

PARENT TRANSITION SURVEY

*For Students on Alternate Assessment
(DLM)*

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Person Responding: _____ Date: _____

Not all of the sections or choices in this survey may be directly relevant to your child, but please complete those sections and choices that best reflect your concerns and thoughts about adult life for your child. Completing this survey will help teachers and adult service staff to better understand you and your child's expectations for the future. It will provide vital information that can lead to successful transition planning.

❖ At what age do you anticipate or plan for your son/daughter to graduate?
____ age 17 ____ age 18 ____ age 19 ____ age 20
____ age 21 ____ uncertain

I. Post Secondary Education

Future education for my son/daughter will be:

- ____ Vocational School/Community College
- ____ On-the-job training
- ____ Community Rehabilitation Programs (DRS)
- ____ Waiver Title 19 Support Services or Day Program
- ____ Don't know
- ____ Not Applicable
- ____ Other (please specify) _____

II. Post Secondary Employment

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

- ____ Full-time competitive employment
- ____ Part-time competitive employment
- ____ Supported employment with agency support.
- ____ Volunteer work
- ____ I don't know
- ____ I do not expect my son/daughter to work
- ____ Other (please specify) _____

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

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

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

- will not need any support.
- help finding a job.
- assistance only when problems or new situations arise.
- time-limited supports to learn the job (extra training)
- long term support needed to learn the job (ongoing training)

III. Post Secondary Adult Living

1. After graduating from high school, where do you want your son/daughter to live?

- at home
- in an apartment on their own – alone or with roommate(s) (circle one)
- in subsidized housing on their own – alone or with roommate
- in a supported apartment/living program
- in a group home
- other (please specify) _____

IV. Finances And Guardianship

1. After graduation, how do you want your son/daughter to be supported? (Check all that apply)

- Social Security/SSI/SSDI
- His/her own wages
- General relief (food stamps, subsidized housing, etc.)
- Your financial support
- I don't know.

2. Do you think that when your son/daughter turns 18 years old, he/she will be:

- his or her own guardian.
- will need a conservator for financial decisions
- will need an advocate or personal representative
- will need a legal guardian appointed
- not sure/don't know

V. Transportation

1. Do you think your son/daughter will get a drivers license? YES/NO

2. After graduation, will your son/daughter travel around the community by:

- walk
- bicycle
- bus
- his/her own car
- cab
- family will transport
- agency transportation services

VI. Leisure/Recreation/Socialization

When my son/daughter graduates, I hope he/she will be involved in:

- Independent activities
- Activities with family only
- Activities with friends
- Friends with disabilities (Special Olympics, etc...)
- Church/Worship Center Groups
- Community Center Programs
- Parks and Recreation Programs
- Civic activities/voting
- Shopping
- Hobby Clubs
- Adult Agency Support Activities

VII. Current School Program/Services

What school programs or services do you feel would be helpful to the student between now and graduation?

(Check all that apply)

- Classroom Work Skills Training
- Community Work Experience
- Career Exploration
- Vocational Education
- Self Care/Safety
- Housekeeping Skills
- Money & Budgeting Skills
- Emergency Planning/Response
- Cooking and Nutrition
- First Aid and Health
- Social Skills
- Self-Advocacy

Adult Agency/ Services

1. Please check the following agencies/services that you are **aware of**.
2. Next, indicate which of these agencies/services you **have contacted**.
3. Finally, indicate the agencies/services that you would **like more information from**.

Agency/Services	Aware of	Contacted	Need Information
Coordinating Council for Independent Living			
FMRS Health Systems			
Lillian James Learning Center			
Mountain State Center for Independent Living			
Title 19 Waiver Program			
REM Community Options			
ResCare WV			
WV Division of Rehabilitation			
WV Work Incentives Planning Assistance Project			
WV Job Service			
Pine Haven Homeless Shelter			
Family Resource Network			
Helping Hands Community Resource Center			
Women's Resource Center			
Social Security Administration			
WV Department of Health and Human Resources			
Beckley Housing Authority			
Raleigh County Housing Authority			
Raleigh County Health Department			
Autism Recovery Resource Center			