aware Of</th>
<th>Contacted</th>
<th>More Info</th>
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<tbody>
<tr>
<td>1. Vocational Rehabilitation</td>
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<td>2. Job Training Partnership Act (JTPA)</td>
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<td>3. Job Services</td>
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<td>4. Vocational Rehabilitation Centers</td>
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<td>5. Targeted Jobs Tax Credits</td>
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<td>6. Social Security Administration</td>
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<td>7. Social and Rehabilitative Services (SRS)</td>
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<td>8. Centers for Independent Living</td>
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<td>9. Visiting Nurses Association</td>
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<td>10. Respite Care</td>
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<td>11. Home &amp; Community-based Services</td>
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<td>Medicaid Waivers (HCBS)</td>
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<td>12.</td>
<td>Food Stamps</td>
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<td>13.</td>
<td>Mental Retardation Center</td>
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<td>14.</td>
<td>Mental Health Center Programs</td>
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<td>Other</td>
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<td>16.</td>
<td>Other</td>
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Adapted from: The Parent/Student Transition Survey by Shawnee Mission School District, Kansas


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