TRANSPORT ASSESSMENT SURVEY FOR PARENTS

Dear Parents,
As your son or daughter moves closer to graduation, it is important to begin to plan for his/her future. At the next meeting the IEP team will develop a transition component for your child’s Individualized Education Program. The transition component will identify future goals for your son/daughter and ways to support him/her in reaching these goals. We would like to see all our students become productive members of society. Your input and involvement is critical. Please take a few minutes to complete this Transition Assessment. Think of your son/daughter as an adult after graduation and identify your dreams/goals for him/her.

Student Name: _____________________________  Parent Name: ______________
Initial Date: _______________________________  Updated: __________________

Employment:
I think my son/daughter could work in:

- Full time regular job (competitive employment)
- Part time regular job (competitive employment)
- A job that has support and is supervised, full or part time (supported employment)
- Military Service (Branch: _________________________)
- Volunteer Work
- Other: ________________________________________

My son's/daughter's strengths in the area of employment are:

My son/daughter seems to be interested in working as:

When I think of my son/daughter working, I am afraid that:

To work, my son/daughter needs to develop job-related skills in:

Post-Secondary Education/Training:
Future education/training for my son/daughter should include (check all that apply):

- College or University (4-year degree)
- Community College (2-year degree or certification program)
- Vocational Training at a Vocational School
- On-the-Job Training
- Adult Basic Education classes at the Community College
- Compensatory Education classes at the Community College
- Life Skills classes
- Other: ________________________________________

My son's/daughter's educational strengths are:
To attend post-secondary education/training, my son/daughter will need to develop skills in:

**Independent Living:**
After graduation my son/daughter will live:
- On his/her own in a house or an apartment
- With a roommate
- In a supervised living situation (group home, supervised apartment)
- With parents
- With other family members
- Other: ________________________________

My son/daughter's strength(s) in the area of independent living are:

When I think about where my son/daughter will live in the future, I am afraid that:

To live as independently as possible, my son or daughter needs to develop skills in:

**Community Participation:**
When my son/daughter graduates, I hope he/she is involved in (check all that apply):
- Independent recreational activities
- Activities with friends
- Activities with family members
- Organized recreational activities (club, team sports)
- Classes (to develop hobbies, and explore areas of interest)
- Supported and supervised recreational activities
- Accessing community services/businesses
- Other: ________________________________

During free time, my son or daughter enjoys:

My son/daughter's strength(s) in the area of community participation are:

When I think of the free time my son or daughter will have after graduation, I am afraid that:

To be active and enjoy leisure time, my son or daughter needs to develop skills in:

**Transportation:**
When my son/daughter graduates, he/she will (check all that apply):
- Have a driver's license and a car
- Walk, or ride a bike
- Use transportation independently (bus, taxi, train)
☐ Use supported transportation (family, service groups, car pool, special program)
☐ Other: ______________________________

My son's/daughter's strength(s) in the area of transportation are:

When I think of my son/daughter traveling around the community I worry about:

To access transportation my son/daughter needs to develop skills in:

Review items in the following three areas. Please identify areas in which your son or daughter needs information/support.

**Social/Interpersonal:**
- Making friends
- Setting goals
- Family relationships
- Handling legal responsibilities
- Handling anger
- Communicating his or her needs/wants
- Relationships with the opposite sex
- Counseling
- Other: ______________________________

**Personal Management:**
- Hygiene
- Safety
- Mobility/transportation
- Domestic skills
- Money management/budgeting
- Time/time management
- Personal care
- Other: ______________________________

**Health:**
- Ongoing care for a serious medical condition
- Sex education
- AIDS awareness
- Information on drug/alcohol abuse
- Other: ______________________________