

Transition Assessment

Parent Questionnaire

Please return to: _____

Student Name: _____

Date: _____

Completed by: _____

Relationship: _____

<i>Read the statements below and circle the number which best matches how you feel about the statement:</i>			
My son/daughter:	Agree	Disagree	Don't Know
Freely helps with household chores	1	2	3
Completes tasks that he/she starts	1	2	3
Responds positively to directions	1	2	3
Follows multi-step directions	1	2	3
Calmly accepts constructive criticism	1	2	3
Works/plays well with friends	1	2	3
Uses free time constructively	1	2	3
Does homework without being told	1	2	3
Uses an agenda book effectively	1	2	3
Displays behaviors that interfere with learning	1	2	3
I hope that my son/Daughter:	Agree	Disagree	Don't Know
Will pursue additional training after high school	1	2	3
Will become employed after high school	1	2	3
Will live on his or her own after high school	1	2	3
Will successfully obtain a high school diploma	1	2	3

Where do you see your child in 5 years?	
Based on your child's interests and abilities, what jobs/careers do you think your child would be successful in and enjoy?	
Please describe any CONCERNS that you may have at this point regarding your child's education as it relates to:	
Academic Skills -	
Social Skills -	
Physical Needs -	
Management Needs -	

Please feel free to add additional Comments and/or concerns: _____
