



Northern Lights Special Education Cooperative

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Beginning the Transition Planning Process

Informal Parent Survey

Student Name _____ Date _____

Parent(s)/Guardian(s) Name(s) _____

(Your son/daughter will be completing a similar survey at school. You may do this with the student, but please fill it out from your point of view.)

1. Home Living

Does the student have work or chores to do at home? Yes No

What are two (2) meals that s/he could prepare for your family? _____

Given a list of the family grocery items, could s/he do the shopping? Yes No

Does s/he have to be told to clean his/her room? Yes No

About how often does s/he clean his/her room? _____

What is the student's favorite activity at home? _____

Does the student ever babysit? Yes No

Where would you like to see him/her live after graduation? _____

Does the student have a set time to do homework each night? Yes No

2. Community Participation

Do you want him/her to obtain a driver's permit or license as soon as s/he is old enough? Yes No

If s/he has a license, does s/he pay for all or a part of the insurance premium? Yes No

Has the student ever travel alone on a city bus, a train, an airplane, or a taxi? Yes No

Does the student have and use a savings account? Yes No

Would you like to see them establish a checking account? Yes No

Where is his/her favorite place to go? _____

What clubs, church or community groups, organizations, or sports groups does s/he belong to?

Could the student locate a number for you by using the "Yellow Pages"? Yes No

3.Recreation and Leisure

With what activities does s/he spend most of his/her spare time? _____

Does your house receive a daily newspaper or subscription to a magazine? Yes No

Does the student read for entertainment? Yes No

Has the student ever traveled to other states? Yes No

Does s/he prefer to do things alone or with others? _____

Does s/he have a T.V., telephone, radio, computer, or video game in his/her room? (Circle if any)

4. Jobs and Job Training

List different jobs the student has had and tell if they were paid, unpaid, or volunteer.

- 1)
- 2)
- 3)
- 4)

Which types of jobs does s/he do best?

Is s/he a self-motivated worker or does s/he require supervision?

Have you ever helped him/her to filled out a job application? Yes No

Is s/he working now? Yes No Do you feel s/he is working too many hours? Yes No

What is one work related strength s/he has? _____

What is one work related weakness s/he has? _____

Do you see the work study/job experience as valuable to your son/daughter? Yes No

What work related skills would you like to see directly taught in school? _____

5. Post-Secondary Training

What job or career do you see for your son/daughter? _____

After high school, what type of training plans would you like to see him/her pursue? Circle one or two

college	technical	college	military work force
unsure	stay at home	do nothing	

What help do you feel s/he will need to be successful in learning? _____

Are you comfortable discussing your son/daughter's disability with them? Yes No

In your opinion, does your son/daughter have a positive or negative view of him/herself? _____

Does your son/daughter have a positive or negative view of his/her ability to learn? _____

Would you like to see your son/daughter participate in more job shadowing and career selection activities?

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