



## Adult TRANSITION QUESTIONNAIRE

Parents of 13 - above Years Old

The purpose of this questionnaire is to help you think about and identify the issues and services relating to your child's transitioning program. Student with disabilities need to focus not only on present educational needs, but future needs as well. Thinking about the future will assist the PWMDFC team in designing an appropriate program that reflect the skills and needs of your child. This information will assist special education personnel in developing your child's transition plan.

Name of Trainee \_\_\_\_\_

Age: \_\_\_\_ Sex: \_\_\_\_\_

Name of previous School attended : \_\_\_\_\_

Date Attended: \_\_\_\_\_

Awards Recieved: \_\_\_\_\_

What is your child's disabilities: \_\_\_\_\_

What is your child strength: \_\_\_\_\_

What is your child weaknesses: \_\_\_\_\_

What are your hopes for your child in the future:

\_\_\_\_\_

\_\_\_\_\_

Agencies involved with: \_\_\_\_\_

Parents Name:

Father: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Other source of Income: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

Who is Taking Care of the Child?: \_\_\_\_\_

What support you can provide for the child's transition program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please enclose Latest Doctor's Evaluation upon submission