Erie City School District
PARENT TRANSITION SURVEY

Student Name __________________________ Date: __________________________

D.O.B. __________________________

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 the transition coordinator, supervisors, teachers, therapists, VR counselors, 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.

EDUCATION:

1. How old is your son/daughter now? ________
2. In what area does your child have the greatest needs? Please check all that apply. Of those checked, please rank the top 5 areas. Rank: 1-most important to 5-least important.

___ cleaning house/chores around the house
___ communication skills (ability to express oneself to others
___ decision-making/goal setting/skills for self-advocacy
___ friendships and social relationships
___ meal planning, preparation, and cleaning up
___ money management skills
___ personal care needs (grooming, shaving, dressing skills, etc.)
___ problem-solving skills
___ recreational/leisure skills
___ sex education
___ shopping skills (comparison shopping, handling money etc.)
___ travel skills (pedestrian, public and/or private transportation)
___ vocational and career exploration (opportunities to experience and learn about several different types of careers and/or jobs)
___ washing clothes, folding etc.
___ safety
___ having someone to assist with basic activities of daily living
___ home chores
___ compliance
___ getting around their community
___ volunteering
CAREER AND EMPLOYMENT

1. I think my son/daughter will work in:
   ____ part-time competitive employment
   ____ supported employment (community job for real wages with supports to find and keep a job)
   ____ sheltered workshop
   ____ full-time competitive employment
   ____ volunteer work
   ____ don’t know
   ____ I do not expect my son/daughter to work
   ____ other (please specify) ______________________________

2. What type of work does your son/daughter state that he/she is interested in? ______________________________

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

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

5. 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 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 attendance, etc.)

FUTURE LIVING OPTIONS

1. Five years after 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 a supported apartment/living program – alone or with roommates(s)
   ____ in a group home
   ____ in a foster home
   ____ in a subsidized housing
   ____ other: ______________________________

2. Concerns that you have about your son/daughter living on his/her own:
   ____ can’t shop on own
   ____ can’t manage money
___ has no furniture
___ not ready yet to live in community
___ has been too dependent
___ won’t take good care of self
___ will be lonely – friendships
___ can’t participate in home chores like trash removal, cleaning, recycling
___ will be exploited (sexual, physical, and financial)
___ transportation
___ equipment needs such as
___ other: ____________________________

FINANCE, WILLS AND TRUSTS, 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 legal 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

3. Have you prepared (trust fund) for the future for your son/daughter?  YES/NO

4. Have you prepared a will that includes plans for your son/daughter?  YES/NO

TRANSPORTATION
1. Is your child able to walk distances well?  YES/NO
2. After graduation, will your son/daughter travel around town by:
   ___ bicycle  ___ walk  ___ car pool
   ___ city bus  ___ his/her own car  ___ city cab
   ___ lift  ___ getting rides in the family car or with friends
   ___ other  ____________________________
RECREATION AND LEISURE

1. When my son/daughter graduates, I hope he/she will be involved in:
   ___ recreational activities that he/she does alone
   ___ activities with friends
   ___ friends with disabilities
   ___ friends without disabilities
   ___ organized recreational activities (clubs, team sports)
   ___ activities only for people with disabilities
   ___ Integrated activities (team members with and without disabilities)
   ___ classes (to develop hobbies and explore areas of interest)
   ___ volunteer service organizations
   ___ church programs
   ___ attending sporting events in community (Bayhawks, Otters, Sea Wolves, home school
district events, Penn State, Gannon, Mercyhurst, Edinboro)
   ___ other, please be specific ____________________________________________

   ___ My child enjoys: name 3 things
      1. ____________________________________________
      2. ____________________________________________
      3. ____________________________________________

ADULT SERVICES

1. Please check the following that you are aware of.
2. Next, indicate which of these services you have contacted or had contact with in the past.
3. Finally, indicate the services you would like more information about.

<table>
<thead>
<tr>
<th>Services</th>
<th>Aware of</th>
<th>Contacted – please add contacts name</th>
<th>More Information</th>
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<tbody>
<tr>
<td>1 Vocational Rehabilitation</td>
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<td>2 Job Training Partnership Act (JTPA)</td>
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<td>3 Job Services</td>
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<td>4 Vocational Rehabilitation Centers</td>
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<td>5 Targeted Jobs Tax Credits</td>
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<td>6 Social Security Administration</td>
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<td>7 Social and Rehabilitative Services (SRS)</td>
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<td>8 Centers for Independent Living</td>
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<td>9 Visiting Nurses Association</td>
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<td>10 Respite Care</td>
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<td>Home and Community-based Services</td>
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<td>Medicaid Waivers (HCBS)</td>
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<td>Food Stamps</td>
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<td>13</td>
<td>Mental Retardation Center</td>
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<td>14</td>
<td>Mental Health Center Programs</td>
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<td>15</td>
<td>ECCM</td>
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<td>16</td>
<td>Club Erie – BNI adult program</td>
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<td>AET – BNI Program</td>
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<td>Building 99 or 101 BNI program</td>
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<td>*** would you like to observe the BNI programs prior to graduation YES/NO</td>
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<td>17</td>
<td>Erie Homes for children &amp; adults MOVE program or SNAP program (ECHA)</td>
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<td>18</td>
<td>Other</td>
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Parent comments:

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____________________________________________________________________