PARENT TRANSITION SURVEY

Name (optional)_____

Age of son or daughter_____ Disability_____

Please check the box that best indicates your answer to the following questions:

	I Strongly Disagree							I Strongly Agree
1. I have been involved in planning for the future of my son or daughter.								
2. My son or daughter has been actively involved in planning for his/her own future.								
3. My son or daughter has post-high school goals that are meaningful to him/her.								
4. My son or daughter has post-high school goals that are individualized and based on his/her interests.								
5. My son or daughter has been consistently involved in general education classes and extra-curricular activities with peers who do not have disabilities.								
6. My son or daughter has regular opportunities to be involved in community and civic activities.								
7. My son or daughter is gaining skills to maximize independence.								
8. My son or daughter is learning information and skills that will lead to a high school diploma, college, and/or a job.								
9. I feel that I am a partner with the school in implementing plans to help my son or daughter accomplish his/her goals.								
10. Teachers and other school staff communicate with me about my son's/daughter's progress.								

11. I understand the ways teachers and school staff support my son or daughter to accomplish his/her goals.								
12. Teachers and other school staff provide specific information about ways to work on goal attainment at home.								
13. I feel I understand how to help my son or daughter reach his/her goals.								
14. The school is providing my son or daughter with ample opportunities to explore employment options through community-based experiences.								
15. My son or daughter has opportunities to explore employment options through supports provided at home.								
16. Attending college or technical school is an important part of post-high school planning for my son or daughter.								
17. Paid employment in the community is an important part of post-high school planning for my son or daughter.								

18. I would like more information about: (circle all that apply)

-Long Term Care Eligibility -Guardianship -Benefits Counseling

-ADRC (Aging and Disability Resource Center) -MCO (Managed Care Organization) or County Intake

-DVR (Division of Vocational Rehabilitation) -Adult service providers -Application Processes

-Additional Sources of Transition Information -Parent Groups -TAC (Transition Action Coalition)

Other topics:_____

19. When thinking about transition planning, my biggest concerns are: (circle all that apply)

-Paid Employment -Living Arrangements -Friendships -Health Issues

-Social Security Benefits -Transportation -Safety Concerns -Support Services

-College/Tech School Entrance -Schedule changes (time without paid support)

Other areas of concern:_____

20. Please share any additional comments or questions you may have about the process of transition from school to adult life for your son or daughter:

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Thank you for taking the time to complete this survey!

This survey was developed by Nancy Molfenter and Shannon Huff for the WI LGTW Project.