|  |  |  |
| --- | --- | --- |
|  | P771K  ***P771K, Education with H.E.A.R.T:***  *High Expectations, Effort, Acceptance,*  *Resilience, &Teamwork* | **Vinnette Ferrandino**  Principal  **Dana Miranda**  **Kelly Ruggiero**  **Angeline Victor**  **Kurt Noel**  **Joseph DiTrento**  Assistant Principals |

**Parent Transition Survey**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classification**

1. Type of disability that qualifies your Son/Daughter for special education based on his/her IEP:

□ Autism

□ Autism Spectrum Disorder

(***ASD***)

□ Deaf-Blind

□ Deaf/Hard of Hearing

□ Blind/Visually Impaired

□ Emotional Disability

□ Intellectual Disability

□ Multiple Disabilities

□ Other Health Impairments

□ Orthopedic Impairment

□ Specific Learning Disability

□ Speech or Language Impairment

□ Traumatic Brain Injury

□ Other\_\_\_\_\_\_\_\_\_\_

**Graduation Exiting Credentials**

2. At what age do you anticipate or plan for your Son/Daughter to exit High School?

□ 18yrs □ 19yrs □ 20yrs □ 21yrs

2a. Type of high school credential to be earned:

□ Skills and Achievement Commencement Credential (***SACC***)

□ Local Diploma

□ Regents Diploma

□ Advanced Regents Diploma

□ Career Development and Occupational Studies Commencement (***CDOS***)

**Postsecondary Education/Training**

3. What are your post-secondary educational goals for your child?

□ College/University

2-year\_\_\_\_\_4 year\_\_\_\_\_

□ Vocational technical school

□ Adult-continuing education/Community sponsored classes

□ Other (*please* *specify*): ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment & Career Opportunities**

4. Which career or specific job has your child expressed their interest?

□ Do you anticipate your Son/Daughter will need assistance getting and keeping a job?

YES\_\_\_\_\_ NO\_\_\_\_\_

□ *Full-time* competitive employment (find and keep a job on his/her own w/o support)

□ *Part-time* competitive employment

□ Supported employment (community job for real wages with supports to find and keep a job)

□ Military Service \_\_\_ Army\_\_\_\_ Navy\_\_\_\_ Air Force\_\_\_\_ Marines\_\_\_\_\_ Coast Guard

□ Adult Day Services

□ Volunteer work

□ I do not expect my son/daughter will work

□ Other (*please* *specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Linkage**

5. What outside agency, if any, is your Son/Daughter linked to?

□ Adult Career and Continuing Education Services – Vocational Rehabilitation (***ACCES-VR***)

□ Office for People with Developmental Disabilities (***OPWDD***)

□ Office of Mental Health (***OMH***)

□ Commission of the Blind and Visually Handicap (***BVH***)

□ Cooperative and Technical Education (***Co-Op******Tech***)

□ Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation**

6. After graduation/school completion, how will your Son/Daughter travel around?

□ Bicycle

□ Walk

□ Public Transportation

□ His/her own car

□ Access-A-Ride

□ Assistance from family

□ Do you think your son/daughter will get a driver’s license?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

□ Other (*please* *specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardianship**

7. Do you feel your Son/Daughter will be and should be his/her own legal guardian when they turn 18 years of age?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

8. Would you like information on guardianship?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

Resources: <https://thearc.org/> ; <https://sdmny.org/about-sdmny/about-sdm/>

9. Does your child have Medicaid?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

10. Is your child OPWDD certified?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

If yes, do they have a Care Coordinator? Please include the contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Independent Living Options**

11. Five years after school, where do you want your Son/Daughter to live?

□ At home

□ With family – other than parents

□ 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

□ In a foster home

□ In subsidized housing

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

**Recreation & Leisure**

12. Does your Son/Daughter participate in any recreational activities?

YES\_\_\_\_\_ NO­­­\_\_\_\_\_

13. What area do you feel your child needs more information about?

(*Check all that apply*)

□ Job shadowing

□ Time management

□ Sex education

□ Personal hygiene skills

□ Money management

□ Medicaid waiver

□ Guardianship

□ Driver’s Education

□ Meal preparation and nutrition

□ Parenting/child development

□ Personal counseling

□ Choosing a career

□ Using assistive technology

□ Other (*please* *specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments/Questions/Concerns**:

 Please let us know other transition related concerns you may have as your child moves From High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thank you for completing this Parent Transition Survey!  We look forward to assisting you and your child seamlessly transition from high school to post-secondary planning.