**SAMPLE COVER LETTER FOR PARENT QUESTIONNAIRE**

(school letterhead)

(date)

To: Parent(s) of (student’s name)

From: (your name and title)

(your address)

As a member of your child's staffing team, I am asking you to complete the enclosed **Parent Questionnaire for Transition Planning** and return to me as soon as possible. The information you provide will assist us in making educational plans which focus on your child's post-school goals.

Transition planning is an evolving and continual process of identifying

needs, developing goals, and making connections, if needed, to services and service providers outside of the school system. Both you and your son or daughter need to be part of this transition planning. In order to accurately document transition services in the IEP, it is helpful for information to be gathered prior to the IEP meeting. Questions on this form relate to employment, adult living, and linkages to services and service providers.

This is a generic questionnaire given to parents of students with a wide range of educational needs. Please answer each question carefully, giving specific information related to your child's needs. If a question is not applicable, you need not answer it. If you need further clarification, I can be reached at (your phone number).

Thank you for your prompt attention and cooperation. I have enclosed a stamped, self-addressed envelope for your convenience.

**PARENT QUESTIONNAIRE FOR TRANSITION PLANNING**

Student Date

School Grade

1. What special strengths, interests, and preferences does your son/daughter have?

Strengths:

Interests:

Preferences:

2. When your son/daughter graduates from high school, what do you anticipate he/she

will do?

\_\_\_\_\_ Attend a 4-year college

\_\_\_\_\_ Attend a junior college or trade school

\_\_\_\_\_ Enlist in the military

\_\_\_\_\_ Begin competitive employment, working full time or part time

\_\_\_\_\_ Work in a job with a job coach available to assist when needed

\_\_\_\_\_ Work in a job with a job coach providing assistance all the time

\_\_\_\_\_ Work in a sheltered workshop or activity center

\_\_\_\_\_ Other (please specify)

3. Do you anticipate your son/daughter will need assistance getting and keeping a job?

YES NO

4. Following graduation, either high school or college, where do you think your

son/daughter will be living?

\_\_\_\_\_ In our home or the home of a relative

\_\_\_\_\_ In an apartment with a friend(s) and needing no extra help

\_\_\_\_\_ In an apartment with someone checking on her/him weekly

\_\_\_\_\_ In an apartment with supervision provided daily

\_\_\_\_\_ In a group home for adults with special needs

\_\_\_\_\_ Other (please specify)

5. In the future, do you anticipate your son/daughter will need assistance managing

his/her adult living needs?

6. What coursework and activities would you like for your son/daughter to take in high

school?

7. What kind of work experience (paid or unpaid) does your son/daughter have?

8. In which career(s) or specific job(s) has your son/daughter expressed an interest?

9. Do you have preferences regarding the type of work your son/daughter should do

now and in the future? If so, what are your preferences?

10. Please share any medical concerns we may not be aware of that might impact your

son/daughter’s transition to adult life.

11. What leisure/recreational activities does your son/daughter enjoy?

12. Are there other leisure/recreational activities in which you would like to see your

son/daughter participate? \_\_\_\_\_ If YES, please name them.

13. If he/she is under 16 years old, do you anticipate your son/daughter will be able to

obtain a driver’s license? YES NO

If he/she is 16 or older, does he/she have a license? YES NO

Do you anticipate your son/daughter will in the future own and maintain a vehicle?

YES NO

14. In which of the following areas, if any, do you feel your son/daughter needs

instruction from the school?

\_\_\_\_\_ Clothing care \_\_\_\_\_ Meal preparation and nutrition

\_\_\_\_\_ Hygiene/grooming \_\_\_\_\_ Home care (cleaning/maintenance)

\_\_\_\_\_ Health/first aid \_\_\_\_\_ Shopping and making purchases

\_\_\_\_\_ Crossing streets \_\_\_\_\_ Time management

\_\_\_\_\_ Sex education \_\_\_\_\_ Measurement

\_\_\_\_\_ Money management \_\_\_\_\_ Safety

\_\_\_\_\_ Driver's education \_\_\_\_\_ Parenting/child development

\_\_\_\_\_ Other (please specify)

15. If your son/daughter is receiving assistance from any public or private agency,

what service or assistance is provided and which agency provides the service?

16. Do you feel your son/daughter will be and should be his/her own legal guardian

when they turn 18 years of age? YES NO

17. If not, do you know the steps needed to establish your guardianship of your

son/daughter before they turn 18 years of age? YES NO

18. Would you like information on guardianship*s*? YES NO

19. Do you have any other concerns for your son/daughter at this time that you want to

share with the school?

Thank you for your responses. Please return this to the school for

our use in planning your son/daughter’s transition planning.