



PEATC

Parent Transition Survey

This survey is a way for parents to document the transition needs and expectations for their child/youth’s future. This survey has 9 sections. Completing this survey before or during a Transition Planning IEP meeting will provide you with important information that can lead to successful transition planning and better outcomes. Not all of the sections or choices in this survey may be directly relevant to your child/youth, but please complete those that best reflect your concerns and thoughts about adult life for your child/youth.

** Adapted from *Parent Transition Survey* Fournier, L.L. (Revised 2014)
Thank you Kansas University for some of the materials in this survey. **

Sections

Section 1: Public School Education	2
Section 2: Future Postsecondary Education/Training/Lifelong Learning	5
Section 3: Employment and Career Training	5
Section 4: Future Independent Living Options.....	7
Section 5: Guardianship/Financial Supports/Trusts	8
Section 6: Transportation	9
Section 7: Recreation and Leisure	10
Section 8: Adult Services.....	11
Section 9: Comments/Questions/Concerns:.....	12

800-869-6782 | 703-923-0010
partners@peatc.org
www.peatc.org

Hablamos Español

Parent Transition Survey

Student Name: _____

Date: _____

Age of Child/Youth: _____

Section 1: Public School Education

1. Type of disability that qualifies your son/daughter for special education:

- Autism Spectrum Disorders (ASD)
- Blind/Visually Impaired
- Deaf
- Deaf/Blind
- Emotional Disability
- Hard of Hearing
- Intellectual Disability
- Multiple Disabilities
- Other Health Impairments
- Orthopedic Impairment
- Specific Learning Disability
- Speech or Language Impairment
- Traumatic Brain Injury
- Other: _____

2. What type of diploma will your child be receiving after high school?

- Standard Advanced Applied Studies Other

3. At what age do you anticipate or plan for your son/daughter to exit public school?

- age 17 age 18 age 19 age 20 age 21 age 22



4. What are your child/youth's strengths? (Check all that apply)

- Academic skills
- Asking for help, when needed
- Chores (cleaning, laundry, etc.)
- Communication skills (ability to express self oneself to others)
- Decision making/goal setting/problem solving skills
- Disability knowledge/self-advocacy
- Follows rules
- Friendships and social relationships
- Hard working
- Helpful
- Honest
- Independent
- Meal planning, preparing, and cleaning up
- Money management skills
- Organized and can plan ahead
- Personal care needs (grooming, shaving dressing skills, etc.)
- Recreational/leisure skills
- Respectful
- Sense of humor
- Technology skills
- Shopping skills (comparison shopping, handling money, etc.)
- Travel skills (public/private transportation, pedestrian)
- Works well with other



5. In what area does your child/youth have the greatest needs?

Check all that apply. Of those checked, rank the top 5 areas.

Rank: 1 – most important → 5 least important

Example:

- 1 Example (most important, #1)**
- ___ Academic skills needed for postsecondary education
- ___ Assistive technology
- ___ Basic academic skills (reading, writing, arithmetic)
- ___ Chores (cleaning, laundry, etc.)
- ___ Community safety
- ___ Communication skills (ability to express oneself and to be understood by others)
- ___ Decision making
- ___ Disability knowledge/self-advocacy
- ___ Friendships and social relationships
- ___ Goal setting/problem solving skills
- ___ Health care management
- ___ Meal planning, preparation, and cleaning up
- ___ Money management skills
- ___ Personal care needs (grooming, shaving, showering, dressing skills, etc.)
- ___ Recreational/leisure skills
- ___ Safe sexual behavior and sexual health education
- ___ Shopping skills (comparison, shopping, handling money, etc.)
- ___ Social Media Interaction
- ___ Substance Abuse Education
- ___ Travel skills (pedestrian, public/private transportation)
- ___ Vocational and career exploration (opportunities to experience and learn about several different types of careers/jobs)
- ___ Toileting
- ___ Other: _____



Section 2: Future Postsecondary Education/Training/Lifelong Learning

6. Future education goals for my son/daughter will be:

- Four-year college/university
- College program just for students with disabilities
- Community College
- Vocational Technical School
- On-the-job Training
- Adult-continuing education/Community sponsored classes
- Apprenticeship
- Wilson Workforce and Rehabilitation Center
- Job Corps
- Not sure or Other: _____

Section 3: Employment and Career Training

7. I think my son/daughter will work in:

- Full-time competitive employment (find and keep a job on his/her own without supports)
- Part-time competitive employment
- Supported employment (job in an integrated workplace at or above minimum wage with supports to find and keep a job)
- Centered-based day program
- Integrated day program/community engagement
- Military service
- Volunteer work
- Not sure or Other (please specify) _____
- I do not expect my son/daughter to work



