

Leigh Taylor  
Leigh.taylor@apollocc.org  
@PSApolloMercyHealth

718 W. Market Street  
Lima, OH 45801  
419-226-9724



## Project SEARCH Parent Transition Survey

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please answer the following questions regarding your short term and long term transition goals for your young adult child. This will help us to know you and your child's plans for the future and give us information to help you with transition planning. Once completed, return this form to your child's special education teacher so they can add it to your child's Project SEARCH Application packet.

**\*\*This form must be completed by parents/guardian and returned to complete the application process\*\***

### I. EMPLOYMENT

A. What are your son/daughter's future employment plans?

- \_\_\_\_\_ full-time employment  
\_\_\_\_\_ part-time employment  
\_\_\_\_\_ supported employment  
\_\_\_\_\_ sheltered workshop  
\_\_\_\_\_ don't know  
\_\_\_\_\_ other: \_\_\_\_\_

B. What are your son's/daughter's job interests?

C. What are you son's daughter's job skills?

- D.
1. What would you see as an ideal job for your son/daughter after graduation?
  2. What skills does he/she have to do this job?
  3. What skills would he/she need to learn?
  4. Are there job opportunities for this type of work?

E. What other type of occupation would be best for your son/daughter that would best meet the needs, abilities, and interests of your child? (please specify type of work)

Which skills does your son/daughter have in finding and maintaining a job?

\_\_\_\_\_ specific technical skills

\_\_\_\_\_ previous work experience

\_\_\_\_\_ good job application & interviewing skills

\_\_\_\_\_ knowing the right people

\_\_\_\_\_ help from a job developer/placement counselor

\_\_\_\_\_ good attendance record

\_\_\_\_\_ positive work habits

\_\_\_\_\_ others: \_\_\_\_\_

**II. EDUCATION/TRAINING**

A. At what age do you anticipate or plan for your son/daughter to graduate/exit special education? (circle one)

age 18    age 19    age 20    age 21    uncertain

B. What skills or experiences do you think your child needs most to be successful after high school? Rate each item 1 - 6 (1 is most needed - 6 is least needed)

- \_\_\_\_\_ academic skills (reading, writing, and math)
- \_\_\_\_\_ daily living skills (cooking, washing clothes, budgeting, checking accounts, etc.)
- \_\_\_\_\_ work experience (actually having a job: non-paid or paid)
- \_\_\_\_\_ work attitude, human relations skills (getting along with others, dependability, etc.)
- \_\_\_\_\_ communication skills (ability to express oneself to others)
- \_\_\_\_\_ vocational / technical knowledge and skills (mastery of technical skills or job skills)

C. What are your son's/daughter's future education/training plans?

- \_\_\_\_\_ technical school (certificate program)
- \_\_\_\_\_ community college
- \_\_\_\_\_ 4 year college
- \_\_\_\_\_ military service.
- \_\_\_\_\_ adult education classes (non-credit)

D. What specific education/training program is your son/daughter considering?

### III. DAILY LIVING

#### A. Living Skills

1. The following are life skills needed for adult living: Check areas where your child needs **more training**.

- grooming and hygiene
- doing laundry
- cleaning house
- preparing food and cleaning up
- shopping
- managing money
- using transportation
- acting safely in the community
- accessing medical care
- getting along with people
- needs sex education
- needs drug education
- other

#### B. Living Arrangements

1. Immediately after your son/daughter graduates, where does he/she plan to live?

- parents' home
- apartment or house, alone or with a roommate (circle one)
- apartment or house with support from an adult services agency, alone or with roommate (circle one)
- group home
- other: \_\_\_\_\_

2. Five years after your son/daughter graduates, where does he/she plan to live?

- parents' home
- apartment or house, alone or with a roommate (circle one)
- apartment or house with support from an adult services agency, alone or with roommate (circle one)
- group home
- other: \_\_\_\_\_

#### C. Financial Support

1. After graduation, how will your child be supported? (check all that apply)

- His/her own wages
- Social Security/SSI
- Your financial support
- Other: \_\_\_\_\_

2. How will your child manage their money after graduation?  
\_\_\_\_\_ Independently plan a budget and pay bills  
\_\_\_\_\_ Plan a budget and pay bills with your help  
\_\_\_\_\_ Plan a budget and pay bills with the support of an adult service agency  
\_\_\_\_\_ Other: \_\_\_\_\_

3. After graduation what financial services will your child use?  
\_\_\_\_\_ Checking account  
\_\_\_\_\_ Savings account  
\_\_\_\_\_ Debit card  
\_\_\_\_\_ Charge card  
\_\_\_\_\_ Other: \_\_\_\_\_

D. Transportation

- I. After graduation, how will your child travel in the community?  
\_\_\_\_\_ Drive his/her own/family car  
\_\_\_\_\_ Transported by parents  
\_\_\_\_\_ Busy Wheels/County Transportation  
\_\_\_\_\_ Public transportation  
\_\_\_\_\_ Other: \_\_\_\_\_

**IV. LEISURE ACTIVITIES**

A. What does your child do for fun?

- \_\_\_\_\_ Hobbies & interest  
\_\_\_\_\_ Sports and other physical activities  
\_\_\_\_\_ School/community activities  
\_\_\_\_\_ Entertainment

B. After graduation will your child have access to these leisure activities, or develop new interests?

**V. COMMUNITY PARTICIPATION**

- A. Once your child turns 19 years old:  
\_\_\_\_\_ He/she will be independent, making his/her own decisions, managing his/her own affairs.  
\_\_\_\_\_ He/she will be in need of a personal representative or advocate for assistance  
\_\_\_\_\_ You or a family member will be his/her legal guardian

- B. Do you know about funding available to assist people with disabilities?  
(check those you know about)

- \_\_\_\_\_ SSI (Supplemental Security Incomes)  
\_\_\_\_\_ Social Security Disability  
\_\_\_\_\_ Medicaid  
\_\_\_\_\_ Developmental Disabilities Services (DDS)

- C. Are you in contact with any adult agencies at this time  
(Le., Vocational Rehabilitation, Developmental Disabilities)?

<u>Agency</u>	<u>Name of agency/contact</u>
_____	_____
_____	_____
_____	_____

- D. List any specific concerns that you would like us to be aware of.