



P771K

*P771K, Education with H.E.A.R.T:
High Expectations, Effort, Acceptance,
Resilience, & Teamwork*

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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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Autism Spectrum Disorder
(ASD) | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Speech or Language
Impairment |
| <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Other Health Impairments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Orthopedic Impairment | |

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)

- | | | |
|--|---|--|
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> Medicaid waiver | <input type="checkbox"/> Parenting/child development |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Personal counseling |
| <input type="checkbox"/> Sex education | <input type="checkbox"/> Driver's Education | <input type="checkbox"/> Choosing a career |
| <input type="checkbox"/> Personal hygiene skills | <input type="checkbox"/> Meal preparation and nutrition | <input type="checkbox"/> Using assistive technology |
| <input type="checkbox"/> Money management | | <input type="checkbox"/> 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.