

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:

<input type="checkbox"/> bicycle	<input type="checkbox"/> walk	<input type="checkbox"/> car pool
<input type="checkbox"/> city bus	<input type="checkbox"/> his/her own car	<input type="checkbox"/> city cab
<input type="checkbox"/> lift	<input type="checkbox"/> getting rides in the family car or with friends	
<input type="checkbox"/> 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.

Services	Aware of	Contacted – please add contacts name	More Information
1 Vocational Rehabilitation			
2 Job Training Partnership Act (JTPA)			
3 Job Services			
4 Vocational Rehabilitation Centers			
5 Targeted Jobs Tax Credits			
6 Social Security Administration			
7 Social and Rehabilitative Services (SRS)			
8 Centers for Independent Living			
9 Visiting Nurses Association			
10 Respite Care			

11 Home and Community-based Services Medicaid Waivers (HCBS)			
12 Food Stamps			
13 Mental Retardation Center			
14 Mental Health Center Programs			
15 ECCM			
16 Club Erie – BNI adult program AET – BNI Program Building 99 or 101 BNI program *** would you like to observe the BNI programs prior to graduation YES/NO			
17 Erie Homes for children & adults MOVE program or SNAP program (ECHA)			
18 Other			

Parent comments:
