

Family Demographics

To Be Completed by a Family Member

Date: _____

Student's Name: _____

Your Name: _____

1. What is your relationship to the student? (Check only one)

- | | |
|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Legal male guardian/foster parent | <input type="checkbox"/> Legal female guardian/foster parent |
| <input type="checkbox"/> Other; Please specify _____ | |

2. Does the student live with you?

- Yes
 No

3. What is your marital status?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Living with a partner |
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Other | |

4. What is your work status? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Self-employed full-time | <input type="checkbox"/> Self-employed part-time |
| <input type="checkbox"/> Not working | <input type="checkbox"/> Permanently Disabled - Not working for pay |
| <input type="checkbox"/> Retired | |

5. What is your annual household income range? (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> 35,000 to 39,999 |
| <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 40,000 to 49,999 |
| <input type="checkbox"/> 10,000 to 12,499 | <input type="checkbox"/> 50,000 to 59,999 |
| <input type="checkbox"/> 12,500 to 14,999 | <input type="checkbox"/> 60,000 to 74,999 |
| <input type="checkbox"/> 15,000 to 19,999 | <input type="checkbox"/> 75,000 to 99,999 |
| <input type="checkbox"/> 20,000 to 24,999 | <input type="checkbox"/> 100,000 to 149,999 |
| <input type="checkbox"/> 25,000 to 29,999 | <input type="checkbox"/> 150,000 or more |
| <input type="checkbox"/> 30,000 to 34,999 | |

6. What is your ethnicity or race? (Check all that apply)

- White or Caucasian
- Black, African American
- American Indian or Alaska Native
- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Other Hispanic, Latino, or Spanish origin
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Asian Indian
- Japanese
- Chinese
- Korean
- Filipino
- Vietnamese
- Other Asian
- Other; Please specify _____

7. What is your **highest** level of education?

- Less than high school diploma
- High school diploma or GED
- Vocational or technical certification
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or other Professional degree

8. What is the **highest** level of education completed by the primary male parent/guardian of this student?

- Less than high school diploma
- High school diploma or GED
- Vocational or technical certification
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or other Professional degree
- Not applicable

Please go to next page.

9. Does the primary male parent/guardian live in the home with this student?

- Yes
- No
- Not applicable

10. What is the highest level of education completed by the primary female parent/guardian of this student?

- Less than high school diploma
- High school diploma or GED
- Vocational or technical certification
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or other Professional degree
- Not applicable

11. Does this female parent/guardian live in the home with this student?

- Yes
- No
- Not applicable

12. What is the primary language spoken in the home?

- English
- Other; Please specify the language: _____

13. Did someone help you complete these forms?

- Yes
- No

If your answer is Yes, please specify who helped you fill out these forms and type of help.

- Friend
- Relative
- Student
- Teacher
- Other, Please specify _____

Type of help:

- Reading
- Writing
- Translation
- Explanation
- Other, Please specify _____

Thank you for completing this form.
Please return to the student's teacher.

Transition Assessment & Goal Generator

Name of Person Completing Form _____ Date Completed _____

General Instructions

As you read each sentence, think about your child's actions over the past year. Please indicate how each statement describes your child. For statements with yes or no, please circle the correct response. For statements rated with numbers, circle the number that best explains how often or how well your child has completed each activity described.

- 1 = rarely performed the activity within the past year
- 2 = performed the activity a few times or did not do well when performing the activity
- 3 = performed the activity several times or did a fair job of completing the activity
- 4 = performed the activity many times or did a good job of competing the activity
- 5 = performed the activity often or was successful at completing this activity

| | Rarely | Often |
|---|-----------|-------|
| 1. My child told someone what he or she does well. | 1 2 3 4 5 | |
| 2. My child told someone what he or she has trouble doing. | 1 2 3 4 5 | |
| 3. My child told someone about the things he or she does well in school. | 1 2 3 4 5 | |
| 4. My child knew which assignments he or she would have trouble with as soon as the teacher gave them to the child. | 1 2 3 4 5 | |
| 5. My child talks about the disability in a way that he or she will receive most help. | 1 2 3 4 5 | |
| 6. My child told someone about the supports or accommodations needed because of his or her disability. | 1 2 3 4 5 | |
| 7. My child views the disability as only one part of his or her life. | 1 2 3 4 5 | |
| 8. My child told others that he or she receives help from special education. | 1 2 3 4 5 | |

