**Parent Interview – Transition Portfolio Inventory**

As your son or daughter moves closer to graduation, it is important to begin to plan for his or her future. Parents are an important source of information about students that will help educators develop the most appropriate plans and services as youth are preparing for adult life. As we are developing plans with your son or daughter, your input and involvement is critical. Please take a few minutes to consider your son or daughter and identify the things that he or she is currently capable of doing and any areas that may need some attention. This inventory consists of categories related to education and training, career, and independent living. Please only address those categories you think are appropriate and meet the current areas of need for your child

|  |  |
| --- | --- |
| Child’s Name |  |

|  |
| --- |
| Education/ Training and Career  |
| How does your child learn best?  |
| □ | Watching others  | □ | Listening to others  | □ | Working with his/her hands  |
| □ | Reading or studying  | □ | Other:  |  |
|  |  |  |  |  |  |
| What are your child’s best subjects? |  |  |
|   |  |  |
| What classes give your child the most trouble? |  |  |
|  |  |  |
| What kind of education/training would you like your child to have after high school and what job would you like your child to have?  |  |  |
|  |  |  |
| What school/training does he or she plan to attend?  |
|  |
| □ | College/University  | □ | Vocational training program  | □ | On the job training  |
| □ | Name of school or program  |   | □ | Other |  |

What source(s) of funding can help pay for your child’s education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □ | FAFSA  | □ | Agency  | □ | Parents  |
| □ | Savings  | □ | Other:  |  |

**Parent Interview – Transition Portfolio Inventory**

As your son or daughter moves closer to graduation, it is important to begin to plan for his/her future. At the next IEP, we will develop a transition plan. The transition plan will identify future goals for your son/daughter and ways to support him/her in reaching these goals. We would like to see all our students become productive members of society. Your input and involvement is critical. Think of your son/daughter as an adult after graduation and identify your dreams/goals for him/her.

|  |  |
| --- | --- |
| Child’s Name |  |

|  |
| --- |
| Career/Employment  |
| I think my son or daughter could work in:  |
| □ | Military Service  |
| □ | Full time regular employment (competitive employment)  |
| □ | Part time regular employment (competitive employment)  |
| □ | A job with support and is supervised, full or part time (supported employment) |
| □ | Volunteer work  |
| □ | Other:  |

|  |
| --- |
| My son/daughter's strength in this area is: |
|  |
| To work my son/daughter needs to develop skills in: |
|  |

|  |
| --- |
| Residential Living  |
| After graduation my son or daughter will live:  |
| □ | On his own in a house or apartment  |
| □ | With a roommate  |
| □ | Supervised living situation  |
| □ | With family  |
| □ | Other:  |

|  |
| --- |
| My son/daughter's strength in this area is: |
|  |
| To live as independently as possible my son or daughter needs to develop skills in:  |
|  |

**Parent Interview – Transition Portfolio Inventory**

|  |  |
| --- | --- |
| Child’s Name |  |

|  |
| --- |
| Recreation and Leisure  |
| I think my son or daughter graduates I hope he/she is involved in:  |
| □ | Independent recreational activities  |
| □ | Activities with friends  |
| □ | Organized recreational activities (clubs, team sports)  |
| □ | Classes (to develop hobbies and explore areas of interest)  |
| □ | Supported and supervised recreational activities  |
| □ | Other:  |

|  |
| --- |
| My son/daughter's strength in this area is: |
|  |
| To be active and enjoy leisure time my son/daughter needs to develop skills in: |
|  |

|  |
| --- |
| Transportation  |
| When my son or daughter graduates he/she will:  |
| □ | Have a driver’s license and car  |
| □ | Walk or ride a bike  |
| □ | Use public transportation independently (bus, taxi, train)  |
| □ | Supported transportation (family, service groups, carpool, special program)  |
| □ | Other:  |

|  |
| --- |
| My son/daughter's strength in this area is: |
|  |
| To access transportation my son or daughter needs to develop skills in:  |
|  |

**Parent Interview – Transition Portfolio Inventory**

Review the following items. Please identify 3 to 5 areas only. My son or daughter needs information/support in the following areas:

|  |  |
| --- | --- |
| Child’s Name |  |

|  |
| --- |
| Social/Interpersonal  |
| □ | Making friends  |  | □ | Handling anger/frustration  |
| □ | Setting goals |  | □ | Communicating needs and wants  |
| □ | Family relationships  |  | □ | Relationships with authority  |
| □ | Handling legal responsibilities  |  | □ | Relationships with peers/coworkers  |
| □ | Other  |  |  | □ | Other relationships  |

|  |
| --- |
| Personal Management  |
| □ | Hygiene |  | □ | Domestic skills  |
| □ | Safety  |  | □ | Time management  |
| □ | Mobility  |  | □ | Money management/budgeting  |
| □ | Other  |  |  | □ | Personal care  |

|  |
| --- |
| Health  |
|  |  |  |  |  |
| □ | General health care  |  | □ | Information on drug/alcohol abuse  |
| □ | Other  |  |  | □ | Medications  |

|  |
| --- |
| Self-Determination  |
|  |  |  |  |  |
| □ | Advocating for himself/herself |  | □ | Setting personal goals  |
| □ | Understanding his/her disability  |  | □ | Making informed choice  |
| □ | Other  |  |  | □ | Getting needs met  |

