Transition Planning Questionnaire

*This document was shared by Nicole Seeley, Assistant Director of Special Services, USD260*

*As part of the TASN ATBS Month-by-Month Approach to Transition Book Study*

Introduction:

This questionnaire was designed to help parents, students with disabilities, and their families begin to think about the future of their child. The information you provide will help teachers, VR counselors, school counselors, and adult service staff to better understand you and your child’s expectations and future.

**I. EDUCATION**

1. Type of special education program your son/daughter is in:

\_\_\_\_\_ Functional \_\_\_\_\_ Learning disabilities/Interrelated

\_\_\_\_\_ PBIS \_\_\_\_\_ Life Skills

2. How old is your son/daughter now? \_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. At what age do you anticipate or plan for your son/daughter to **graduate or leave school?**

\_\_\_\_\_ age 18 \_\_\_\_\_ age 19 \_\_\_\_\_ age 20 \_\_\_\_\_ age 21 \_\_\_\_\_ uncertain

4. In what area does your child have the greatest needs? Please check all that apply. Of those checked, please rank the top 5 areas. Rank: 1- most important to 5- least important.

\_\_\_\_\_ academic skills needed for postsecondary education

\_\_\_\_\_ basic academic skills (reading, writing, arithmetic)

\_\_\_\_\_ cleaning house

\_\_\_\_\_ communication skills (ability to express oneself to others)

\_\_\_\_\_ drug education

\_\_\_\_\_ decision making/ goal setting/ skills for self-advocacy

\_\_\_\_\_ friendships and social relationships

\_\_\_\_\_ meal planning, preparation, & cleaning up

\_\_\_\_\_ money management skills

\_\_\_\_\_ personal care/hygiene needs (grooming, shaving, dressing skills etc.)

\_\_\_\_\_ problem-solving skills

\_\_\_\_\_ recreational/leisure skills

\_\_\_\_\_ shopping skills (comparison shopping, handling money, etc.)

\_\_\_\_\_ travel/transportation skills (pedestrian, public &/or private transportation)

\_\_\_\_\_ vocational and career exploration

\_\_\_\_\_ washing clothes, folding, etc.

\_\_\_\_\_ taking medications

\_\_\_\_\_ ambulating (walking, using wheelchair, etc.)

\_\_\_\_\_ Comments if you feel that your child’s needs are not described above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**II. FUTURE EDUCATION**

1. Future education for my son/daughter will be:

\_\_\_\_\_ Four year college/university

\_\_\_\_\_ Community college/junior college

\_\_\_\_\_ Vocational technical school

\_\_\_\_\_ On-the-job training

\_\_\_\_\_ Adult education classes

\_\_\_\_\_ Not applicable

\_\_\_\_\_ Don’t know

\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. CAREER & EMPLOYMENT**

1. I think my son/daughter will work in:

\_\_\_\_\_ Full-time competitive employment *(find and keep job, could use job coach in beginning)*

\_\_\_\_\_ Part-time competitive employment *(find and keep job, could use job coach in beginning)*

\_\_\_\_\_ Supported employment *(continuous support from job coach)*

\_\_\_\_\_ Military service

\_\_\_\_\_ Sheltered workshop

\_\_\_\_\_ Don’t know

\_\_\_\_\_ I do not expect my son/daughter to work (skip to # 7 below)

\_\_\_\_\_ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What type of work does your son/daughter state that he/she is interested in?: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you feel this is a realistic goal? \_\_\_\_\_YES \_\_\_\_\_NO

4. What type of employment do you think he/she would enjoy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are accommodations needed in the workplace for your son/daughter? \_\_\_\_\_YES \_\_\_\_\_NO

6. What type of support or assistance do you think your son/daughter will need in finding and

maintaining a job? (Check all that apply.)

\_\_\_\_\_ will not need any support

\_\_\_\_\_ help finding a job

\_\_\_\_\_ assistance only when problems or new situations arise

\_\_\_\_\_ time-limited support to learn the job (extra training)

\_\_\_\_\_ long-term support needed to learn the job (ongoing training)

\_\_\_\_\_ ongoing support to perform the job (personal care attendant, etc.)

7. If you do not expect your son/daughter to work, what do you expect them to do after they graduate from or leave school? Examples include stay home with family, assisted living facility, or enroll in a day program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. FUTURE LIVING OPTIONS**

1. Five years after school, where do you want your son/daughter to live?

\_\_\_\_\_ at home

\_\_\_\_\_ in an apartment on their own – alone or with roommate(s) *(circle one)*

\_\_\_\_\_ in a supported apartment/living program – alone or with roommate(s)

\_\_\_\_\_ in a group home

\_\_\_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Concerns that you have about your son/daughter living on his/her own:

\_\_\_\_\_ Shopping on own

\_\_\_\_\_ Money management

\_\_\_\_\_ Apartment furnishings

\_\_\_\_\_ Time management

\_\_\_\_\_ Too dependent

\_\_\_\_\_ Hygiene

\_\_\_\_\_ Loneliness

\_\_\_\_\_ Taken advantage of by others

\_\_\_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. FINANCES, WILLS & TRUSTS, GUARDIANSHIP**

1. After graduation, how do you want your son/daughter to be supported? (check all that apply):

\_\_\_\_\_ Social Security *(SSI or SSDI)*

\_\_\_\_\_ Community supported living

\_\_\_\_\_ His/her own wages

\_\_\_\_\_ General relief (food stamps, etc.)

