

HANCOCK COUNTY TRANSITION  
PARENT SURVEY  
LEISURE, DOMESTIC, RECREATION, RESIDENTIAL

1. Which characteristics describe your child?

- |                                 |                                   |                                      |
|---------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> shy    | <input type="checkbox"/> kind     | <input type="checkbox"/> sad         |
| <input type="checkbox"/> funny  | <input type="checkbox"/> friendly | <input type="checkbox"/> trustworthy |
| <input type="checkbox"/> honest | <input type="checkbox"/> happy    | <input type="checkbox"/> other       |

2. What goals do you have for your child's future?

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> college    | <input type="checkbox"/> technical school | <input type="checkbox"/> live independently |
| <input type="checkbox"/> employment | <input type="checkbox"/> other: _____     |   |

3. Does your child make life decisions independently?  Yes  No

4. Does your child have a best friend?  Yes  No

5. Which of the following activities does your child participate in during spare time?

- |                                      |                                      |                                       |                                 |                                    |
|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> sports      | <input type="checkbox"/> reading     | <input type="checkbox"/> hunting      | <input type="checkbox"/> movies | <input type="checkbox"/> computers |
| <input type="checkbox"/> board games | <input type="checkbox"/> video games | <input type="checkbox"/> other: _____ |                                 |                                    |

6. Does your child participate in most activities alone or with others? \_\_\_\_\_

7. Does your child participate in community activities or services?  Yes  No

If so, what? \_\_\_\_\_

8. Does your child exhibit good manners at home  Yes  No

9. Does your child have access to a computer at home?  Yes  No

10. What is your child best at in school subjects? \_\_\_\_\_

11. What is your child's weakness in school subjects? \_\_\_\_\_

12. Can your child provide the following information if asked?

- |                                       |  |                                  |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> full name    | <input type="checkbox"/> parent's name | <input type="checkbox"/> address |
| <input type="checkbox"/> phone number | <input type="checkbox"/> birth date    |                                  |

13. Can your child use a telephone book?  Yes  No

14. Does your child know who to contact in case of emergency?  Yes  No

15. Can your child get along with adults and peers?  Yes  No

16. Does your child attend school regularly?  Yes  No

17. Does your child know the values of honesty, dependability, loyalty, and thoughtfulness to others?  Yes  No

18. Does your child have trouble expressing their feelings?  Yes  No
19. Does your child handle conflict well?  Yes  No
20. Does your child ask for assistance if he/she needs help?  Yes  No
21. Does your child use good hygiene on his/her own?  Yes  No
22. Does your child know how to contact people in case of emergency?  Yes  No
23. Does your child participate in a counseling program?  Yes  No
24. Does your child know the requirements of living independently?  Yes  No
25. Does your child know how to use public transportation?  Yes  No
26. Does your child need special adaptations for transportation?  Yes  No
27. Can your child perform domestic tasks around the house?  Yes  No
28. Can your child budget a weekly allowance?  Yes  No
29. Does your child understand the need for bank accounts?  Yes  No
30. Does your child know the reason for insurance?  Yes  No
31. Does your child require assistance while shopping?  Yes  No

HANCOCK COUNTY TRANSITION  
PARENT SURVEY  
COMMUNITY ACCESS, EMPLOYMENT, AND EDUCATION

1. Does your child have a driver's license? Yes No
2. Does your child require handicap accessible vehicles? Yes No
3. What type of housing accommodations will your child need?  
\_\_\_\_\_ independent living \_\_\_\_\_ daily assistance \_\_\_\_\_ group housing  
\_\_\_\_\_ residential housing \_\_\_\_\_ live at home
4. Does your child know how to budget money? Yes No
5. Can your child shop for personal goods alone? Yes No
6. Will your child require support from public agencies (re-hab, mental health, etc.)?  
Yes No
7. Does your child have skills required for obtaining jobs? Yes No
8. Does your child work well with their hands? Yes No
9. Can your child identify the responsibilities of different jobs? Yes No
10. Has your child told you the career they want to pursue? Yes No  
Is so, what: \_\_\_\_\_
11. Does your child have a clear and realistic outlook about their future employment?  
Yes No
12. Has your child ever filled out a resume, application, or other W-4 forms? Yes No
13. Is your child able to work independently on task that are given to him/her and complete with out assistance? Yes No