

# Parent Transition Assessment

Frontier Central School District Pupil Services

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date completed: \_\_\_\_\_

Please answer the following questions to assist the Committee on Special Education with developing your child's Individual Education Plan. Your comments in each area are greatly appreciated.

If your child is linked with a service provider or Care Coordinator who provides transition services to your young adult and you would like that person invited to the CSE meeting, please provide us with their contact information.

Name of service provider & Title; \_\_\_\_\_  
Agency; \_\_\_\_\_  
Address; \_\_\_\_\_  
Phone Number; \_\_\_\_\_ Email; \_\_\_\_\_

## Academic:

1. What went well for your child this year? \_\_\_\_\_  
\_\_\_\_\_
2. What did your child struggle with this year? How can we help him/her to overcome this struggle?  
\_\_\_\_\_  
\_\_\_\_\_
3. What are your academic concerns for next year? \_\_\_\_\_  
\_\_\_\_\_
4. What academic accommodations/supports help your child? \_\_\_\_\_  
\_\_\_\_\_
5. Are there any accommodations that you feel your child no longer needs?  
\_\_\_\_\_

## Social:

1. Do you have any comments or concerns regarding your child's social development?  
\_\_\_\_\_  
\_\_\_\_\_

## Physical:

1. Do you have any comments or concerns regarding your child's physical development?  
\_\_\_\_\_  
\_\_\_\_\_

2. Has there been any changes to your child's health? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

**Transition Goals / Career Goal:**

1. What career goals does your child have? Do you support this goal? \_\_\_\_\_  
\_\_\_\_\_
2. What skills or strengths does your child have that would help him/her succeed in this field?  
\_\_\_\_\_
3. What areas does your child need to improve in to reach this goal? \_\_\_\_\_  
\_\_\_\_\_
4. What career fields do you think your child would be successful in and why? \_\_\_\_\_  
\_\_\_\_\_

**Post- Graduation Education Goal:**

1. What post-secondary education goals does your child have? Do you support this goal?  
\_\_\_\_\_
2. What skills or strengths does your child have that would help him/her succeed in this setting?  
\_\_\_\_\_
3. What area(s) does your child need to improve to reach this education goal? \_\_\_\_\_  
\_\_\_\_\_
4. What concerns to you have about your child's post-secondary education goals?  
\_\_\_\_\_

**Independent Living:**

1. When your child becomes an adult, do you see him/her living independently, living outside of the family home with supports from an agency, or at home with the family? \_\_\_\_\_
2. What independent living skills does your child currently possess? What chores is he/she responsible for at home? \_\_\_\_\_  
\_\_\_\_\_
3. What skills does he/she need to learn or improve to prepare for adulthood?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like the committee to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for completing this form. Please return to your child's Special Education Teacher/ Case Manager*