
For more information about this survey, contact Mary E. Morningstar, mmorningstar@ku.edu

**PARENTS**: Completing this survey will help us better understand your needs and expectations for your child’s future. It will provide vital information that can lead to successful transition planning. 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.
Parent Transition Survey

Student Name: _______________________ Date ______ Age of Child: ______

Public School Education

1. Type of disability that qualifies your son/daughter for special education
   - [ ] Autism
   - [ ] Autism Spectrum Disorder (ASD)
   - [ ] Traumatic Brain Injury
   - [ ] Specific Learning Disability
   - [ ] Intellectual Disability
   - [ ] Emotional Disability
   - [ ] Deaf-Blind
   - [ ] Blind/Visually Impaired
   - [ ] Other Health Impairments
   - [ ] Deaf/Hard of Hearing
   - [ ] Multiple Disabilities
   - [ ] Speech or Language Impairment
   - [ ] Orthopedic Impairment
   - [ ] Other: [ ]

2. Do you anticipate your child receiving a standard high school diploma? [ ] YES [ ] NO

3. At what age do you anticipate or plan for your son/daughter to exit public school?
   - [ ] age 17
   - [ ] age 18
   - [ ] age 19
   - [ ] age 20
   - [ ] age 21
   - [ ] age 22
   - [ ] age 23
   - [ ] other: age __

4. In what area does your child have the greatest needs? (Check all that apply. Of those checked, please rank the top 5 areas. Rank: 1 most important → 5 least important.)
   - [ ] 1 Example (most important, #1)
   - [ ] __ Academic skills needed for postsecondary education
   - [ ] __ Basic academic skills (reading, writing, arithmetic)
   - [ ] __ Household chores (cleaning, laundry, etc.)
   - [ ] __ Community safety
   - [ ] __ Communication skills (ability to express oneself to others)
   - [ ] __ Substance Abuse education
   - [ ] __ Decision making/ goal setting/problem-solving skills
   - [ ] __ Friendships and social relationships
   - [ ] __ Meal planning, preparation, & cleaning up
   - [ ] __ Money management skills
   - [ ] __ Personal care needs (grooming, shaving, dressing skills etc.)
   - [ ] __ Disability knowledge/self-advocacy
   - [ ] __ Recreational/leisure skills
   - [ ] __ Safe sexual behavior and sexual health education
   - [ ] __ Shopping skills (comparison shopping, handling money, etc.)
   - [ ] __ Assistive technology
   - [ ] __ Travel skills (pedestrian, public &/or private transportation)
   - [ ] __ Vocational and career exploration (opportunities to experience and learn about several different types of careers and/or jobs
   - [ ] __ Health care management
   - [ ] __ Toileting
   - [ ] __ Other: _________________________________________________________
Future Post-Secondary Education / Training / Lifelong Learning

5. Future education goals for my son/daughter will be:
   □ Four year college/University
   □ Community College
   □ Vocational technical school
   □ On-the-job training
   □ Adult-continuing education/Community sponsored classes
   □ Job Corps
   □ Don’t know
   □ Other: _______________________________________________________________

Employment and Career Training

6. I think my son/daughter will work in:
   □ Full-time competitive employment (find and keep a job on his/her own w/o support)
   □ Part-time competitive employment
   □ Supported employment (community job for real wages with supports to find and keep a job)
   □ Military service
   □ Adult Day Services
   □ Volunteer work
   □ Don’t know
   □ I do not expect my son/daughter to work
   □ Other (please specify)__________________________________________

7. What type of work does your son/daughter state that he/she is interested in?
   ____________________________________________________________________
   ____________________________________________________________________

8. Do you feel this is a realistic goal?  □ YES  □ NO

9. What type of employment do you think he/she would enjoy?
   ____________________________________________________________________
   ____________________________________________________________________

10. 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 locating job opportunities
    □ Assistance with application and interview
    □ 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 attendant, etc.)
Future Independent Living Options

11. Five years after school, where do you want your son/daughter to live?
   □ At home
   □ With family – other than parents
   □ In an apartment on their own – alone or with roommate(s) (circle one)
   □ In a supported apartment/living program – alone or with roommate(s)
   □ In a group home
   □ In a foster home
   □ In subsidized housing
   □ Other: ______________________________________________________________

