

Colonial Intermediate Unit 20

Family/Caregiver Transition Planning Survey

Date completed: _____

Student Name: _____ Age: _____ Year of Graduation: _____ Case Manager: _____

Dear Parents,

As your child enters into the transition phase of his/her school years (14-21), the IEP team is required to determine the post secondary goals your child will be pursuing in order to develop an appropriate transition plan in your child's IEP. This survey is a way to start collecting information to plan for your child's future after graduation. This information will be used to identify your child's post-secondary goals and assist in planning and developing your son/daughter's IEP. You may also choose to suggest potential objectives you would like to see included in your child's IEP that you feel will help him/her better meet his/her transition goals. This survey will be reviewed annually, so you will be able to make adjustments as your son/daughter matures and/or his/her plans change. If you have any questions, please call your child's teacher or the transition program specialist.

1. What are your son/daughter's strengths? _____

2. How do you feel the school can help build on these strengths? _____

3. How does your son/daughter communicate? _____

4. In relation to mobility, how does your son/daughter access his/her environment? _____

5. Does your son/daughter have any special interests that are work-related? If so, what? _____

6. Does your son/daughter have any chores to do at home? If so, what? _____

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7. List any behaviors your child may exhibit, the function of the behavior, and include strategies that are most effective, (i.e. hitting self is an expression of anger and best dealt with by refocusing on something else, kicking wheelchair is a form of communication which tells us he wants to be moved, etc.) _____

8. There are three areas related to transition in the IEP. They are post secondary education and training, employment, and independent living. We need to address these areas in your son/daughter's IEP. Please check below, which goal statement in each area best describes your son/daughter's plans after graduation.

POST-SECONDARY EDUCATION OR TRAINING

The student wants to attend:

- _____ A day habilitation program through an adult service provider
- _____ A home/community habilitation program through an adult service provider focusing on his/her life goals
- _____ A college experience program focusing on learning life skills on a college campus
- _____ On-the-job training with the assistance of a job coach
- _____ A vocational training program in a specific field
- _____ A community college for nonacademic courses
- _____ A community college or other two year college

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_____ A community college prior to continuing in a four-year program

_____ A four-year college or university but is unsure of what field he/she will pursue

_____ A four-year college or university to gain a degree in a specific field

Suggested objectives you would like to see in the IEP related to post-secondary education or training (optional):

EMPLOYMENT

The student wants:

_____ Pre-vocational services through an adult service provider (formally a sheltered workshop)

_____ Volunteering in the community (in conjunction with home/community habilitation or day habilitation program)

_____ Small group employment through an adult service provider

_____ Competitive supported employment, and you anticipate the need for short-term job coach supports (i.e. through OVR or private pay), specify job of interest: _____

_____ Competitive supported employment, and you anticipate the need for long-term job coach supports (i.e. through OVR and ODP or OVR and private pay), specify job of interest: _____

_____ Pursue advanced supported employment (Discovery, Customized Employment)

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_____ To be independently employed, but does not know in what field

_____ To be independently employed and knows the field he/she wants to study or pursue, specify field/job: _____

_____ Due to the nature or complexity of the young adult's disability, employment is not being considered as an option at this time

Suggested objectives you would like to see in the IEP related to employment (optional):

INDEPENDENT LIVING

Student wants to:

_____ Live at home with family

_____ Live in a group home

_____ Live in a home with non-family based support (Life Sharing)

_____ Live in a specialized care facility

_____ Live in a supervised living arrangement (supported living)

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_____ Live with a support roommate

_____ Live with a friend

_____ Live independently without support

_____ Live in a dorm room while attending post-secondary education

_____ Live on a military base

_____ Other, please specify: _____

Suggested objectives you would like to see in the IEP related to independent living (optional):

INDEPENDENT LIVING-COMMUNITY PARTICIPATION and RECREATION

The student or family wants:

_____ Community access with a provider

_____ Community access with the support of family or friends for accessing services of choice, specify services: _____

_____ To be independent in the community with support for transportation to access services of choice, specify

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services: _____

_____ To be independently mobile in the community and access services of choice, specify services: _____

_____ Other, please specify: _____

The student has:

_____ Participated/participates with group activities supported by a provider, specify activities: _____

_____ Identified activities of choice to do with a provider, specify activities: _____

_____ Identified activities of choice to do with family or friends, specify activities: _____

_____ Identified specific community facilities to join for recreation services, specify facilities or organizations: _____

_____ Identified specific recreation activities of choice and can participate independently, specify activities: _____

9. Does your son/daughter have any behaviors that might interfere with him/her obtaining their post-secondary goals? Please describe _____

10. Does your son/daughter have any medical conditions that might interfere with him/her obtaining their post-secondary goals? Please describe _____

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11. Does your child require a nurse? _____ If so, will these services continue after graduation? _____

12. Do you have any outside agency support? _____ If so, who _____

13. Does your son/daughter currently receive SSI or SSDI? _____

14. Do you desire assistance from the school in linking up with agencies that may be able to help your son/daughter after graduation? _____

15. What are your priorities when planning for your son/daughter's future? _____

Additional information (optional):

Person(s) completing form: _____ Signature: _____ Date: _____

_____ Signature: _____ Date: _____