



South Bend Community School Corporation Special Education Services

Parent Transition Assessment

Student Name: _____ SBCSC ID#: _____ STN#: _____

School: _____ Grade: _____ DOB: _____

Person Completing Survey: _____ Relationship to Student: _____

This is to help you think about what you want your student to do when he or she finishes high school. Each year this information will be updated to reflect your changing perspective on what you want your child to do as he/she gets closer to exiting school. This information will also serve as a guide to his/her teachers in deciding which classes and educational experiences he or she should have to help him/her be successful in the kind of life he/she wants to have after high school.

A. Education

1. What graduation plans do you have for your student?
 General Diploma
 Core 40 Diploma
 Certificate of Completion

2. Are you aware of the graduation requirements for each of the above? _____

3. Special Education support your student needs:

- | | | |
|--------------------------|--------------------------|-----------------------------|
| Current | In High School | |
| <input type="checkbox"/> | <input type="checkbox"/> | Not Sure |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-taught classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic Skills classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Consultation |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-contained classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Refer to community agencies |

4. What are you expecting your student to do after high school?

- Attend college/trade school
- Work full or part time
- Military
- Supported employment
- Adult day services program

5. Are you aware of the requirements needed to meet your student's post-high school expectations? _____

6. Are you aware of community supports/agencies to help with post-high school plans? _____

7. Did you receive "Taking the Next Step"? _____

B. Employment

1. What type of job do you see your student having after his/her education is completed? _____

2. What job skills will your child need help in developing?

- Filling out an application
- Developing a resume
- Interviewing for a job
- Knowing where to look for a job
- Using transportation to get to a job
- Other: _____

C. Independent Living

1. What chores does your student do regularly at home? _____

2. Where do you expect your student to live after high school?

- With family
- In own apartment/home
- in a group home
- Other: _____

3. What help will your student need to live in the option you have chosen?

- Managing/budgeting money
- Managing a bank or checking account
- Shopping for clothes or food
- Personal care
- Finding/using transportation
- Housekeeping
- Clothing care
- Employability training
- Supported employment
- Supervised living

D. Recreation and leisure activities

1. What does your student do in free time? _____

2. What kind of help, if any, do you think your child may need to participate in preferred activities? _____

E. Other

1. Problems your child may encounter in transition to high school: _____

2. What other information (i.e. medical, legal, social) would be helpful to know as your child enters high school? _____