8. What type of work does your son/daughter state that he/she is interested in?

9. Do you feel this is a realistic goal? YES NO

10. What type of employment do you think he/she would enjoy?

11. What type of support or assistance do you think your son/daughter will need in finding and keeping a job? (*Check all that apply*)

- Will not need any support
- Help locating job opportunities
- Assistance with application, resume, and interview
- Assistance only when problems or new situations arise such as change in job duties or schedule
- Time-limited support to learn the job (extra training)
- Long-term support needed to learn the job (ongoing training)
- Ongoing support to perform the job (personal care attendant, workplace assistance, etc.)
- Not sure



Section 4: Future Independent Living Options

12. Five years after school, where do you want your son/daughter to live?

- At home
- With family – other than parents
- In an apartment on their own
 - Alone
 - With roommate(s)
- In supported apartment/living program
 - Alone
 - With roommate(s)
- In a group home
- In a foster home
- In subsidized housing
- Other: _____

13. Concerns that you have about your son/daughter living on his/own:

- Can't shop independently
- Can't manage money
- Health related concerns
- Has been too dependent
- Won't take good care of self (eating, hygiene, etc.)
- Will be lonely
- Will be exploited (sexual, physical, financial)
- Other: _____



Section 5: Guardianship/Financial Supports/Trusts

14. After graduation/school completion, what supports do you think your son/daughter may need? (*Check all that apply*):

- Social Security/SSI/SSDI
- His/her own wages
- Your financial support
- Government Benefits (food stamps, subsidized housing, etc.)
- Wages and Social Security
- Medicaid Waivers
- I don't know

15. Do you think that when your son/daughter turns 18 years old, he/she will: (*check any that may apply*)

- Make their own decisions without a guardian or Power of Attorney
- Need a legal guardian/conservator for financial decisions
- Need a legal guardian for medical decisions
- Need a legal guardian for educational decisions
- Need Power of Attorney for financial matters
- Need Power of Attorney for medical matters
- Need Power of Attorney for educational matters
- Need support for financial matters
- Need support for for medical matters
- Need support for educational matters
- Not sure/don't know

16. Have you prepared (trust fund/special needs trust) for the future support for your son/daughter?

- YES NO



17. Have you prepared a will that includes plans for your son/daughter?

- YES NO

Section 6: Transportation

18. Do you think your son/daughter will get a driver's license?

- YES NO

19. After graduation/school completion, will your son/daughter travel around town by: *(check all that apply)*

- Bicycle
- Walk
- Public transportation (bus, commuter train, etc.)
- His/her own car
- Taxi or cab
- Uber/Lyft
- Get rides in the family car or with friends
- Other: _____



Section 7: Recreation and Leisure

20. When my son/daughter graduates/completes school, I hope he/she will be involved in: (*check all that apply*)

- Activities with friends
- Classes (to develop hobbies, and explore areas of interest)
- Friends with disabilities
- Friends without disabilities
- Integrated activities (team members with or without disabilities)
- Organized recreational activities (clubs, team sports)
- Recreational activities that he/she does alone
- Other: _____

21. After graduation/school completion, do you feel your son/daughter will probably: (*check all that apply*)

- Get married
- Have children
- Have a boy/girlfriend, no marriage
- Have very little romantic or social contact with a boy/girlfriend
- Have a committed relationship/life partner



Section 8: Adult Services

22. Please check the following adult services that you either are **aware of**, **involved with** or **need more information** about:

AGENCY / PROGRAM	Aware of	Involved with	Need more information
Department of Social Services / Human Services			
Adult Social Security Benefits			
Medicaid Health Insurance			
Centers for Independent Living			
Housing Assistance Programs			
Government Assistance Programs (like food stamps)			
Attorney or Planning Services for Financial Options for Your Child - wills, trusts, etc.			
Respite Care			
Community Recreation Options			
Services for the Blind			
Services for the Deaf and Hard of Hearing			



Section 9: Comments/Questions/Concerns:

23. What other transition related concerns you may have as your child/youth moves from public education to adult services.



The contents of this document were developed under a grant from the US Department of Education, #H235F200001. However, those contents do not necessarily represent the policy of the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer. PEATC is not a legal services agency and cannot provide legal advice or legal representation. Any information contained in this training is not intended as legal advice and should not be used as a substitution for legal advice.