Instructions: Circle the response that best reflects your child's actions *over the past year*.
(1 = rarely; 3 = sometimes; 5 = often or well done)

| | Rarely | | | | Often |
|--|--------|---|---|---|-------|
| 9. My child views not giving up in school as important. | 1 | 2 | 3 | 4 | 5 |
| 10. My child keeps working until he or she accomplishes a goal. | 1 | 2 | 3 | 4 | 5 |
| 11. My child tries different ways to keep working on tasks until they are finished. | 1 | 2 | 3 | 4 | 5 |
| 12. My child keeps working to attain a goal even when it becomes hard. | 1 | 2 | 3 | 4 | 5 |
| 13. My child learns from mistakes so he or she can do better the next time. | 1 | 2 | 3 | 4 | 5 |
| 14. My child works well in small groups to complete projects. | 1 | 2 | 3 | 4 | 5 |
| 15. My child participates in school or community groups, such as sports clubs or organized social groups. | 1 | 2 | 3 | 4 | 5 |
| 16. My child gets along with teachers, family, and other adults. | 1 | 2 | 3 | 4 | 5 |
| 17. My child sets goals that match his or her strengths and interests while taking into consideration what the family or community wants him or her to do. | 1 | 2 | 3 | 4 | 5 |
| 18. My child breaks big goals into smaller parts. | 1 | 2 | 3 | 4 | 5 |
| 19. My child uses plans he or she develops to meet goals. | 1 | 2 | 3 | 4 | 5 |
| 20. My child changes his or her plans to meet goals if they <u>do not</u> work. | 1 | 2 | 3 | 4 | 5 |
| 21. My child moves on to the next goal after he or she meets one goal. | 1 | 2 | 3 | 4 | 5 |

Instructions: Circle the response that best reflects your child's actions *over the past year*.
(1 = rarely; 3 = sometimes; 5 = often or well done)

| | Rarely | | | Often | |
|--|--------|-----|--------------|-------|---|
| 22. My child completed at least one IEP transition goal. | NO | YES | I don't know | | |
| 23. My child talks about wanting a job. | 1 | 2 | 3 | 4 | 5 |
| 24. My child talks about wanting a job that matches his or her career interests and skills. | 1 | 2 | 3 | 4 | 5 |
| 25. My child had an unpaid job, such as working for a family member. | NO | | YES | | |
| 26. My child had a paid job. | NO | | YES | | |
| 27. My child told the IEP team his or her goals for after high school. | 1 | 2 | 3 | 4 | 5 |
| 28. My child talked about how he or she was doing in school at the IEP meeting. | 1 | 2 | 3 | 4 | 5 |
| 29. My child talked at the IEP meeting about how future classes will help achieve his or her after high school goals. | 1 | 2 | 3 | 4 | 5 |
| 30. My child led his or her IEP meeting. | 1 | 2 | 3 | 4 | 5 |
| 31. My child knows the difference between people who are a positive influence in his or her life from those who are <u>not</u> a positive influence. | 1 | 2 | 3 | 4 | 5 |
| 32. My child accepts help from support people when it is offered. | 1 | 2 | 3 | 4 | 5 |
| 33. My child only uses support people when needed, <u>not</u> to get out of doing things. | 1 | 2 | 3 | 4 | 5 |
| 34. My child asks for help from places outside of school, such as Department of Vocational Rehabilitation, the library, or employment agencies. | 1 | 2 | 3 | 4 | 5 |

