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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 from 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)? Agency Name of agency/contact:

_____

_____

_____

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