



Student Transition Questionnaire

Student name: _____ Age: _____

Name of person completing this form: _____

Relationship to the student: _____ Date: _____

Please answer each of the following questions based on your knowledge and expectations for the student in regards to their independence with daily living skills, life skills and job experiences as they transition from a school based program to adulthood.

1. What types of vocational activities do you feel this student would be successful with?

(Check all that apply)

_____ Sorting	_____ Stuffing Envelopes	_____ Cleaning
_____ Stocking	_____ Applying Labels/Stamps	_____ Setting Tables
_____ Inventory	_____ Delivering Notices/Mail	_____ Gardening
_____ Assembly	_____ Shredding	_____ Folding
_____ Other (specify) _____		

2. What community based activities do you think this student would enjoy being involved in?

(Check all that apply)

_____ Swimming	_____ Art class	_____ Hiking
_____ Shopping	_____ Gym (exercise program)	_____ Peer group
_____ Adult story hour	_____ Library	_____ Eating at restaurants
_____ Music class	_____ Other (specify) _____	

3. What chores or other daily living skills does your child complete at home:

_____ Vacuuming	_____ Loading Dishwasher	_____ Folding laundry
_____ Taking out the trash	_____ Cleaning bathroom	_____ Setting table
_____ Emptying Dishwasher	_____ Washing clothes	_____ Picking up personal items
_____ Sweeping the floor	_____ Cleaning bedroom	_____ Cleaning tables
_____ Feeding the pet/pets	_____ Simple meal prep	_____ Washing dishes
_____ Helps with cooking	_____ Loading the dryer	_____ Takes out recycling

4. What life skill tasks does the student need support with? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Doing laundry | <input type="checkbox"/> Street Safety |
| <input type="checkbox"/> Using a Post Office | <input type="checkbox"/> Using the library | <input type="checkbox"/> Using Public Transportation |
| <input type="checkbox"/> Using a bank | <input type="checkbox"/> Household chores (specify) _____ | |
| <input type="checkbox"/> Personal Safety | <input type="checkbox"/> Other (specify) _____ | |

5. What daily living skills is the student independently successful with? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Shower & dry body | <input type="checkbox"/> Select appropriate clothing |
| <input type="checkbox"/> Apply deodorant | <input type="checkbox"/> Dress self |
| <input type="checkbox"/> Brush teeth | <input type="checkbox"/> Pack school bag |
| <input type="checkbox"/> Wash face | <input type="checkbox"/> Maintain personal belongings
(e.g., wallet, purse, iPad/iPod, backpack, communication device) |
| <input type="checkbox"/> Shave | <input type="checkbox"/> Complete daily chores (as determined by household) |
| <input type="checkbox"/> Make bed | <input type="checkbox"/> Engage in leisure activities |
| <input type="checkbox"/> Follow a schedule | <input type="checkbox"/> Engage in fitness activities |
| <input type="checkbox"/> Prepare meals/snacks | |

6. What daily living skills does the student need assistance to complete?

(check all that apply and indicate type of assistance needed)

- | |
|---|
| <input type="checkbox"/> Shower & dry body |
| <input type="checkbox"/> Apply deodorant |
| <input type="checkbox"/> Brush teeth |
| <input type="checkbox"/> Wash face |
| <input type="checkbox"/> Shave |
| <input type="checkbox"/> Make bed |
| <input type="checkbox"/> Follow a schedule |
| <input type="checkbox"/> Prepare meals/snacks |
| <input type="checkbox"/> Select appropriate clothing |
| <input type="checkbox"/> Dress self |
| <input type="checkbox"/> Pack school bag |
| <input type="checkbox"/> Maintain personal belongings
(e.g., wallet, purse, iPad/iPod, backpack, communication device) |
| <input type="checkbox"/> Complete daily chores
(as determined by household) |
| <input type="checkbox"/> Engage in leisure activities |
| <input type="checkbox"/> Engage in fitness activities |

7. What long-term living arrangements do you envision for the student?

- _____ Live with parents
- _____ Live with other family members (please specify whom)
- _____ Live in a residential program
- _____ Live in an assisted living facility
- _____ Live in an apartment/house with adult support provider
- _____ Live in a group home
- _____ Other (please specify)

8. What type of job experiences do you envision for this student?

9. Are there businesses in the student's home community that you would like Birchtree to explore for job sampling opportunities? (Please provide the name of the business and any contact information you may have)

10. Are there community based programs and activities in the student's home community that you would like Birchtree to explore for leisure activities?

(Please provide the name of the business or activity and any contact information you may have)

11. Is the student currently working with any other agencies (e.g., family support, voc rehab, adult services)?

If so, please provide contact information for the person(s) working with the student/family.

Name of Agency:
Contact Person:
Contact Information (email and phone number)
Type of Service Provided and Number of days and hours received :

12. Do you envision the student needing assistance with any of the following?

- _____ Obtaining a state non-driver's identification card
- _____ Obtaining a library card (specify which community library)
- _____ Obtaining a bus pass (specify which public transportation system)
- _____ Obtaining memberships (e.g., gym, community center, other recreational activities)
- _____ Other (please specify)

13. What activities do you envision being included in the student's daily or weekly schedule once they transition from school based programming to adult services?

Reviewed by:

Transition Coordinator:_____

Date:_____

Special Education Case Manager:_____

Date:_____

BCBA:_____

Date:_____