

# Transition: Parent Questionnaire

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

This questionnaire can be used as a guide to think about the areas you believe are important for you student. Please bring the completed form to the IEP/ITP meeting.

## Vocational/Post Secondary Education and Employment

1. What do you see your daughter/son doing after high school?

\_\_\_\_\_ Trade School      \_\_\_\_\_ College, 2 or 4 year      \_\_\_\_\_ Employed      \_\_\_\_\_ Military

Explain: \_\_\_\_\_

2. List any jobs your son/daughter has had. (Paid or unpaid)

\_\_\_\_\_

\_\_\_\_\_

## Daily Living Skills (After school adult living)

1. In which of the following areas is your daughter/son already skilled?

\_\_\_\_\_ Household mgmt.      \_\_\_\_\_ Minor home repair      \_\_\_\_\_ Meal planning

\_\_\_\_\_ Appointment scheduling      \_\_\_\_\_ Budgeting      \_\_\_\_\_ Medication use

\_\_\_\_\_ Telephone skills      \_\_\_\_\_ Food preparation      \_\_\_\_\_ Time/money/calendar skills

2. In what type of living arrangement do you believe your son/daughter will be successful?

\_\_\_\_\_ Independent      \_\_\_\_\_ With family      \_\_\_\_\_ Supported (semi-independent)

## Leisure/Recreation

1. Which of the following leisure activities does your daughter/son participate in

\_\_\_\_\_ Hobbies      \_\_\_\_\_ Team sports      \_\_\_\_\_ Individual sports

\_\_\_\_\_ Neighborhood activities      \_\_\_\_\_ Social/service clubs      \_\_\_\_\_ Religious organizations

\_\_\_\_\_ Community/parks/recreation activities      \_\_\_\_\_ Community education in crafts or music

2. Does your daughter/son have:

\_\_\_\_\_ Friends      \_\_\_\_\_ Acquaintances

\_\_\_\_\_ Close friends      \_\_\_\_\_ Significant other relationships

## Community Involvement

1. Check the following consumer services your daughter/son can use independently:

- Grocery store                       Bank                       Library  
 Restaurant                       Post office                       Laundromat  
 Beauty/barber shop                       Retail/department shopping

2. Does your daughter/son have a:

- State of Michigan ID                       Driver's License                       Voter registration  
 Other (specify) \_\_\_\_\_

3. What type of transportation can your daughter/son use?

- Own car                       Family car                       Public transportation  
 Parent/guardian transports                       Ride with friends

## Related Services

1. Does your son/daughter know what services are available from these agencies?

- Michigan Rehabilitative Services                       Disability Network  
 Community Mental Health

2. Does your daughter/son need assistance form any of these agencies for transition to adult living?

- Yes                       No  
Specify: \_\_\_\_\_

3. Please list any concerns:

\_\_\_\_\_

\_\_\_\_\_