

## LID TRANSITION PARENT QUESTIONNAIRE

### *Transition Planning Questionnaire for Parents of Students in Low Incidence Categories and served in Functional Instruction Settings*

#### **Teacher Survey Administration:**

*The questionnaire may be sent to the parent/guardian to complete as a survey or may be used in an interview format. Use the individualized information for each student to develop a transition IEP that is strength-based and outcome-oriented.*

**To the Parent/Guardian:** Your child's teachers need your input to identify specific skills your child has that are related to life after public school. This information will be used to plan transition services and work with you to plan for your child's life after graduation. Please answer the questions below to the best of your ability.

#### **SKILLS and STRENGTHS:**

1. Work-related behaviors my child can perform independently and without one-on-one assistance: (Please check all that apply)
  - a.  Opening containers
  - b.  Manipulating objects
  - c.  Putting objects in containers
  - d.  Moving objects from one location to another
  - e.  Using buttons and/or switches
  - f.  Opening packages
  - g.  Pouring
  - h.  Turning objects
  - i.  Stacking objects
  - j.  Picking up objects
  
2. Household and self-help tasks at home (Please check one)
  - a.  Performs most tasks independently
  - b.  Performs some tasks independently
  - c.  Is unable to perform tasks independently
  
3. Levels of support at home (Please check one)
  - a.  Requires only verbal reminders or picture schedule to complete tasks
  - b.  Requires some assistance to complete tasks
  - c.  Requires full assistance to complete tasks
  - d.  Is unable to complete tasks, even with assistance
  
4. Who is the main caretaker and support person in the home?
  - a.  Mother
  - b.  Father
  - c.  Mother and Father
  - d.  Guardian
  - e.  Sibling
  - f.  Grandparent or other relative (Who \_\_\_\_\_?)
  - g.  Paid support (Who or what agency \_\_\_\_\_)
  - h.  Other (Explain \_\_\_\_\_)
  
5. If you could identify one thing you wish your child could do at home to help him/herself, what would it be?
  
  
6. What is the length of time your child is able to stay on task at home for the different activities listed below:
  - a. Entertainment activities: \_\_\_\_\_
  - b. Chores: \_\_\_\_\_

7. Would you say, your child works at a (Circle One):  
a. Slow Pace      b. Medium Pace      c. Fast Pace
8. What do you believe are your child's strengths?
9. What equipment or tools does your child use at home?

#### INTERESTS

10. What hobbies, talents, and interests does your child have?
11. What type of activities do your child and your family do in the community?
12. Has your child indicated any particular job interest for after high school?

#### DREAMS FOR THE FUTURE

13. What do you believe would be a good job match for your child following graduation from high school?
14. If your child will not participate in work after public school, what will your child be doing during the workday as his or her main activity?
15. Will your child participate in continued education or training after high school? Please describe.
16. What academic and social skills do you believe are most needed by your child for a good job match for your child?

#### AGENCY CONNECTIONS

17. Are you aware of the adult agencies that support individuals with disabilities after public school?    Yes     No
18. Is your child a client of an outside agency? (Which ones: \_\_\_\_\_)
19. Are you interested in learning more about outside agencies that support children and adults with disabilities?    Yes     No 
  - a. What are the specific needs you see as a concern after high school that may require assistance from an adult agency?

#### FINANCIAL SUPPORT

20. Is your child a client of the Social Security System and receives financial support through SSI? If not, would you like information on how to apply for SSI?    Yes     No
21. Is your child receiving funding from the DADS through the Wait/Interest List or is your child on the DADS (Department of Aging and Disability Services) Wait/Interest List?  
Yes     No 
  - a. If No, would you like information on the eligibility and application process for the financial support available through DADS?    Yes     No

BARRIERS TO THE DREAM

22. What is your nightmare for your child following graduation from high school?

PARENT/GUARDIAN INFORMATION

23. Is there any additional information you think would be useful in planning your child's education that will help meet your goals for your child after high school? Or any concerns not previously addressed?