

Parent/Guardian Transition Survey

Transition surveys are a useful way to share information about the student's adult life goals and plans with the student's IEP team at school. This survey should ideally be completed by the parent/guardian when the student enters high school and again before the student exits high school (e.g. freshman and junior year). Parent/guardian surveys should be sent home at these times, with the notice of IEP conference or before.

Student: _____ DOB: _____ Age: _____ Date: _____

School: _____ Grade: _____ Expected Exit Year: _____

Post-Secondary Education and Training

1. Does your student plan to finish high school with a: High School Diploma Certificate of completion GED

2. Does your student plan to exit school: At the end of their senior year Stay through their 22nd birthday

3. What subjects/classes interest your student the most? _____

4. Will your student be pursuing a 2 or 4 year college degree or vocational training immediately after high school?

Yes No Not Sure

If Yes, indicate choice:

College/University Apprenticeship Vocational/Tech. Ed Military

Other: _____

5. What are your student's strengths/abilities that will help him/her to achieve their educational goals? _____

6. Do you think your student will need assistance in achieving his/her educational goals? Yes No

If yes, please describe how: _____

Career/Vocational Education Experiences

1. When your student finishes school, what would she/he like to be doing in regards to employment?

Full Time Employment

Part Time Employment

Apprenticeship/ Internships

Not Applicable (Continuing Education/Training)

Volunteerism

Other: _____

2. What Career/Job area is your student most interested in at this time? (See any career interest surveys)

Office/Clerical Work

Business/Sales

Science/Technology

Hands-on Trades

Healthcare/Human Services

Art/Media/Culinary

Other (Specify): _____

Career/Vocational Education Experiences – continued

3. What kinds of support do you foresee your student needing to obtain and maintain employment?
Assistive Technology Job Coaching Interview Skills Applying for Jobs Learning Transportation
Job Modifications or Accommodations Obtaining a Driver’s License
Other: _____
4. Which forms of transportation is your student interested in accessing?
Private Vehicle Public Transportation (bus/train) Para-Transit (bus)
Cab Other: _____
5. Has your student had job training or work experience in high school? Yes No
If Yes, describe In-School Jobs (If Applicable): _____

If Yes, describe Community Job Training Sites (If Applicable): _____

6. Does your student currently have a paying job? Yes No
If No, what is the main reason? Under age 16 No Time
No transportation Not interested in working right now Have looked, but have not been hired
Other: _____
If Yes, where is the student working? _____
Do you expect this job to continue after high school? Yes No Unsure
7. Has your student had any other paying jobs? Yes No
If Yes, where did he/she work and what did he/she do there? _____

8. Did anyone help your student find his/her current job? Yes No
If Yes, who helped and how did they help? _____

9. How many hours is your student typically scheduled to work each week? _____
10. What is your student’s hourly pay? _____
11. What fringe benefits or perks (if any) does your student get?
None Medical Ins. Dental Ins. Paid sick days Vacation Vision Ins. I don’t know
Other (Specify): _____

Personal Care / Independent Living

1. Where would your student like to live after high school?
In their own place (independent) In their own place with support (from family or others)
At Home/With Family College Dormitory
Military Base Group Home
Not Sure Other: _____
2. Does your student need instructions or assistance in any of the following?
Purchasing food, clothing, etc. Clothing care Food preparation
Home maintenance Telephone skills
Other: _____

3. What are the strengths that will help your student achieve personal care / living goals? _____

4. Do you think your student will need assistance with personal care / independent living goals?
Yes No
If Yes, describe the assistance he/she will need: _____

Recreation / Social / Leisure

1. What are your student's primary recreation and social activities and interests?
Hobbies (e.g., music, games, gardening) Outdoor activities
Movies Shopping
Fitness-related activities Creative Arts/Performing
Attend sports, concerts, plays Participating in sports
Hanging out with friends Club/Scouting activities
Church/Religious activities Reading, going to the library
Other: _____
2. What are your student's strengths that will help in achieving their recreation and social goals?

3. What assistance do you think your student will need in achieving their recreation and social goals?

Please add any additional information you think would be helpful in planning for your student's transition:

