

ASSESSMENT

Transition Planning Questionnaire

Survey Administration:

The questionnaire may be sent to the parent/guardian to complete as a survey or may be used in an interview format. Use the individualized information for each student to develop an IEP that is strength-based and outcome-oriented.

SKILLS and STRENGTHS:

1. What entertainment activities does _____ (Child's Name) like to do at home?
2. What types of chores does _____ (Child's Name) do at home? (Circle one)
 - a. By him/herself?
 - b. With others?
3. What does _____ (Child's Name) not like to do at home?
4. If you could identify one thing you wish _____ (Child's Name) could do at home to help him/herself, what would it be?
5. What is the length of time _____ (Child's Name) able to stay on task at home for the different activities listed below:
 - a. Entertainment activities: _____
 - b. Chores: _____
6. Would you say, _____ (Child's Name) works at a (Circle One):
 - a. Slow Pace
 - b. Medium Pace
 - c. Fast Pace
7. What do you believe are _____ (Child's Name) strengths?
8. What equipment or tools does _____ (Child's Name) use at home?
9. What do you think are _____ (Child's Name) greatest learning accomplishments?
 - a. At home: _____
 - b. At school: _____
10. What teaching strategies have you found the most successful at home?

INTERESTS

11. What hobbies, talents, and interests does your child have?
12. What type of activities do _____ (Child's Name) and your family do in the community?
13. Of the community activities, which is your child's favorite and why?
14. What are your child's favorite subjects at school and why?

DREAMS FOR THE FUTURE

15. What do you believe would be a good job match for your child following graduation from high school?
16. What academic and social skills do you believe are most needed by your child for a good job match for your child?
17. How will your child get to work if they are not able to drive themselves?

18. Where do you see your child living 5 years after graduation from high school? What about 10 years after graduation from high school?
19. What support system would you like for your child following graduation from high school, besides the immediate family?

AGENCY CONNECTIONS

20. Are you aware of the adult agencies that support individuals with disabilities after public school? Yes No
21. Is your child a client of an outside agency? (Which ones: _____)
22. Are you interested in learning more about outside agencies that support children and adults with disabilities? Yes No

BARRIERS TO THE DREAM

23. What is your nightmare for your child following graduation from high school?

PARENT/GUARDIAN INFORMATION

24. What information/training would help you support your child's progress toward his/her future goals and your future goals for your child?
25. Is there any additional information you think would be useful in planning your child's education that will help meet your goals for your child after high school? Or any concerns not previously addressed?