

Parent Questionnaire

Student Name: _____ Date: _____

D.O.B.: _____

Person completing form: _____

1. After exiting high school, how many more years of educational programming do you plan for your child to attend? Your child is eligible to remain in an educational program until the age of 22.

1 2 3 4

2. Please list the medical diagnoses of your child:

3. Does your child have any medical/health problems which could restrict his/her participation in any kind of classroom, community or work activities? Please specify type and restrictions.

4. What type of work/programming do you see your child participating in after graduation (integrated employment within the community, supported employment, social/day programming or a work and social programming combination)?

5. Is there a specific type of work you feel your child has strong interests or potential for working in?

6. Is there a specific type of work you feel would not be appropriate for your child?

7. How do you visualize your child getting to and from work or around the community after graduation?

| | |
|-----------------------|---------------------|
| _____ COTA bus | _____ Walk |
| _____ Family member | _____ Taxi |
| _____ Program van/bus | _____ Drive own car |
| _____ Ride a bicycle | _____ Other _____ |

8. What does your child need to work on while in school to improve his/her chance of getting and keeping successful employment?

9. Where do you see your child living as an adult?

_____ With family
_____ In a supported living arrangement
_____ Other

10. Are there any areas of training to enhance independence in the home you feel would benefit your child (cooking, cleaning, groom, free time activities, clothing care, etc.)?

11. Does your child have any regular chores or responsibilities at home? What? How often?

12. What does your child enjoy doing with their leisure time at home?

13. Are there any areas of training to enhance independence in the community you feel would benefit your child (rec/leisure activities, shopping, mobility, banking, appropriate socialization/ communication, etc.)?

14. Does your child belong to any community/school social groups or clubs? If yes, please specify.

15. If your child is over 18, have they:

- a. Registered to vote? YES NO
b. Registered for the draft (if male) YES NO

16. Please complete the appropriate boxes below.

| Agency/ Service | Not needed | Would like assistance with | Currently being provided | If provided Please print caseworker's name |
|--|------------|----------------------------|--------------------------|--|
| Opportunities for Ohioans with Disabilities(OOD) | | | | |
| Board of DD(Which county?) | | | | |
| Social Security | | | | |
| Guardianship | | | | |
| Other please list | | | | |

Signature: _____ Date: _____

Student Name: _____ Date: _____

Classroom Team Observation of Behavior

Please give detail to each of the questions listed below.

Does your student demonstrate any unsafe or destructive behaviors? What does the behavior look like (arguing, property destruction, harassment, inappropriate language, stealing, causing harm to self or others)?

When frustrated, how does your student respond?

When anxious/nervous, how does your student respond?

When given constructive criticism or asked to correct a mistake, how does your student respond?

Has this student ever been fired or let go from a job? Why?

Has this student ever left the school building or a job site unattended or wandered away? Explain.

What is your student's level of sexual awareness? (please check one)

- Student engages in inappropriate sexual behaviors at school/in public (exposing self, inappropriate touching of others, masturbation, making inappropriate comments, gestures, inappropriate use of social media)
- Student tends to display an immature level of sexual behavior (excessive flirting, flaunting, hugging,)
- Student does not engage in inappropriate sexual behaviors.

Person completing form: _____ Relationship: _____

4. Tell us your future goals.

1.

2.

3.

5. What do you do when stressed/frustrated or told no?

6. What kind of chores do you help with at home?

7. Are you involved in activities, hobbies, social groups, sports? If so, please describe.

8. What kinds of things do you like to do with your friends or in your free time?

9. What else do you want us to know about you?

(Student Name)

(Date)

(Person assisting with this form/Title)

(Date)

Campus-Based Transition Program Recommendation Letter

Please include two Letters of Recommendation

Name of Applicant: _____

Please answer the following questions to the best of your ability.

About the person writing this recommendation:

Name: _____

Address: _____

Phone number: _____ Email address: _____

Relationship to Applicant: _____

I have known the Application for: _____

Please answer the following questions:

Describe the Application in three words: _____, _____, _____

Please tell us why you feel the applicant would benefit from participating in this program:

Describe any additional supports you feel that the applicant may need to be successful in this program:

Please share any concerns you have regarding the applicant's participation in this program:

What are some ideal working conditions that you feel the applicant would feel most comfortable in? Ex. Noisy/quiet, independently/with people.

Please rate the following as it pertains to the applicant:

| | Strong Point | Meets expectations | Support Needed |
|---|--------------|--------------------|----------------|
| Organization/Planning | | | |
| Listening/Following directions | | | |
| Asking for help | | | |
| Taking initiative/motivated | | | |
| Recognizing and responding appropriately to needs of others | | | |
| Appropriate communication skills | | | |
| Dealing with stress/frustration | | | |
| Adapting to new situations | | | |
| Receptive to feedback | | | |
| Emotional stability | | | |
| Reliability/Dependability | | | |
| Ability to be cheerful, have fun, and smile | | | |

Additional Comments:

This letter should be emailed to megan.mastrobuono@escoco.org or submitted with your CBT application.