

Parent Interview for Transition Planning

Student Name: _____ Date: _____

Parent Name: _____ Phone: _____

What does your child enjoy doing (in school and during their free time) and what do they do well?

Current Skills in the Areas of Living, Learning, and Working:

Please check the personal and domestic skills that your child currently demonstrates:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Debit Card | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Brushing Teeth | <input type="checkbox"/> Paying Bills | <input type="checkbox"/> Scheduling Appointments |
| <input type="checkbox"/> Washing Hair | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Taking Medications |
| <input type="checkbox"/> Styling Hair | <input type="checkbox"/> Laundry | <input type="checkbox"/> Asking for Help |
| <input type="checkbox"/> Selecting Clothes | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Dealing with Emergencies |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Driver's Permit |
| <input type="checkbox"/> Counting Money | <input type="checkbox"/> Meal Planning & Nutrition | <input type="checkbox"/> Driver's Education |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Time Management | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Telling Time | <input type="checkbox"/> Other: |

If your child currently does not have a driver's license, do you think they will be able to obtain one?

If no, please explain:

Indicate your child's current use of these skills: 1 = Seldom, 2 = Sometimes, 3 = Regularly (Circle One.)

Skill	1	2	3
Punctuality			
Attendance			
Accountability			
Following Directions			
Staying on Task			
Completing Tasks			
Acceptance of Constructive Criticism			
Teamwork			
Working Independently			

What goals would you like your child to meet in the next year? (Think about home, school, extra-curricular/ outside activities and community.)

What are your child's strengths?

What are your child's weaknesses?

In order for your child to live independently, what skills, if any, will they need to develop?

What kind of work do you think would be interesting or enjoyable for your child?

What kind of education would your child like to have after high school?

Do you have any concerns?

What type of employment situation do you think would be best for your child?

Do you have any concerns?

Work History (Paid and Unpaid):

Volunteer Experience(s):

Extracurricular Activities:

What kind of work demands are being placed on your child at home? How does your child respond to these duties?