

PEORIA UNIFIED SCHOOL DISTRICT

# ANNUAL TRANSITION PARENT SURVEY

Disability Awareness and Adult Services  
Adult Living  
Health and Wellness  
Career and Education

# PUSD Annual Transition Survey - Parent

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Completed by: \_\_\_\_\_

Dear Parents or Caregivers,

We have created this annual survey to gather information that will assist your student in creating a relevant and achievable Transition Plan. Transition planning is a required component of high school IEPs and the process is designed to facilitate student and family preparedness for adult living. Please take a moment to complete this survey so we can better assist you and your student in this endeavor. You can begin to learn more about transition by visiting the National Secondary Transition Technical Assistance Center at <http://www.nsttac.org/content/students-families> or by asking your students' special education case manager. Thank you for your assistance.

## DISABILITY AWARENESS and ADULT SERVICES

1. What is your son or daughter's Disability?

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2. What type of support, accommodations or specialized instruction does your son or daughter currently receive in school?

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3. Once your son or daughter has completed the minimum requirements needed for graduation, will he or she accept a diploma? Yes No **If No, Explain:**

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4. After graduation, how will your son or daughter support themselves financially?  
(Check all that apply).

- Social Security, SSI, SSDI
- His or her own wages
- General relief (i.e. food stamps, subsidized housing)
- Parent provided financial support
- I don't know

5. When your son or daughter turns 18 years old, will he or she:

- Become his or her own **Legal Guardian**
- Need a **Conservator** for financial decisions
- Need an **Advocate** or **Personal Representative**
- Need a **Legal Guardian** appointed
- Not sure/don't know

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6. Five years after high school, where do you want your son or daughter to live?
- In my home
  - In an apartment or house of their own – alone or with roommates (circle one).
  - In a supported apartment/living program – alone or with roommates (circle one).
  - In a group home
  - In subsidized housing
  - Other: \_\_\_\_\_
7. Please check the following services that you are **AWARE OF**. Next, indicate which of these services you have **CONTACTED**. Finally, indicate the services you for which would like **MORE INFORMATION**.

Services	Aware Of	Have Contacted	More Information Needed
Vocational Rehabilitation (VR)			
Division of Developmental Disabilities (DDD)			
Social Security Administration			
YATTP (if DDD eligible)			
Arizona Health Care Cost Containment System (AHCCCS)			
Mental Health Center Programs (Magellan)			
Goodwill			
Maricopa County Workforce Connections One Stop Centers			
Employment Networks (i.e. Ticket To Work- Social Security)			
Raising Special Kids			
Parent Information Network (PINs)			
Arizona Department of Economic Security			
Other:			

Do you have a DDD or VR support coordinator? Yes No

Do you have a Magellan or SSI/SSDI support Coordinator? Yes No

May we invite your coordinator to IEP meetings? Yes No

Coordinator Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ ) Parent or Guardian initials

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8. Does your son or daughter demonstrate **EFFECTIVE COPING SKILLS** and **FLEXIBILITY** in the following situations: (Check all that apply)

- Changes to routines
- Meeting new people, teachers or service providers
- Asking for help or assistance
- Responding appropriately to exchanges from others
- Awareness and regard for strangers or unfamiliar people
- Responding to environmental cues (sirens, alarms, signs, etc.)
- Appropriately making and receiving telephone calls
- Describing details and responding to questions
- Maintaining a healthy life style
- Accepting criticism or critique
- Interpreting contracts and written agreements
- Organization and time management
- Active participation in community or social events
- Planning and preparing for future events, projects, or personal needs
- Advocating for needed accommodations or support

9. In what area does your son or daughter have the **GREATEST NEEDS**? Please check all that apply. Of those checked, please rank the top five areas. Rank: 1-most important to 5-least important.

- Academic skills needed for postsecondary education \_\_\_\_\_
- Basic academic skills (reading writing, math) \_\_\_\_\_
- Cleaning house \_\_\_\_\_
- Communication skills (ability to express oneself to others) \_\_\_\_\_
- Decision making, goal setting, and skills for self-advocacy \_\_\_\_\_
- Friendships and social relationships \_\_\_\_\_
- Meal planning, preparation and clean up \_\_\_\_\_
- Money management skills \_\_\_\_\_
- Personal care needs (i.e. grooming, shaving, dental hygiene, dressing skills) \_\_\_\_\_
- Problem-solving skills \_\_\_\_\_
- Puberty and sex education \_\_\_\_\_
- Drug education \_\_\_\_\_
- Shopping skills (comparison shopping, handling money) \_\_\_\_\_
- Travel skills (pedestrian, public transportation, private transportation) \_\_\_\_\_
- Laundry (washing clothes, folding) \_\_\_\_\_
- Procurement of community services \_\_\_\_\_
- Medical care \_\_\_\_\_
- Leisure activities and recreation \_\_\_\_\_
- Vocational and career exploration (opportunities to experience and learn about several different types of careers or jobs) \_\_\_\_\_

## ADULT LIVING

10. List chores your son or daughter routinely performs at home.

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Student Name:

Date:

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11. List household appliances your son/daughter can operate. (Please indicate the level of supervision or assistance if any).