**Parent Interview – Transition Portfolio Inventory**

As we are developing plans with your son or daughter, your input and involvement is critical. Please take a few minutes to consider your son or daughter and identify the things that he or she is currently capable of doing and any areas that may need some attention. This inventory consists of categories related to education and training, career, and independent living. Please only address those categories you think are appropriate and meet the current areas of need for your child

|  |  |
| --- | --- |
| Child’s Name |  |

|  |
| --- |
| Community/Independent Living  |

|  |  |  |
| --- | --- | --- |
| **Eating and Food Preparation** | **Strength**  | **Need** |
| Preparing meals and snack* Gathers ingredients and equipment
 | **□** | **□** |
| * Opens containers
 | **□** | **□** |
| * Follows recipe
 | **□** | **□** |
| * Uses microwave
 | **□** | **□** |
| * Uses stove top
 | **□** | **□** |
| * Uses oven
 | **□** | **□** |
| * Uses other appliances
 | **□** | **□** |
| Eating meal/snack* Oral motor skills (i.e. chewing and swallowing)
 | **□** | **□** |
| * Uses utensils
 | **□** | **□** |
| * Uses manners
 | **□** | **□** |
| Preparing the eating area* Sets table
 | **□** | **□** |
| * Gets condiments
 | **□** | **□** |
| Cleaning up after the meal * Puts away leftovers
 | **□** | **□** |
| * Wipes off work surface
 | **□** | **□** |
| * Loads dishwasher
 | **□** | **□** |
| * Washes dishes by hand
 | **□** | **□** |
| Accessibility to kitchen * Uses adaptive equipment
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **Grooming and Dressing** | **Strength**  | **Need** |
| Grooming* Brushes teeth
 | **□** | **□** |
| * Uses mouthwash
 | **□** | **□** |
| * Flosses
 | **□** | **□** |
| * Brushes/combs hair
 | **□** | **□** |
| * Styles hair
 | **□** | **□** |
| * Washes face and cares for skin
 | **□** | **□** |
| * Maintains appearance
 | **□** | **□** |
| Dressing/undressing * Dresses and undresses self
 | **□** | **□** |
| * Chooses appropriate clothes
 | **□** | **□** |
| * Dresses appropriately for the season/weather conditions
 | **□** | **□** |
| Priorities:  |

|  |  |  |
| --- | --- | --- |
| **Hygiene and Toileting**  | **Strength**  | **Need** |
| Using private and public toilets* Toileting needs
 | **□** | **□** |
| * Washes hands
 | **□** | **□** |
| * Baths/showering
 | **□** | **□** |
| * Shampoo/rinses hair
 | **□** | **□** |
| * Managing menstrual care
 | **□** | **□** |
| Shaving * Men
 | **□** | **□** |
| * Women
 | **□** | **□** |
| * Uses deodorant
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **Health and Safety** | **Strength**  | **Need** |
| Knowledge of general health concerns * Disease transmission (i.e. covers mouth when coughing, controls drooling),
 | **□** | **□** |
| * Health concerns specific to disability (i.e. range of motion, positioning of weight)
 | **□** | **□** |
| * Manages medication (i.e. knows medication schedule)
 | **□** | **□** |
| * Cares of minor injury and illness
 | **□** | **□** |
| Awareness of home hazards and emergency procedures * Uses adaptive strategies
 | **□** | **□** |
| * Poisons
 | **□** | **□** |
| * Fire
 | **□** | **□** |
| * Accidents
 | **□** | **□** |
| Priorities:  |

