



Parent Transition Survey

Department of Special Education

The information requested below is to assist in planning for your student's needs/wishes post-school. It in no way implies that your child needs any or all of the services listed. The purpose of the survey is to provide information for a wide variety of services as well as includes students with varying levels of disabilities. Please complete only those sections you deem applicable to your child.

Date of Completion: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Respondent Name (if different from parent): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Anticipated Exit date \_\_\_\_\_

This survey addresses what you anticipate your student's plans/needs when he/she finishes high school. This information will also serve as a guide for the IEP team to consider when deciding which classes and educational experiences/supports he/she should have to help successfully transition from high school to the desired post-secondary environment.

Please check all that are applicable as expected post-secondary expectations:

Table with 2 columns: checkbox, description. Rows include Adult Education Classes, Career/Technical/Vocational Programs, College (2 and 4 Year), Competitive Employment (Full and Part Time), Day Program/Day Habilitation, Military Services, Supported Employment, Vocational, Volunteer Work, and Other.

Type of Diploma Expected:

- \_\_\_ Regular HS Diploma \_\_\_ Special Education Diploma
\_\_\_ State Defined Alternate Diploma \_\_\_ HS Certificate

**Employment/Vocational Training**

Please answer the following questions:

What type of job/career would your student like to have when he/she finished high school?

Do you feel this is a realistic goal? \_\_\_\_ Yes \_\_\_\_ No

List any job experience your student has had during high school

List your student's work-related strengths:

List your student's work-related weaknesses:

I anticipate my son/daughter will need the following:

no known needs; should be able to work independently

help with employability skills (resume, job search, application process, interview)

on the job training

supported employment

other (Please specify) \_\_\_\_\_

Has an application for services been filed with Georgia Vocational Rehabilitation? \_\_\_ Yes \_\_\_ No

Have you applied for any applicable waivers? \_\_\_ Yes \_\_\_ No

**Employability Skills:**

Yes	No	
		Is your student able to work independently?
		Does your child need supervision and support to finish a job?
		Does your student respect authority?
		Is your student punctual?
		Can your student follow multiple directions?
		Can your student effectively communicate his/her needs and wants?
		Does your student work well with others?
		Does your student have good interpersonal communication skills?
		Can your student effectively problem solve?

**Comments/Concerns:**

**Daily Living Skills (Check those your student can do independently):**

Yes	
	Household management
	Plans meals/prepares food
	Schedules appointments
	Select and care for clothing
	Budget his/her money
	Time/Calendar Skills
	Get self-up in the mornings
	Minor home repairs
	Use cell phone for communication
	Manage any medication needs
	Personal hygiene
	Manage use of electronics

**Comments/Concerns:**

**Post-School Living Arrangements**

Check the type of living arrangement you think your student will need after graduation:

Independent

Continue to live with family

Supported living (own place with supports for areas of need)

Assisted Living (group home)

Other:

**Comments/Concerns:**

**Transportation**

What type of transportation do you think your student will need after graduation?

Independently drive with his/her car or family car

Parent/guardian/family member will drive

Carpool

Public transportation

Private hired transportation

**Comments/Concerns:**

**Please list any additional comments or concerns that you would like to discuss at the IEP/Transition meeting in the space below:**

I would like more information on (check all that apply):

	CTAE Pathway Options
	Georgia Vocational Rehabilitation Agency PreEts (Pre-Employment transition Services)
	Georgia Vocational Rehabilitation Agency Referral for Full Caseload
	Work Based Learning
	Dual Enrollment
	Accelerated Career Program
	Dual Achievement Program
	Contact information for Disability Services at <span style="float: right;">College or Vocational School</span>
	Other