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12. Does your son or daughter have their own bank account: Checking Savings Credit Card  
Does he or she manage the account independently? Yes No Not Expected N/A

13. Is your son/daughter able to prepare simple meals independently? Yes No Not Expected  
a. Is this an interest or skill area? \_\_\_\_\_

14. Is your son or daughter able to complete simple household repairs? Yes No Not Expected  
a. Is this an interest or skill area? \_\_\_\_\_

15. Is your son or daughter able to complete the following consumer related tasks (check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Grocery Shopping            | <input type="checkbox"/> Clothes Shopping           |
| <input type="checkbox"/> Get a haircut               | <input type="checkbox"/> Manage a bank account      |
| <input type="checkbox"/> Schedule appointments       | <input type="checkbox"/> Locate and acquire housing |
| <input type="checkbox"/> Get around in the community | <input type="checkbox"/> NONE/Not Expected          |

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

- Ability to manage money
- Ability to communicate basic wants and needs
- Ability to advocate for needed accommodations
- May be exploited (physically, financially)
- Has been too dependent
- Won't take good care of self
- Ability to cope with frustration
- Will be lonely
- Other: \_\_\_\_\_

### HEALTH and WELLNESS

17. List examples of your son or daughter's good daily hygiene habits.

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18. Does your son or daughter have health issues that require frequent medical monitoring?  
Yes No

19. Does your son or daughter take prescribed medication routinely?  
Yes No

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20. What level of assistance does your son or daughter currently require to manage health issues including taking prescribed medicine?
- Independent
  - Occasional Reminders
  - Frequent Reminders
  - Dependent
21. Will your son or daughter be on your personal insurance after graduation? Yes  No
22. Can your son or daughter make his or her own doctor and dental appointments? Yes No
23. Can your son or daughter describe ways to access additional information in order to make informed choices regarding sexual behavior? Yes No Not Expected
24. Does your student know what to do in an emergency? Please check all that apply:
- Determines if an emergency exists
  - Demonstrates ability to call 911
  - Demonstrates ability to communicate home address, phone number, and major cross streets
  - Demonstrates ability to communicate current location including address or cross streets if out in the community
  - Demonstrates ability to describe emergency information and relevant details/events
  - Demonstrates knowledge of basic first aid (i.e. what to do if cut, burned, electrical injury)
  - None of the above

### CAREER and EDUCATION

25. Following high school, I think my son or daughter will work in:
- Full-time competitive employment, (find and keep a job on his/her own).
  - Part-time competitive employment, (find and keep a job on his/her own).
  - Supported employment (community job with real wages with supports to find and keep job)
  - Sheltered workshop
  - Volunteer work
  - Military Service
  - Participate in a recreational program
  - I do not expect my son/daughter to work
  - Other: \_\_\_\_\_
26. 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
  - Will need 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.)
  - Transportation to and from work.

Student Name:

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27. What type of work or career does your son or daughter state that he or she is interested in?

\_\_\_\_\_

28. Does your son's or daughter's career interest align with your perception of his or her strengths and abilities?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

29. What career pursuits do you believe your son or daughter would enjoy based on your perception of his or her interests, preferences and strengths: \_\_\_\_\_

\_\_\_\_\_

30. Based on your son's or daughter's job or career interests, what future education options will need to be explored (please check all that apply):

- Four year college/ university or beyond
- Community college
- Vocational technical school
- On-the-job training
- Adult education classes
- Not applicable
- Don't know
- Other: \_\_\_\_\_

31. Does your son or daughter have any volunteer experiences:  Yes  No

Please list: \_\_\_\_\_

32. Does your son or daughter have any paid work experiences:  Yes  No

Please List: \_\_\_\_\_

33. What are your sons or daughters favorite pastimes or hobbies?

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

34. Is your son or daughter currently active in community, school, or private clubs, sports teams or organizations:  Yes  No Please List:

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

35. Does your son or daughter have an extended network of support (extended family, siblings, friends, service support, care providers, other)? Please explain:

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

Student Name:

Date:

(PUSD – Apr 2012)

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ADDITIONAL COMMENTS

NOTES

SUMMARY

Student Name:

Date:

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