

Parent/Guardian Questionnaire
Transition Planning

Completed By:		Date:	
Student Age:		Grade:	
Address:		DOB:	
		Telephone:	
Parent's Name:			

How many years does your son/daughter have left in high school?

I. EMPLOYMENT/POSTSECONDARY EDUCATION OR TRAINING

1. When your son/daughter graduates from high school, what are your hopes/expectations?

2. Does your son/daughter express an interest in any particular types of jobs?

3. Does your son/daughter express a dislike for any specific types of work?

4. Do you have any preferences for future occupational directions?

5. Are there any jobs in which you would object to placement of your son/daughter? If so, what are they?

6. Are there any medical concerns relating to your son/daughter's vocational placement? If so, please state them.

7. Has your son/daughter held any part-time paid or unpaid jobs or volunteer positions? If so, what types of work did he/she perform?

8. What types of services, programs or activities do you think your son/daughter needs to be involved with in high school to better prepare him/her for employment or postsecondary education?

II. INDEPENDENT LIVING

1. When your son/daughter graduates from high school, what are your hopes/expectations for his/her living arrangements?

2. Do you feel your son/daughter has the skills necessary to live independently (banking, budgeting, cooking, shopping, etc.)?

3. Do you feel your son/daughter is a good self-advocate, i.e., can he/she speak for himself/herself and make his/her needs/issues known?

4. What chores or responsibilities does your son/daughter presently have at home?

5. What classes/activities does your son/daughter need in order to achieve his/her Independent Living goal (located on page 4 and 4A of the Individualized Education Program), and how are these needs going to be met in the upcoming year?

III. COMMUNITY PARTICIPATION/RECREATION AND LEISURE

1. When your son/daughter graduates from high school, what are your hopes/expectations for his/her active inclusion in the community?

2. Does your son/daughter have a driver's license or do you anticipate him/her obtaining one in the future?

3. Does your son/daughter use public transportation independently?

4. Does your son/daughter access school and community events with independence?

5. What leisure/recreational activities/hobbies does your son/daughter participate in when alone?

6. Does your son/daughter have a social network, i.e., a group of friends?

7. What leisure/recreational activities does your son/daughter participate in with friends?

8. What leisure/recreational activities does your son/daughter participate in with your family?

9. Are there any leisure/recreational activities in which you would like to see your son/daughter participate?

10. What classes/activities would you like your son/daughter to participate in to develop more social and leisure skills?

IV. Additional

1. Do you feel you have enough information about the academic/vocational activities of your son/daughter?

2. Are you satisfied with your son/daughter's current educational program? If not, what activities/classes/support do you feel would enhance his/her program?

3. Do you maintain on-going communication with school staff?