Parent Transition Survey
Elementary/Intermediate

Dear Parents/Guardian:

Schertz Cibolo Universal City ISD needs you to participate in the transition planning process for your child. For future planning purpose, it is important to begin early. An annual survey will help identify future goals and ways to support students in teaching these goals. Please take a few minutes to complete the survey and return it to the Special Education monitoring teacher on your student’s campus. For more information on transition, please visit www.transitionintexas.org or on our website under the Department of Special Education.

Child’s Name: _____________________________ Campus: ________________ Grade: _____

Date of Survey: ________________________

Name of person completing survey: ______________________________________________

Relationship to student: ______________________________________________________

Please complete the choices that best reflect your child.

EDUCATION
What subjects does your child enjoy?

What subjects does your child least enjoy?

Does your child require accommodations to complete their schoolwork?

Does your child let you know when they need help with homework?

Does your child communicate effectively? If not, what type of assistive technology do you use at home?

Has your child expressed interest in a career path?

★ SCUCISD Mission Statement ★
Schertz-Cibolo-Universal City ISD provides a safe, secure and challenging learning environment, through the responsible use of all resources, to afford opportunities for all students to realize their individual potential and to become responsible and productive members of society.
DAILY LIVING SKILLS

Please indicate the level at which your child participates in the following activities:

<table>
<thead>
<tr>
<th></th>
<th>Independent</th>
<th>With Assistance</th>
<th>Does Not Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brushing his/her teeth</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Brushing his/her hair</td>
<td></td>
<td></td>
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<tr>
<td>Dressing</td>
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<td></td>
<td></td>
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<tr>
<td>Chores</td>
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<td></td>
<td></td>
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<tr>
<td>Snack preparation</td>
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<tr>
<td>Meal preparation</td>
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<td></td>
<td></td>
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<tr>
<td>Practicing safety in the home</td>
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<td></td>
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<tr>
<td>Stranger Danger</td>
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</tr>
</tbody>
</table>

RECREATION & LEISURE

Does your child make and keep friends during and outside of school? YES or NO

Please indicate what type of leisure activities your child participates in at home and/or the community:

- _____ sports (Special Olympics, club teams, church teams, etc.)
- _____ hobbies (crafting, reading, etc.)
- _____ shopping
- _____ movies
- _____ eating out
- _____ music
- Other: ____________________________________

FUTURE LIVING OPTIONS

Where do you foresee your child residing as an adult?

- _____ at home
- _____ in an apartment on their own or with a roommate
- _____ in a supported apartment/living program
- _____ in a group home
- _____ in a host family home
- Other: ____________________________________

OUTSIDE SERVICES

Which outside services is your child connected with?

- _____ SSI/SSDI
- _____ Medicaid
- _____ Local Authority Agency (Bluebonnet Trails - Guadalupe County)
- _____ Local Authority Agency (AACOG - Bexar County)
- _____ Texas Workforce Solutions

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