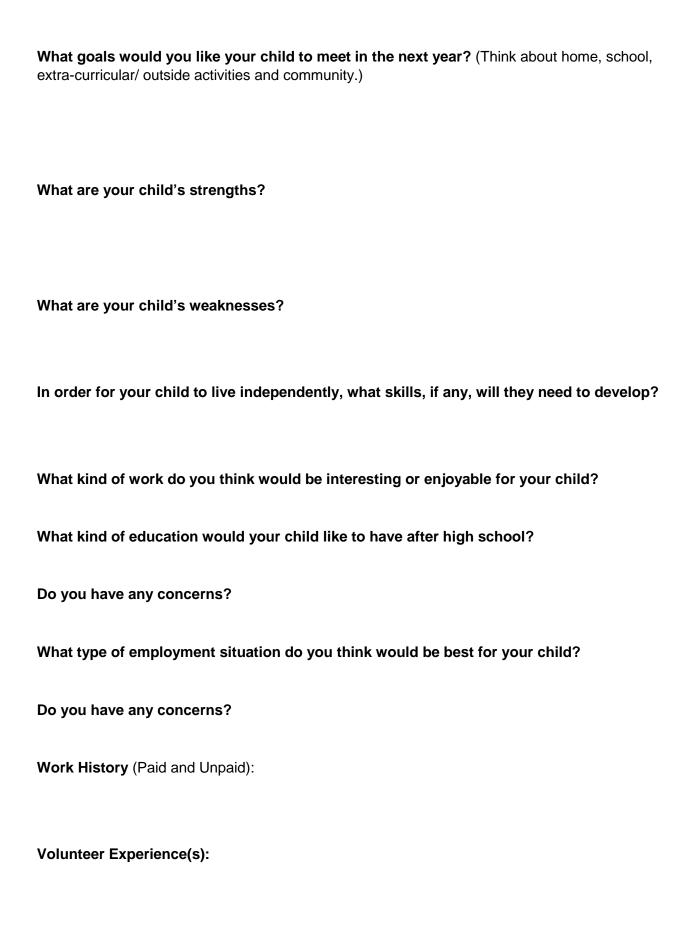
## **Parent Interview for Transition Planning**

Student Name:			_ Dat	Date:		
Parent Name:			_ Pho	Phone:		
What does your child enjoy doir well?	ng (in	school and during th	eir free	e time) and w	hat do they do	
Current Skills in the Areas of Liv	ving, l	_earning, and Workin	ng:			
Please check the personal and	dome	stic skills that your cl	hild cu	rrently demo	nstrates:	
□Bathing	□Debit Card			□Video Games		
☐Brushing Teeth	□Paying Bills			☐Scheduling Appointments		
□Washing Hair	□Cleaning			☐ Taking Medications		
☐Styling Hair	□Laundry			☐Asking for Help		
☐Selecting Clothes	☐Grocery Shopping			☐Dealing with Emergencies		
□Dressing	□Cooking			□Driver's Permit		
☐Counting Money	☐Meal Planning & Nutrition			☐Driver's Education		
☐ Checking Account	☐Time Management			□Driver's License		
☐Savings Account	□Telling Time			□Other:		
If your child currently does not hone?	nave a	a driver's license, do	you th	ink they will t	oe able to obtain	
If no, please explain:						
<b>Indicate your child's current use of these skills:</b> 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 Critic						
Teamwork						
Working Independently						



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