|  |  |  |
| --- | --- | --- |
| **Household Maintenance**  | **Strength**  | **Need** |
| Keeping room neat * Makes bed
 | **□** | **□** |
| * Changes bed linens
 | **□** | **□** |
| * Cleans room
 | **□** | **□** |
| Handling of household chores * Does laundry
 | **□** | **□** |
| * Vacuums/sweeps
 | **□** | **□** |
| * Cleans bathroom
 | **□** | **□** |
| * Dusts
 | **□** | **□** |
| Maintaining outdoors * Rakes leaves
 | **□** | **□** |
| * Mows lawn
 | **□** | **□** |
| * Weeds
 | **□** | **□** |
| * Waters lawn and plants
 | **□** | **□** |
| * Cleans up after animals
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **Travel**  | **Strength**  | **Need** |
| Walking (wheeling) to and from destination * Safety when crossing streets
 | **□** | **□** |
| * Arrives at destination
 | **□** | **□** |
| Riding Bicycle * Knows safety rules
 | **□** | **□** |
| * Able to find way
 | **□** | **□** |
| * Locks bicycle
 | **□** | **□** |
| Riding the school or city bus * Demonstrate appropriate behavior on bus
 | **□** | **□** |
| * Communicates with the bus driver
 | **□** | **□** |
| * Can find appropriate bus
 | **□** | **□** |
| * Can read bus map
 | **□** | **□** |
| * Can make a transfer
 | **□** | **□** |
| * Knows how to pay
 | **□** | **□** |
| * Shows bus pass
 | **□** | **□** |
| Driving own vehicle * Knows laws
 | **□** | **□** |
| * Uses seat belt
 | **□** | **□** |
| * Know what to do in an emergency
 | **□** | **□** |
| * Demonstrates safe and defensive techniques
 | **□** | **□** |
| Orienting Skills * Identifies signs
 | **□** | **□** |
| * Carries identification
 | **□** | **□** |
| * Asks for help
 | **□** | **□** |
| * Responsible for possessions
 | **□** | **□** |
| * Uses caution with strangers
 | **□** | **□** |
| * Reads maps
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **General Shopping**  | **Strength**  | **Need** |
| Handling money/budgeting * Makes shopping lists
 | **□** | **□** |
| * Know budget constraints
 | **□** | **□** |
| * Handles money exchanges
 | **□** | **□** |
| Locating getting items * Pushes cart
 | **□** | **□** |
| * Asks for help
 | **□** | **□** |
| * Follow lists
 | **□** | **□** |
| * Does comparison shopping
 | **□** | **□** |
| Clothes/personal items * Asks for help
 | **□** | **□** |
| * Shops within a budget
 | **□** | **□** |
| * Knows sizes
 | **□** | **□** |
| * Handles money exchanges
 | **□** | **□** |
| Restaurants * Reads menu (or alternative)
 | **□** | **□** |
| * Communicates to wait staff
 | **□** | **□** |
| * Uses manners
 | **□** | **□** |
| * Locates restrooms
 | **□** | **□** |
| * Tallies bill (including tip)
 | **□** | **□** |
| * Handles money exchange
 | **□** | **□** |
| Priorities:  |

|  |  |  |
| --- | --- | --- |
| **Using Services**  | **Strength**  | **Need** |
| Using services * Uses phone in community (pay or cell)
 | **□** | **□** |
| * Makes appointments
 | **□** | **□** |
| * Banking services
 | **□** | **□** |
| * Communicates with dentist, doctor, etc.
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **Social Skills**  | **Strength**  | **Need** |
| Telephone use * Phone etiquette
 | **□** | **□** |
| * Takes messages
 | **□** | **□** |
| * Dials phone
 | **□** | **□** |
| * Can use phone for emergency
 | **□** | **□** |
| * Can locate needed phone numbers
 | **□** | **□** |
| Caring for others * Pet care
 | **□** | **□** |
| * Sibling care/elderly care
 | **□** | **□** |
| * Babysitting
 | **□** | **□** |
| Reciprocal relationships * Gift giving
 | **□** | **□** |
| * Remembering birthdays
 | **□** | **□** |
| * Sends thank you cards
 | **□** | **□** |
| Behavior management social skills * Introduces self
 | **□** | **□** |
| * Follows instructions
 | **□** | **□** |
| * Accepts criticism or consequences
 | **□** | **□** |
| * Accepts “no” for an answer
 | **□** | **□** |
| * Greets people
 | **□** | **□** |
| * Gets people’s attention appropriately
 | **□** | **□** |
| * Makes request appropriately
 | **□** | **□** |
| * Disagrees appropriately
 | **□** | **□** |
| * Gives negative feedback appropriately
 | **□** | **□** |
| * Resists peer pressure
 | **□** | **□** |
| * Apologizes
 | **□** | **□** |
| * Engages in conversation
 | **□** | **□** |
| * Gives compliments
 | **□** | **□** |
| * Volunteers
 | **□** | **□** |
| * Reports peer behavior appropriately
 | **□** | **□** |
| Priorities:  |

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |  |
| --- | --- | --- |
| **Planning/Scheduling**  | **Strength**  | **Need** |
| Following a daily routine * Show ups on time
 | **□** | **□** |
| * Gets to where they are supposed to be
 | **□** | **□** |
| * Adapts to changes in routine
 | **□** | **□** |
| * Able to tell time
 | **□** | **□** |
| Scheduling weekly activities * Uses a time management system (i.e. calendar/day timer)
 | **□** | **□** |
| * Maps out plans and time (i.e. organizes time)
 | **□** | **□** |
| Preparing for special outings * Arranges special thins to do
 | **□** | **□** |
| * Handles logistics involved in planning an event
 | **□** | **□** |
| Handling time management * Plans homework time
 | **□** | **□** |
| * Arranges study area
 | **□** | **□** |
| * Attends to homework
 | **□** | **□** |
| * Plans time for chores, meeting, leisure time
 | **□** | **□** |
| * Arranges transportation
 | **□** | **□** |
| Priorities:  |