

Individualized Transition Plan
Parent/Guardian Inventory

Student _____ Date _____

I. Upon graduation from school, you would like to see your son/daughter participating in:

- | | |
|---|---|
| <input type="checkbox"/> day-care/ activity program | <input type="checkbox"/> 4-year college |
| <input type="checkbox"/> competitive part-time employment | <input type="checkbox"/> 2-year college |
| <input type="checkbox"/> competitive full-time employment | <input type="checkbox"/> apprenticeship |
| <input type="checkbox"/> sheltered employment | <input type="checkbox"/> trade school |
| | <input type="checkbox"/> military service |

II. Following graduation from school, you anticipate your son/daughter's living situation to be:

- | | |
|--|---|
| <input type="checkbox"/> urban (if so, what city?) _____ | <input type="checkbox"/> at home |
| <input type="checkbox"/> rural | <input type="checkbox"/> with family member |
| <input type="checkbox"/> in state | <input type="checkbox"/> foster home |
| <input type="checkbox"/> out of state (if so, what state? _____) | <input type="checkbox"/> group home |
| <input type="checkbox"/> independent living situation | |

III. A. Are there any work demands being placed on your son/daughter at home; if so, what are they?

B. What is your son/daughter's reaction to these demands?

C. Has your son/daughter participated in a vocational program prior to this school year? Please describe.

IV. A. Are there any jobs in which your son/daughter seems particularly interested?

B. Are there any jobs/tasks that your son/daughter dislikes?

V. A. Do you have any preference for occupational placement?

B. Are there any activities from past vocational programs that you feel should be included in your son/daughter's occupational training?

C. Are there any occupations that you object to for your son/daughter?

VI. A. What concerns do you have regarding your son/daughter's placement in a vocational training program?

B. Following graduation, how do you anticipate your son/daughter's traveling to and from work, to recreational activities, etc.?

VIII. A. How does your son/daughter spend his/her leisure time? Evenings? Weekends?

B. In what recreational/leisure time activities would you like your son/daughter to participate?
