**Project SEARCH**

**Parent Transition Survey**

Student’s Name:

Parent’s Name:

Date:

Please answer the following questions regarding your short term and long term transition goals for your young adult child. This will help us to know you and your child's plans for the future and give us information to help you with transition planning. Once completed, return this form to your child’s special education teacher so they can add it to your child’s Project SEARCH Application packet.

**\*\*This from must be completed by parents/guardian and returned to complete the application process\*\***

**I. EMPLOYMENT**

A. What are your son/daughter's future employment plans?

 \_\_\_\_\_\_full-time employment

\_\_\_\_\_\_part-time employment

\_\_\_\_\_\_supported employment

\_\_\_\_\_\_sheltered workshop

\_\_\_\_\_\_don't know

\_\_\_\_\_\_other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. What are your son's/daughter's job interests?

C. What are you son's daughter's job skills?

D. 1. What would you see as an ideal job for your son/daughter after graduation?

1. What skills does he/she have to do this job?
2. What skills would he/she need to learn?
3. Are there job opportunities for this type of work?

E. What other type of occupation would be best for your son/daughter that would

best meet the needs, abilities, and interests of your child? (please specify type of work)

Which skills does your son/daughter have in finding and maintaining a job?

\_\_\_\_\_\_\_\_specific technical skills

\_\_\_\_\_\_\_previous work experience

 \_\_\_\_\_\_\_good job application *&.*interviewing skills

 \_\_\_\_\_\_\_knowing the right people

 \_\_\_\_\_\_\_help from a job developer/placement counselor

 \_\_\_\_\_\_\_good attendance record

 \_\_\_\_\_\_\_positive work habits

 \_\_\_\_\_\_\_others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. EDUCATION/TRAINING**

A. At what age do you anticipate or plan for your son/daughter to graduate/exit special education? (circle one)

 age 18 age 19 age 20 age 21 uncertain

B. What skills or experiences do you think your child needs most to be successful after high school? Rate each item 1 - 6 (1 is most needed - 6 is least needed)

 \_\_\_\_\_\_academic skills (reading, writing, and math)

 \_\_\_\_\_\_daily living skills (cooking, washing clothes, budgeting, checking

 accounts, etc.)

 \_\_\_\_\_\_work experience (actually having a job: non-paid or paid)

 \_\_\_\_\_\_work attitude, human relations skills (getting along with others, dependability,

 etc.)

 \_\_\_\_\_\_communication skills (ability to express oneself to others)

 \_\_\_\_\_\_vocational / technical knowledge and skills (mastery of technical skills or

 job skills)

C. What are your son's/daughter's future education/training plans?

 \_\_\_\_\_\_technical school (certificate program

 \_\_\_\_\_\_community college

 \_\_\_\_\_\_4-year college

 \_\_\_\_\_\_military service.

 \_\_\_\_\_\_adult education classes (non-credit)

D. What specific education/training program is your son/daughter considering?

**III. DAILY LIVING**

A. Living Skills

1. The following are life skills needed for adult living: Check areas where your child needs more training.

\_\_\_\_\_grooming and hygiene

 \_\_\_\_\_doing laundry

 \_\_\_\_\_cleaning house

 \_\_\_\_\_preparing food and cleaning up

 \_\_\_\_\_shopping

 \_\_\_\_\_managing money

 \_\_\_\_\_using transportation

 \_\_\_\_\_acting safely in the community

 \_\_\_\_\_accessing medical care

 \_\_\_\_\_getting along with people

 \_\_\_\_\_needs sex education

 \_\_\_\_\_needs drug education

 \_\_\_\_\_other

B. Living Arrangements

1. Immediately after your son/daughter graduates, where does he/she plan to live?

 \_\_\_\_\_Parents' home

 \_\_\_\_\_Apartment or house, alone or with a roommate (circle one)

 \_\_\_\_\_Apartment or house with support from an adult services agency, alone or with

 roommate (circle one)

 Group home

 \_\_\_\_\_\_Extended Family Home (with support)

 other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Five years after your son/daughter graduates, where does he/she plan to live?

 \_\_\_\_\_Parents' home

 \_\_\_\_\_Apartment or house, alone or with a roommate (circle one)

 \_\_\_\_\_Apartment or house with support from an adult services agency, alone or with

 roommate (circle one)

 Group home

 \_\_\_\_\_\_Extended Family Home (with support)

 other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Financial Support

1. After graduation, how will your child be supported? (check all that apply)

 \_\_\_\_\_\_\_His/her own wages

 \_\_\_\_\_\_Social Security/SSI

 \_\_\_\_\_\_\_Your financial support

 \_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How will your child manage their money after graduation?

 \_\_\_\_\_\_\_Independently plan a budget and pay bills

 \_\_\_\_\_\_\_Plan a budget and pay bills with your help

 \_\_\_\_\_\_\_Plan a budget and pay bills with the support of an adult service agency

 \_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. After graduation what financial services will your child use?

 \_\_\_\_\_\_\_Checking account

 \_\_\_\_\_\_\_Savings account

 \_\_\_\_\_\_\_Debit card

 \_\_\_\_\_\_\_Charge card

 \_\_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Transportation

I. After graduation, how will your child travel in the community?

 \_\_\_\_\_\_\_Drive his/her own/family car

 \_\_\_\_\_\_\_Transported by parents

 \_\_\_\_\_\_\_Busy Wheels/County Transportation

 \_\_\_\_\_\_\_Public transportation

 \_\_\_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. LEISURE ACTIVITIES**

 A. What does your child do for fun?

 \_\_\_\_\_\_\_\_Hobbies & interest

 \_\_\_\_\_\_\_ Sports and other physical activities

 \_\_\_\_\_\_\_\_School/community activities

 \_\_\_\_\_\_\_\_Entertainment

 B. After graduation will your child have access to these leisure activities, or develop new interests?

 **V. COMMUNITY PARTICIPATION**

 A. Once your child turns 19 years old:

\_\_\_\_\_\_\_\_He/she will be independent, making his/her own decisions, managing his/her own affairs.

\_\_\_\_\_\_\_\_He/she will be in need of a personal representative or advocate for assistance

\_\_\_\_\_\_\_\_He/She will need a personal representative or advocate in the form of

 Medical and /or Durable Powers of Attorney

 \_\_\_\_\_\_\_\_You or a family member will be his/her legal guardian (limited or full)

B. Do you know about funding available to assist people with disabilities?

(check those you know about)

 \_\_\_\_\_\_\_\_SSI (Supplemental Security Incomes)

 \_\_\_\_\_\_\_\_Social Security Disability

 \_\_\_\_\_\_\_\_ Medicaid

 \_\_\_\_\_\_\_\_Nebraska Department of Health & Human Services - Developmental

 Disabilities Services (DHHS DD)

C. Are you in contact with any adult agencies at this time

 (Le., Vocational Rehabilitation, Developmental Disabilities)?

Agency Name of agency/contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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D. List any specific concerns that you feel we should be aware.