



SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT

200 W. Schlather St., Cibolo, TX 78108 Phone (210) 945-6426 Fax (210) 945-6427 www.scuc.txed.net

Department of Special Education

★ High Achievement For All Students

★ Highly Qualified and Well-Trained Staff

★ Effective and Efficient District Operations

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:

	Independent	With Assistance	Does Not Perform
Bathing			
Brushing his/her teeth			
Brushing his/her hair			
Dressing			
Chores			
Snack preparation			
Meal preparation			
Practicing safety in the home			
Stranger Danger			

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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