

# 18 to 21 Parent Survey

Please fill out this survey and return to Mrs. Kennedy

STUDENT NAME: \_\_\_\_\_

<b>Independent Living</b>	Yes	No	Monitor
Home			
Supported Living Site			
Respite			
Funding Identified			
Selecting Living Options			
Review a Lease			
Using Internet/Newspaper			
Review Insurance			
Making Appointments			
Medical History			

**Yes** – needs specially designed instruction in this area  
**No** – no need for the student  
**Monitor** – has the skill, but needs cuing once in a while

<b>Community Employment</b>	Yes	No	Monitor
Integrated Options			
Voc. Assessment			
Voc. Commun. Assess.			
Support Employment Eval			
Cost Sharing			
Funding for Paid Employ.			
Volunteer			
Youth Apprenticeship			
Job Shadowing			
Supervised Work Exp.			
Mentor Program			
Internship Program			
Co-Op			
Interviewing Skills			
Job Site Visit/Tours			
Write/Update Resume			
Applications			
Job Search(Internet/News)			

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Speakers			
Portfolio/Update			
Interest Inventory			
Career Counseling			

<b>Travel/Transportation</b>	Yes	No	Monitor
Driver's Ed			
Wheelchair Access.			
Bike			
Bus			
Taxi			
Mobility Instruction			
Problem solving			
Plan a trip			
Driver's Readiness			

<b>Social Communication</b>	Yes	No	Monitor
Instruction			
Self Regulation			
Funct. Beh. Assessment			
Social Skills			
Role Play/Video Modeling			
Express Opinions/Needs			
Personal Safety/Sexuality			

### **Daily Living Skills**

Bathing/Dressing			
Hygiene Needs			
Laundry			
Meal Planning			
Cooking			
Grocery Shopping			
Personal Shopping plans			
Banking			
Budgeting			
Personal Safety			

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Nutrition			
Packing a lunch			
Public Utilities			
Post-Office			
DMV			
Theaters			
Library			
Schedule Appointments			
Sexual Ed/Parenting			
Drug/Alcohol Awareness			
Time Management			

<b>Self-Determination</b>	Yes	No	Monitor
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Self-Advocacy Instruction			
Person Centered Planning			
Understanding Rights			
List of Emerg. Contacts			
Explore Cell phone options & uses			
Cell/Internet Safety			

<b>Leisure and Recreation</b>	Yes	No	N/A
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Martial Arts			
Fitness Center			
Sp. Olympics Bowling			
Community Center			
Interest Inventories			
Other Comm. Activities			

<b>Friendships</b>	Yes	No	Monitor
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Appropriate Greetings			
Appropriate Conversations			
Anger Management			
Group Dynamics			

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<b>Related Services</b>	Yes	No	N/A
Speech & Language			
OT			
PT			
<b>Adult Service Agencies</b>	Yes	No	Monitor
DVR			
ADRC			
IRIS			
Family Care			
Social Security			
<b>Post-Secondary Education</b>	Yes	No	N/A
Explore options			
Site Visit options			
Plan for Option of Choice			
Financial Aid			
Shadow Classes/Student			
Identify Accom./Supports			
Trans. Mtg. Dis. Services			
Discuss Disability needs			
Audit Class at College			
Explore Community Ed			
Learn registration process			
Enroll in College Course			

Please feel free to add comments and ideas, as they relate to your child's needs, to this survey: