

**EAST ISLIP UNION FREE SCHOOL DISTRICT**

**1 Craig B. Gariepy Avenue**

**Islip Terrace, NY 11752**

Phone: (631) 224-2060 Fax: (631) 581-4071

www.eischools.org

**PARENT/GUARDIAN TRANSITION QUESTIONNAIRE**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

---

*Parental input is an essential part of planning for your child's transition to enter the world of work, further education and community living. This questionnaire concerns your thoughts regarding your child's future. Please complete and return this form. State regulations require that this be included in your child's educational records.*

---

Health concerns about student: (Including current medications)

\_\_\_\_\_

Area agencies currently involved with student:

- \_\_\_\_\_
- Mental Health Services: \_\_\_\_\_
- Juvenile Court/Probation: \_\_\_\_\_
- Vocational Services: \_\_\_\_\_
- Other: \_\_\_\_\_

**Vocational Information**

1. When your child graduates from school, what are your expectations for the future?

(C111to2 7q.0000092 0 612 79 reW\*nB/F1 12 Tf1 0 0 1 76.104 284.2ok092 0 612 79 reW\*nB.0000.0000092 0 6

5. What careers have you discussed with your son/daughter?

---

6. What job experience(s) has your son/daughter had?

---

---

7. Do you have any medical concerns related to you son/daughter's possible vocational placement or area of interest?

---

---

**Personal Management – Interests – Living Arrangements**

1. What duties or responsibilities does your son/daughter have at home?

---

---

2. List any clubs, activities, organizations, etc. with which your son/daughter has been or is currently involved:

---

---

3. When he/she graduates high school, where do you see your son/daughter living?

- Independent (on their own)
- Semi-independent (with assistance)
- With family
- College dormitory
- Residential placement
- Group home

**Instruction**

1. What areas do you feel your child needs assistance in school? (Check all that apply)

- Reading
- Written Language
- Mathematics
- Study Skills
- Classroom performance (organizing and completing work)
- School behavior (attendance and following school rules)
- Other: \_\_\_\_\_

When I think about my son/daughter graduating high school, I am most concerned about...

---

---