

PARENT/GUARDIAN TRANSITION INTERVIEW

STUDENT: _____ CAMPUS/GRADE: _____
CASE MGR: _____ INTERVIEW DATE: _____

PARENT/
GUARDIAN: _____ PHONE: _____

PLEASE ANSWER ALL BULLETED QUESTIONS!

- When do you anticipate your child will graduate from high school? (e.g., Spring 2017)

EMPLOYMENT

- What type of employment situation do you think would be best for your child?
____ Supported Employment (job coach assistance)
____ Sheltered Employment (workshop setting)
____ Independent Employment
____ Other: _____
____ None – Employment is not desired or not appropriate for your child
- What kind of support/help would be needed by your child to be employed after high school?
- How would your child get to and from work? (public transportation, family, friend, etc.)

EDUCATION & TRAINING

- Would you want your child to go on to school or further training after leaving high school? If so, what type of school/training? (community college, continuing education, special classes, vocational training, workshop setting)
- If your child would want to go on to school, what would be the best situation and what help (if any) would he/she need?

INDEPENDENT LIVING

- Where will your child live immediately after leaving school?
 Home Group Home Apartment Supervised Apt.
 Relatives Dorm With Friends Other:
- Where would you want your child to be living 5 years after leaving school?
 Home Group Home Apartment Supervised Apt.
 Relatives Dorm With Friends Other:
- What type of support/help (if any) would be needed for your child to live where he/she wants?
- If your child is 18 or older, do you have legal guardianship?
- If your child is under 18, do you anticipate obtaining legal guardianship at 18?
- In which of the following areas does your child HAVE age appropriate skills?

<input type="checkbox"/> budgeting	<input type="checkbox"/> maintenance of a household
<input type="checkbox"/> cooking	<input type="checkbox"/> self-help (grooming, dress, hygiene)
<input type="checkbox"/> communication skills	<input type="checkbox"/> recreation/leisure skills
<input type="checkbox"/> community safety	<input type="checkbox"/> menu planning
<input type="checkbox"/> caring for personal health	<input type="checkbox"/> accessing medical assistance
<input type="checkbox"/> accessing legal assistance	<input type="checkbox"/> shopping
<input type="checkbox"/> money skills	<input type="checkbox"/> use of banking services
<input type="checkbox"/> use of credit	<input type="checkbox"/> accessing transportation services
<input type="checkbox"/> personal relationships	<input type="checkbox"/> caring for others (babysitting, parents)
<input type="checkbox"/> making friends	<input type="checkbox"/> accessing community services
<input type="checkbox"/> other _____	
- In which of the following areas does your child NEED training for age appropriate skills?

<input type="checkbox"/> budgeting	<input type="checkbox"/> maintenance of a household
<input type="checkbox"/> cooking	<input type="checkbox"/> self-help (grooming, dress, hygiene)
<input type="checkbox"/> communication skills	<input type="checkbox"/> recreation/leisure skills
<input type="checkbox"/> community safety	<input type="checkbox"/> menu planning
<input type="checkbox"/> caring for personal health	<input type="checkbox"/> accessing medical assistance
<input type="checkbox"/> accessing legal assistance	<input type="checkbox"/> shopping
<input type="checkbox"/> money skills	<input type="checkbox"/> use of banking services
<input type="checkbox"/> use of credit	<input type="checkbox"/> accessing transportation services
<input type="checkbox"/> personal relationships	<input type="checkbox"/> caring for others (babysitting, parents)
<input type="checkbox"/> making friends	<input type="checkbox"/> accessing community services
<input type="checkbox"/> other _____	

RECREATION / LEISURE

- Which of the following community organizations does your child currently access?
 religious organization of choice
 athletic/recreation club
 Special Olympics
 school athletics/clubs/extracurricular activities
 family activities including: _____
 other: _____
- After leaving school, what types of things would your child want to do to have fun?
- What type of support/help (if any) would be needed for your child to participate in social activities after leaving school?

AGENCY INVOLVEMENT

- With what non-school or community agencies/services are you currently in contact?
- Is your child currently receiving services, or on an interest list for, a Medicaid Waiver program? (HCS, CLASS, TxHmL, MDCP)
- What non-school agencies/services do you feel would be of value in transition planning with your child?

ANTICIPATED SERVICES NEEDED

Which of the following services are you currently in need of?

- | | | |
|---|--|---|
| <input type="checkbox"/> employment placement | <input type="checkbox"/> case management | <input type="checkbox"/> counseling |
| <input type="checkbox"/> respite care | <input type="checkbox"/> income support | <input type="checkbox"/> guardianship |
| <input type="checkbox"/> adult education | <input type="checkbox"/> recreation services | <input type="checkbox"/> medical services |
| <input type="checkbox"/> vocational training | <input type="checkbox"/> residential placement | <input type="checkbox"/> transportation |
| <input type="checkbox"/> SSI | <input type="checkbox"/> dental services | |
| <input type="checkbox"/> other: _____ | | |

Which of the following services do you anticipate your child to need after he/she leaves high school?

- | | | |
|---|--|---|
| <input type="checkbox"/> employment placement | <input type="checkbox"/> case management | <input type="checkbox"/> counseling |
| <input type="checkbox"/> respite care | <input type="checkbox"/> income support | <input type="checkbox"/> guardianship |
| <input type="checkbox"/> adult education | <input type="checkbox"/> recreation services | <input type="checkbox"/> medical services |
| <input type="checkbox"/> vocational training | <input type="checkbox"/> residential placement | <input type="checkbox"/> transportation |
| <input type="checkbox"/> SSI | <input type="checkbox"/> dental services | <input type="checkbox"/> day activity program |
| <input type="checkbox"/> other: _____ | | |

GENERAL INFORMATION

- What are your greatest concerns for your child’s program at the present time?

- What are your greatest concerns for your child after he/she leaves high school?

Parent/Guardian Signature

Date