

Parent Transition Questionnaire

The following questions will help you think about the services your student will need after graduation. Your answers to these questions will help school staff determine how to assist you and your student in planning and locating services for you to assist in planning for your student-s future plans.

Student Name: _____ Age: _____

Date: _____ Graduation Date: _____

What is your student-s disability and how does it impact daily life?

What are your student-s greatest strengths?

What skills does your student need to improve?

Describe how your student is able to take care of himself/herself in daily living skills including personal hygiene, getting along with others in the family, doing chores around the house, traveling in the neighborhood, etc.

How is your student doing in school regarding progress in classes, getting along with teachers, and getting along with other students?

What work experiences has your student had?

Where or what type of work would you student like to do?

Where would you like your child to live in the future? With whom would you like him/her to live?

Does your student have the skills to live independently? Can he or she take care of health, eating, hygiene, medial needs, money, and use community services?

What does your student like to do for recreation or leisure?

What concerns you most about your student=s future?

Are you in contact with or do you plan to contact any agencies, such as DHS/DRS, which can assist you after your student=s graduation?

Do you feel your student will need assistance or information in any of the following areas?

- College Application Process
- Financial Aid Application
- Transportation
- Vocational Training
- Competitive Employment
- Supported Employment
- Recreation/Leisure Resources
- Independent Living

*** Please bring this questionnaire to your student=s IEP/Transition Meeting. Thanks!**