

## Raleigh County Parent Transition Survey

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the boxes or fill in the blanks for the following questions. This will give us an idea of what your child is interested in doing after graduation. It will also help teachers work with you and your child to plan their Individualized Education Program (IEP), Transition Plan and PEP to help meet their goals.

1. What year does your child plan to graduate? \_\_\_\_\_

2. Does your child have any Job Experience?

- Part-time work       Volunteer work       Work-based learning (school to work)       None  
 Full-time work       Family business       Odd jobs (babysitting, mowing, pet care, paper route, etc.)

3. In what area(s) do you see your child needing assistance? (math, reading, writing, spelling, job seeking, etc.)

---

4. Does your child participate in Extracurricular Activities at your school or in the community?

- School Clubs       Sports       None       Church activities  
 Performing Arts       Volunteer Activities       Other: \_\_\_\_\_

5. Check what you would like your child to do after high school:

- College- 2 yr.       Career & Technical College       Military  
 College- 4 yr.       Volunteer Work       Supported Employment (Job Coach)  
 Employment       Day Training (Supervised)       Other: \_\_\_\_\_

6. Does your child have a driver's license?     Yes     No

7. How will your child get around your community or to work?

- their own car       Family car       Parents will drive       Public Transportation  
 with friends       Bike       Walk       Pay others for transport

8. Check the items your child has:

- Social Security Card       WV State ID       Checking/Savings Account  
 Birth Certificate       Driver's License       Other: \_\_\_\_\_

9. What are your child's hobbies or special interests?

- Music       Video Games       Shopping       Computers       Going out with friends       Pets  
 Sports       Watch TV       Cooking       Reading       Arts & Crafts       Other: \_\_\_\_\_

10. Where will your child live after graduation?

- Their own apartment/house       Dormitory       Group Home       Supported Living  
 Live with family       share an apartment       Military Barracks       Other: \_\_\_\_\_

11. Does your child have any responsibilities in the home?

- clean own room       Take out trash       take care of pets       take care of siblings/family  
 doing dishes       doing laundry       grocery shopping       personal care (grooming)  
 mowing/raking       vacuum/dust       buy personal items       Cooking       other: \_\_\_\_\_

12. What would you like us to know about your child's plans for high school and after graduation?

---

13. Which of these services would you like to know more about?

- Division of Rehabilitation       Health & Human Services       Social Security Insurance  
 Housing Agencies       WV Job Services       Youth Services  
 Job Training       Family & Children's Services       Other: \_\_\_\_\_

14. Which of the following programs do you think should be included in your high school program?

- Vocational/Technical Education       Career Education       Community Work Experience  
 Driver's Education       Daily Living Skills       Vocational Assessments  
 Occupational Counseling       Business Courses       Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date