\_\_\_\_\_ Your financial support

\_\_\_\_\_ I don’t know

2. Do you think that when your son/daughter turns 18 years old, he/she will be:

\_\_\_\_\_ his or her own legal guardian

\_\_\_\_\_ will need a conservator for financial decisions

\_\_\_\_\_ will need an advocate or personal representative

\_\_\_\_\_ will need a legal guardian appointed

\_\_\_\_\_ could he/she benefit from assistance of an agent under durable power of attorney

\_\_\_\_\_ not sure/don’t know

3. Have you prepared a special needs trust for the future for your son/daughter? \_\_\_\_\_YES \_\_\_\_\_NO

4. Do you have a plan for funding a special needs trust for you son/daughter? \_\_\_\_\_YES \_\_\_\_\_NO

5. Have you prepared a will that includes plans for your son/daughter? \_\_\_\_\_YES \_\_\_\_\_NO

**VI. TRANSPORTATION**

1. Do you think your son/daughter will get a driver’s license? \_\_\_\_\_YES \_\_\_\_\_NO

2. After graduation, will your son/daughter travel around town by:

\_\_\_\_\_ bicycle \_\_\_\_\_ walk \_\_\_\_\_ carpool \_\_\_\_\_ city bus \_\_\_\_\_ his/her own car \_\_\_\_\_ city cab

\_\_\_\_\_getting rides in the family car or with friends \_\_\_\_\_other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How will your son/daughter go to the doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How will your son/daughter get to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. HealthCare**

1. Who are the physicians with their specialties of your son/daughter? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Can your son/daughter make his/her own medical decisions? \_\_\_\_\_YES \_\_\_\_\_NO

3. Will you need to change from pediatric healthcare to adult healthcare providers? \_\_\_\_\_YES \_\_\_\_\_NO

If so, who will need to change? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you think your son/daughters medications would keep him/her from working? \_\_\_\_\_YES \_\_\_\_\_NO

5. Would it be important to notify the coworkers or supervisors of your son/daughter

about his/her seizures or any other symptoms? \_\_\_\_\_YES \_\_\_\_\_NO

7. Would your son/daughter carry his/her own insurance/Medicaid card? \_\_\_\_\_YES \_\_\_\_\_NO

8. Does your son/daughter remember on own to take medications? \_\_\_\_\_YES \_\_\_\_\_NO

9. Would your son/daughter remember to refill medications? \_\_\_\_\_YES \_\_\_\_\_NO

If yes would he/she be able to know when, where, how to fill them? \_\_\_\_\_YES \_\_\_\_\_NO

10. Will your son/daughter continue on any of your family’s medical insurance? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, how long can he/she stay on it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will pay premiums? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. RECREATION AND LEISURE**

1. When my son/daughter graduates, I hope he/she will be involved in:

\_\_\_\_\_ Recreational activities that he/she does alone

\_\_\_\_\_ Activities with friends

\_\_\_\_\_ Organized recreational activities (clubs, team sports)

\_\_\_\_\_ Only for people with disabilities

\_\_\_\_\_ Integrated activities (team members with and without disabilities)

\_\_\_\_\_ Classes (to develop hobbies, and explore areas of interest)

2. After graduation, do you feel your son/daughter will probably: (check all that apply)

\_\_\_\_\_ Get married

\_\_\_\_\_ Have a boy/girl friend, but no marriage

\_\_\_\_\_ Have Children

\_\_\_\_\_ Have very little romantic or social contact with the opposite sex

**VIII. ADULT SERVICES**

1. Please check the following services that you are **aware of**.

2. Next, indicate which of these services you **have contacted** or had contact with in the past.

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Finally, and indicate the services if you would **like more information**. **Services** | **Aware of** | **Contacted** | **More Info** |
| 1. Vocational Rehabilitation | | | |
| 2. Sedgwick County Developmental Disabilities | | | |
| 3. Social Security Administration | | | |
| 4. Medicaid | | | |
| 5. Independent Resource Center | | | |
| 6. Adult Living Centers | | | |
| 7. Disability Services at post secondary school | | | |
| 8. SNAP (food stamps) | | | |
| 9. Sheltered Workshops | | | |
| 10. Day Programs | | | |
| 11. Summer Camps | | | |
| 12. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |