



I. Transition Planning Survey: Parent/Guardian

Date sent: _____

Date received: _____

Student: _____ **Campus:** _____ **Date:** _____

Anticipated date of finishing high school _____. Please provide the following input for transition.

Does your child have any medical/health issues that restrict his/her participation in community activities? ____yes ____no If yes, explain _____

1. Vocational/Employment/Education

When your child graduates from school would you like your child to participate in (check all that apply):

- | | |
|---------------------------------------|-----------------------------------|
| ____ Supported Employment/Job Coach | ____ Community College |
| ____ Vocational School | ____ Personal Development Classes |
| ____ Competitive Part-Time Employment | ____ Military |
| ____ Competitive Full-Time Employment | ____ Other: _____ |
| ____ College or University | |

2. Residential/Living

After graduation, my son or daughter will live:

- ____ On his/her own in a house or apartment
- ____ With a roommate
- ____ In a supervised living situation (group home, supervised apartment)
- ____ With family
- ____ Other: _____

Is this where you want your child to be living 5 years after leaving high school? _____ If not, where? _____

3. Concerns about your child's current program:

4. Concerns for your child after he/she leaves high school:



5. Personal Management/Community Supports

My child needs instruction in these independent living areas (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Making friends |
| <input type="checkbox"/> Clothing care | <input type="checkbox"/> Meal preparation/nutrition |
| <input type="checkbox"/> Communicating wants/needs | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Consumer Skills | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Domestic Skills | <input type="checkbox"/> Planned Parenthood |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Red Cross Safety Course |
| <input type="checkbox"/> Family relationships | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Handling Anger | <input type="checkbox"/> Setting goals |
| <input type="checkbox"/> Handling legal responsibilities | <input type="checkbox"/> Sex Education |
| <input type="checkbox"/> Health/First Aid | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Household Management | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Non-school agencies |
| <input type="checkbox"/> Hygiene/Grooming | <input type="checkbox"/> Other: _____ |

6. Recreation/Leisure

When my child graduates, I hope he/she is involved in (check all that applies):

- Independent Recreational Activities
- Activities with friends
- Organized recreational activities (clubs, team sports)
- Classes (to develop hobbies & explore areas of interests)
- Supported and supervised recreational activities
- Other: _____

7. Transportation

When my child graduates, he/she will (check all that apply):

- Have a driver's license and car
- Walk or ride a bike
- Use transportation independently (bus, taxi)
- Use supported transportation (family, service groups, carpool)
- Other: _____



II. Functional Skills Inventory Checklist (Complete if Student Appropriate)

Please review the following checklist. Place a checkmark on the skills that your child demonstrates outside of the school setting.

1. SOCIAL

- Handles stress and frustration
- Handles failures
- Admits mistakes
- Accepts praise
- Respects personal space of others
- Respects the property of others
- Respects others feelings
- Responds to friendly gestures/smiles

2. COMMUNICATION

- Participates in social conversations
- Expresses personal needs
- Greets others appropriately
- Takes part in group activities: with guidance, independently
- Interrupts appropriately
- Listens and pays attention
- Asks for help at appropriate times

3. INDEPENDENCE

- Accurately states his/ her:
 - Full name
 - Address
 - Phone number
- Understands and follows:
 - One step directions
 - Two step directions

4. VOCATIONAL ATTITUDES

- Shows a desire to do a specific task
- Will initiate a task
- Attends to job tasks
- Follows a schedule
- Keeps work area neat
- Asks for help when needed
- Follow general rules

5. CLOTHING CARE/MANAGEMENT CLOTHING

- Sorts laundry
- Load/unloads washer/dryer
- Chooses and measure detergent
- Starts washer/dryer
- Folds laundry
- Puts away folded laundry
- Adjusts own clothing
- Identifies own clothing
- Keeps tracks of personal items
- Chooses appropriate clothing



Section X

6. DAILY LIVING

- ___ Recognizes when specific things need cleaning
- ___ Collects and disposes of trash
- ___ Dusts furniture
- ___ Performs dishwashing tasks
- ___ Sets and Clears the table
- ___ Operates small appliances
- ___ Operates a microwave oven

7. HEALTH AND PHYSICAL CARE

- ___ Maintains a clean body
 - ___ consistently washes with soap independently
 - ___ consistently uses deodorant independently
- ___ Maintains a neat appearance
- ___ Locates a public restroom
- ___ Initiates use of tissue
- ___ Practices good oral hygiene
- ___ Manages meals away from home
- ___ Uses cafeteria or restaurant appropriately
 - ___ Chooses from a menu
 - ___ Orders meals independently

8. MOBILITY

- ___ Demonstrates knowledge of traffic rules
- ___ Demonstrates a knowledge of safety practices
- ___ Interprets traffic signs (ie-STOP, Do Not Cross signs)



Transition Planning Survey: Student Questionnaire

Student: _____ **Campus:** _____ **Date:** _____

Information regarding your preferences and interests, as well as services you will need after leaving high school, will help in determining appropriate courses, transition planning and locating services that match your future plans. Please provide your input on the following questions.

1. When do you think you will finish high school _____ and what do you want to do after you graduate from high school? (work, training, military, education)

2. Are you getting vocational experience in real work settings? ___yes ___no

3. Are you receiving instruction in community-based, non-school settings? ___yes ___no

4. Would you like to work during the next school year? ___yes ___no. Where? _____

5. Are you learning to be more independent? ___yes ___no. Examples? _____

6. What do you need to know to be independent? _____

7. What most concerns you about your future?

8. Where do you want to live after high school and what help or support would you need?

9. How will travel to school/training, work or community activities after you leave school?



Section X

Transition

10. What chores or jobs do you do at home that will help you be more independent as an adult?

11. What household skills do you have (cooking, cleaning, budgets, etc.)?

12. What will you do to take care of your money after school?

13. What type of employment or career do you want?

14. What skills or supports will you need to get the job you want?

15. What classes do you like the most?

16. What do you like to do for fun?
