

SAMPLE COVER LETTER FOR PARENT QUESTIONNAIRE

(school letterhead)

(date)

To: Parent(s) of (student's name)

From: (your name and title)
(your address)

As a member of your child's staffing team, I am asking you to complete the enclosed **Parent Questionnaire for Transition Planning** and return to me as soon as possible. The information you provide will assist us in making educational plans which focus on your child's post-school goals.

Transition planning is an evolving and continual process of identifying needs, developing goals, and making connections, if needed, to services and service providers outside of the school system. Both you and your son or daughter need to be part of this transition planning. In order to accurately document transition services in the IEP, it is helpful for information to be gathered prior to the IEP meeting. Questions on this form relate to employment, adult living, and linkages to services and service providers.

This is a generic questionnaire given to parents of students with a wide range of educational needs. Please answer each question carefully, giving specific information related to your child's needs. If a question is not applicable, you need not answer it. If you need further clarification, I can be reached at (your phone number).

Thank you for your prompt attention and cooperation. I have enclosed a stamped, self-addressed envelope for your convenience.

PARENT QUESTIONNAIRE FOR TRANSITION PLANNING

Student _____ Date _____

School _____ Grade _____

1. What special strengths, interests, and preferences does your son/daughter have?

Strengths: _____

Interests: _____

Preferences: _____

2. When your son/daughter graduates from high school, what do you anticipate he/she will do?

_____ Attend a 4-year college

_____ Attend a junior college or trade school

_____ Enlist in the military

_____ Begin competitive employment, working full time or part time

_____ Work in a job with a job coach available to assist when needed

_____ Work in a job with a job coach providing assistance all the time

_____ Work in a sheltered workshop or activity center

_____ Other (please specify)

3. Do you anticipate your son/daughter will need assistance getting and keeping a job?

_____ YES _____ NO

4. Following graduation, either high school or college, where do you think your son/daughter will be living?

_____ In our home or the home of a relative

_____ In an apartment with a friend(s) and needing no extra help

_____ In an apartment with someone checking on her/him weekly

_____ In an apartment with supervision provided daily

_____ In a group home for adults with special needs

_____ Other (please specify)

5. In the future, do you anticipate your son/daughter will need assistance managing his/her adult living needs? _____

6. What coursework and activities would you like for your son/daughter to take in high school? _____

7. What kind of work experience (paid or unpaid) does your son/daughter have?

8. In which career(s) or specific job(s) has your son/daughter expressed an interest?

9. Do you have preferences regarding the type of work your son/daughter should do now and in the future? If so, what are your preferences? _____

10. Please share any medical concerns we may not be aware of that might impact your son/daughter's transition to adult life. _____

11. What leisure/recreational activities does your son/daughter enjoy? _____

12. Are there other leisure/recreational activities in which you would like to see your son/daughter participate? _____ If YES, please name them. _____

13. If he/she is under 16 years old, do you anticipate your son/daughter will be able to obtain a driver's license? _____ YES _____ NO

If he/she is 16 or older, does he/she have a license? _____ YES _____ NO

Do you anticipate your son/daughter will in the future own and maintain a vehicle?
_____ YES _____ NO

14. In which of the following areas, if any, do you feel your son/daughter needs instruction from the school?

_____ Clothing care

_____ Meal preparation and nutrition

_____ Hygiene/grooming

_____ Home care (cleaning/maintenance)

_____ Health/first aid

_____ Shopping and making purchases

_____ Crossing streets

_____ Time management

_____ Sex education

_____ Measurement

_____ Money management

_____ Safety

_____ Driver's education

_____ Parenting/child development

_____ Other (please specify) _____

15. If your son/daughter is receiving assistance from any public or private agency, what service or assistance is provided and which agency provides the service?

16. 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

17. If not, do you know the steps needed to establish your guardianship of your son/daughter before they turn 18 years of age? _____ YES _____ NO

18. Would you like information on guardianships? _____ YES _____ NO

19. Do you have any other concerns for your son/daughter at this time that you want to share with the school? _____

Thank you for your responses. Please return this to the school for our use in planning your son/daughter's transition planning.