

Parent Transition Assessment

Student Name: Student ID#:

School: Grade: DOB: Person Completing Survey: Relationship to Student: This is to help you think about what you want your student to do when he or she finishes high school. Each

year this information will be updated to reflect your changing perspective on what you want your child to do as he/she gets closer to exiting school. This information will also serve as a guide to his/her teachers in deciding which classes and educational experiences he or she should have to help him/her be successful in the kind of life he/she wants to have after high school.

# Education

* 1. What graduation plans do you have for your student?

 General Diploma

 Core 40 Diploma

 Certificate of Completion

* 1. Are you aware of the graduation requirements for each of the above?
	2. Special Education support your student needs: Current In High School

Not Sure

Co-taught classes Basic Skills classes Consultation

Self-contained classes

Refer to community agencies

* 1. What are you expecting your student to do after high school?

 Attend college/trade school

 Work full or part time

 Military

 Supported employment

 Adult day services program

* 1. Are you aware of the requirements needed to meet your student’s post-high school expectations?
	2. Are you aware of community supports/agencies to help with post-high school plans?
	3. Did you receive “Taking the Next Step”?

# Employment

* 1. What type of job do you see your student having after his/her education is completed?
	2. What job skills will your child need help in developing?

 Filling out an application

 Developing a resume

 Interviewing for a job

 Knowing where to look for a job

 Using transportation to get to a job

# Independent Living

* 1. What chores does your student do regularly at home?
	2. Where do you expect your student to live after high school?

 With family

 In own apartment/home

 in a group home

 Other:

* 1. What help will your student need to live in the option you have chosen?

 Managing/budgeting money

 Managing a bank or checking account

 Shopping for clothes or food

 Personal care

 Finding/using transportation

 Housekeeping

 Clothing care

 Employability training

 Supported employment

 Supervised living

# Recreation and leisure activities

* 1. What does your student do in free time?
	2. What kind of help, if any, do you think your child may need to participate in preferred activities?

# Other

* 1. Problems your child may encounter in transition to high school:
	2. What other information (i.e. medical, legal, social) would be helpful to know as your child enters high school?

 Other:

Adapted from the SBSC Parent assessment tool