

PARENT/Guardian Survey for Transition Planning  
*Plans for the Future*

<b>Student Name:</b> _____	<b>Date of Birth:</b> _____
<b>School:</b> _____	<b>Grade:</b> _____
<b>Parent/Guardian Name:</b> _____	
<b>Telephone Number:</b> _____	
<b>Today's Date:</b> _____	

*This survey is intended to help you begin thinking about what you would like your son or daughter to be doing when he/she finishes high school. This information will also serve as a guide to your son/daughter's teachers in deciding which classes and educational experiences he/she should have to help them successfully transition from high school to the adult world. This information will be updated on a yearly basis.*

### Careers

What year do you think your son/daughter will leave high school?

\_\_\_\_\_

Which of the following would you like your son/daughter to be doing after leaving high school? Check as many items as you wish.

**Job**

What kind of job? \_\_\_\_\_ What kind of help, if any, do you think your he/she will need to get and/or keep a job?

\_\_\_\_\_

**Further job training (technical or trade school)**

**Military**

**Community College or University**

What kind of help, if any, do you think he/she will need to go to college?

\_\_\_\_\_

**Homemaker**

**Volunteer Services**

**Other (please explain)** \_\_\_\_\_

\_\_\_\_\_

### Living Arrangements

Where do you see your son/daughter living after leaving high school?

	<b>Immediately</b> (right after high school)	<b>Long Term</b> (sometime in future)
With parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>
In his/her own apartment/home	<input type="checkbox"/>	<input type="checkbox"/>
In a "group" home	<input type="checkbox"/>	<input type="checkbox"/>
Other living options	_____	_____

What type of help, if any, do you think he/she will need to live in the option you are thinking about?

\_\_\_\_\_

### Community Living and Transportation

How will your son/daughter travel to a job or school?

\_\_\_\_\_

How will your son/daughter travel to community activities?

\_\_\_\_\_

How do you think your son/daughter will pay for rent/house payment/travel in the community?

\_\_\_\_\_

\_\_\_\_\_

### Recreation, Leisure, and Social Activities

What does your son/daughter like to do in his/her free time?

When alone: \_\_\_\_\_

With a group (e.g. family, church, school): \_\_\_\_\_

What kind of help, if any do you think your son/daughter may need to participate in the things he/she enjoys doing in your free time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### School

Is your son/daughter receiving vocational training in real work settings?

Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of work would you like your son/daughter to be doing, if any, during the next school year?

\_\_\_\_\_

\_\_\_\_\_

What do you think your son/daughter needs to know to help he/she live more independently after school?

\_\_\_\_\_

\_\_\_\_\_

Is your son/daughter going out in the community for instruction during school day?

Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of help does your son/daughter need at school to be successful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your son/daughter participating in any extra-curricular/after-school activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Other Services**

Please check all the services that you think your son/daughter need now, and in the future, to be successful when he/she leaves high school. Check as many boxes as necessary:

	<b>Now</b>	<b>Future</b>
Job Training/support	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>
Medical services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Community Skills Training	<input type="checkbox"/>	<input type="checkbox"/>
Other services: Now _____		
Future _____		

Parent or Guardian Signature:

\_\_\_\_\_

*Kentucky Transition Collaborative  
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