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

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

employment placement  case management  counseling
respite care  income support  guardianship
adult education  recreation services  medical services
vocational training  residential placement  transportation
SSI  dental services
other:_________________________________________________________
Which of the following services do you anticipate your child to need after he/she leaves high school?

- employment placement
- respite care
- adult education
- vocational training
- SSI
- 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