

**Special Services**

**Parent Transition Questionnaire**

**(Mod & Mod/Severe Program)**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this questionnaire to gain knowledge of the family’s perspective related to your child’s transition to life after high school. Please complete the sections below with answers that best reflect your observations, thoughts, feelings, and concerns about adult life for your child. This is a confidential document which will be used exclusively by the IEP team to help contribute to successful transition planning for your child. You will be asked to update this information on an annual basis. Please bring this document with you to the IEP/ITP meeting or send it to your child’s case carrier.

**PART I: Education**

1. *Listed below are skills related to school and study habits. Check the top three* ***strengths*** *for your child at this time. Circle any areas of* ***needed improvement.***

|  |  |  |  |
| --- | --- | --- | --- |
| □ is on time to class □ brings all materials to class □ follows directions □ uses a calendar □ returns to work if distracted  | □ is organized □ takes legible notes□ types well□ completes homework□ works in a steady pace  | □ can memorize facts □ able to focus □ works well in groups□ begins work right away | □ uses resources to get help □ understands learning needs □ asks for help when needed □ makes short term goals□ listens when others speak |

1. *What future* ***education*** *plans (within 5 years of exiting school) do you see your child pursuing?(check all that apply)*

□ Four year college/university (to pursue a bachelor’s degree)

□ Community college (to pursue an associate’s degree/transfer to a university)

□ Some community college (to receive certification, i.e. child development)

□ Vocational technical school (i.e. automotive, ITT tech, beauty school)

□ On-the-job training program (i.e. internship, apprenticeship, etc.)

□ Adult education classes (i.e. floral design, culinary arts, bakeshop, etc.)

□ Center-based program /Adult Program (i.e. continued training with daily living skills, etc.)

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II: Career and Vocational Skills**

1. *Listed below are skills related to work habits and skills. Place an X in the column that best describes your child’s skill level.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skills related to work habits** | **Yes, with****little or no****assistance** | **Yes, with****some or****moderate****assistance** | **Yes, with****much or****ongoing****assistance** | **No, not****able to****do this** | **Not Sure** |
| Goes to/from work on time |  |  |  |  |  |
| Follows safety procedures |  |  |  |  |  |
| Shows respect for property |  |  |  |  |  |
| Uses appropriate language |  |  |  |  |  |
| Shows respect for others  |  |  |  |  |  |
| Works continuously for up to 1 hr |  |  |  |  |  |
| Accepts criticism |  |  |  |  |  |
| Completes task in allotted time |  |  |  |  |  |
| Follows multi-step directions |  |  |  |  |  |
| Accepts change with positive attitude |  |  |  |  |  |
| Maintains constant work rate |  |  |  |  |  |
| Performs work tasks satisfactorily |  |  |  |  |  |
| Begins work independently |  |  |  |  |  |
| Asks for help when needed |  |  |  |  |  |
| Knows what to do next when work is done |  |  |  |  |  |

1. *After exiting school, what* ***employment*** *options do you see your child pursuing?(check all that apply)*

□ Full-time employment (find and keep a job without assistance)

□ Part-time employment

□ Supported employment (job for real pay with supports for finding and keeping job)

□ Don’t know

□ Other (please describe. *For example- volunteer work, on-the-job training*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *What type of work does your child state he/she is interested in?*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *Based on your previous responses, does this career goal match your child’s skill level?*

 *\_\_\_\_YES \_\_\_\_NO- Please share your concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. *What type of support do you think your child will need in finding and maintaining a job? (Check all that apply.)*

|  |  |
| --- | --- |
| □ will not need any support□ help finding and interviewing for a job□ assistance only when problems or new situations arise | □ 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, etc.) |

**Part III: Living Options**

1. *Listed below are skills related to independent living. Place an X in the column that best describes your child’s skill level.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | **Yes, with****little or no****assistance** | **Yes, with****some or****moderate****assistance** | **Yes, with****much or****ongoing****assistance** | **No, not****able to****do this** | **Not Sure** |
| Cleans living space |  |  |  |  |  |
| Cooks simple meals |  |  |  |  |  |
| Has proper hygiene  |  |  |  |  |  |
| Chooses own clothes |  |  |  |  |  |
| Dresses self |  |  |  |  |  |
| Knows personal information |  |  |  |  |  |
| Follows street safety rules |  |  |  |  |  |
| Does laundry (wash, dry, iron) |  |  |  |  |  |
| Shops for groceries  |  |  |  |  |  |
| Shops for own clothing |  |  |  |  |  |
| Maintains good general health |  |  |  |  |  |
| Orders and pays at a restaurant |  |  |  |  |  |
| Asks for help in community |  |  |  |  |  |
| Finds a new location/address  |  |  |  |  |  |
| Uses and keeps a budget |  |  |  |  |  |
| Uses public transportation  |  |  |  |  |  |
| Uses community resources (gym, library, rec center) |  |  |  |  |  |
| Makes an appointment for self |  |  |  |  |  |

1. *Five years after exiting school, where do you see your child living?*

□ at home

□ in an apartment or home (alone or with a roommate)

□ in a supported apartment/living program

□ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *What concerns do you have about your child living on his/her own right after school?*

□ caring for self (health, food, hygiene, etc.)

□ buying necessary items (food, supplies, etc.)

□ money management

□ getting and maintaining household furnishings

□ awareness of community resources

□ awareness of safety practices

□ knowledge of public transportation

□ maintaining healthy relationships

□ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV: Adult Services**

*11*. Is your son/daughter a San Diego Regional Center client? □ Yes □ No

 If yes, please provide us the name and contact # of your child’s service coordinator. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*12*. *Please check the following services that you are AWARE OF. Next, indicate which of these services*

*you HAVE CONTACTED in the past. Finally, indicate the services in which you would like MORE INFORMATION.*

|  |  |  |  |
| --- | --- | --- | --- |
| **SERVICES** | **AWARE OF** | **CONTACTED** | **WOULD LIKE MORE INFO.** |
| **San Diego Regional Center (**provides a variety of services to persons with developmental disabilities and their families that allow the consumer to live as independently as possible.) |  |  |  |
| **Department of Rehabilitation** (assists Californians with disabilities to obtain and retain employment and maximize their equality and ability to live independently in their communities) |  |  |  |
| **South Bay Community Services** (provides a comprehensive range of services and programs for families, children and individuals in South San Diego County.) |  |  |  |
| **Social Security Administration** (pays disability benefits to you and certain members of your family if you have worked long enough and have a medical condition that has prevented you from working or is expected to prevent you from working for at least 12 months.) |  |  |  |
| **CalFresh** (previously known as Food Stamp Program) (federal supplemental nutrition program for low-income families and individuals that meet certain income guidelines. CalFresh help supplement your food budget and allow families and individuals to buy nutritious food.) |  |  |  |
| **Special Olympics Southern California** (a nonprofit organization that empowers individuals with intellectual disabilities to become physically fit, productive and respected members of society through sports training and competition.) |  |  |  |
| **Sports for Exceptional Athletes** (sports program serving athletes with developmental disabilities ages 5 through adult which offers 24 sports in 4 sports seasons.) |  |  |  |
| **San Diego MTS** (offers a reduced fare for persons with a disability; offers MTS Access for those whose disabilities prevent them from using fixed route bus or Trolley services.) |  |  |  |
| **Medi-Cal** (pays for a variety of medical services for children and adults who qualify.) |  |  |  |