12. Concerns that you have about your son/daughter living on his/her own:
   □ Can’t shop independently
   □ Can’t manage money
   □ Health related concerns
   □ Has been too dependent
   □ Won’t take good care of self (eating, hygiene, etc)
   □ Will be lonely
   □ Will be exploited (sexual, physical, financial)
   □ Other: ______________________________________________________________

Guardianship / Financial Supports / Trusts

13. After graduation/school completion, how do you want your son/daughter to be supported? (check all that apply):
   □ Social Security/ SSI/ SSDI
   □ His/her own wages
   □ Wages and Social Security
   □ Wages and Government Benefits
   □ Government Benefits (food stamps, subsidized housing, etc.)
   □ Your financial support
   □ I don’t know

14. Do you think that when your son/daughter turns 18 years old, he/she will:
   □ Be his or her own legal guardian
   □ Need a guardian/conservator for financial decisions
   □ Need a guardian/conservator for medical decisions
   □ Need an advocate or personal representative
   □ Need a medical proxy
   □ Need Power of Attorney
   □ Need a legal guardian appointed
   □ Not sure/don’t know

15. Have you prepared (trust fund/special needs trust) for the future support for your son/daughter? □ YES □ NO

16. Have you prepared a will that includes plans for your son/daughter? □ YES □ NO
Transportation

17. Do you think your son/daughter will get a driver’s license? □ YES □ NO

18. After graduation/school completion, will your son/daughter travel around town by:
   □ _____Bicycle
   □ _____Walk
   □ _____Public Transportation – (bus, commuter rail, etc.)
   □ _____His/her own car
   □ _____City cab
   □ _____Get rides in the family car or with friends
   □ _____Other: _______________________________

Recreation and Leisure

19. When my son/daughter graduates/completes school, I hope he/she will be involved in:
   (check all that apply):
   □ Recreational activities that he/she does alone
   □ Activities with friends
   □ Friends with disabilities
   □ Friends without disabilities
   □ Organized recreational activities (clubs, team sports)
   □ Integrated activities (team members with and without disabilities)
   □ Classes (to develop hobbies, and explore areas of interest)
   □ Other: ____________________________

20. After graduation/school completion, do you feel your son/daughter will probably:
   (check all that apply)
   □ Get married
   □ Have a boy/girlfriend, but no marriage
   □ Have a committed relationship/life partner
   □ Have children
   □ Have very little romantic or social contact with a boy/girlfriend
21. Please check the following adult services that you either **aware of**, **involved with**, or **need more information** about:

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<thead>
<tr>
<th>AGENCY</th>
<th>Aware Of</th>
<th>Involved With</th>
<th>Need more information</th>
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<tbody>
<tr>
<td>Vocational/Employment Rehabilitation Services</td>
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<td>Department of Disabilities Services (DDS)</td>
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<td>Health Care and/or Health Insurance</td>
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<td>Adult Social Security Benefits</td>
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<td>Working and Collecting Social Security Benefits – Programs Offered</td>
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<td>Centers for Independent Living</td>
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<td>Post Secondary Options for Adults with Disabilities</td>
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<td>Community Employment Resources</td>
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<td>Government Assistance (food stamps, subsidized housing, etc.)</td>
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<td>Attorney or Planning Services for Guardianship/Conservatorship/Power of Attorney</td>
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<td>Attorney or Planning Services for Financial Options for Your Child - wills, trusts, etc.</td>
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<td>Transportation Services</td>
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<td>Respite Care</td>
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<td>Mentor Programs</td>
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<td>Parent/Family Support</td>
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<td>Services for the Blind</td>
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<td>Mental Health Services</td>
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<td>Services for the Deaf and Hard of Hearing</td>
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**Comments/Questions/Concerns:**

22. Please let us know other transition related concerns you may have as your child moves from public education to adult services.

________________________________________________________________________
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*Thank you for completing this survey. We look forward to assisting you and your child seamlessly transition from public school to adult services.*