

# CrossingPoints

---

a collaboration between the university of alabama  
and the tuscaloosa city and county schools systems

*Authentic and Empowering Transition Connections*

## **CrossingPoints Admissions Packet For 2020-21 School Year**

Parent Packet

## Application for Participation in CrossingPoints Program

### A Collaborative Transition Program of the Tuscaloosa City Schools, Tuscaloosa County School System, and the University of Alabama College of Education Department of Special Education and Multiple Abilities

**Program Description:** CrossingPoints is a post-secondary transition program of the University of Alabama, Tuscaloosa City Schools, and Tuscaloosa County School System [9-Month School Year Calendar]



CrossingPoints Program at The University of Alabama seeks to assist youth with disabilities ages 18-21 years in establishing, maintaining, and improving the quality of transition education services. CrossingPoints is a collaborative program between the University of Alabama's Special Education and Multiple Abilities Department in the College of Education and the Tuscaloosa City and County School Systems. Students participating in CrossingPoints receive hands on instruction in vocational employment aspects of transition during their rotating job placement and specially selected job sites at the University of Alabama and selected off campus job sites. The students spend up to 3 hours a day 4 days a week in real job settings, while receiving skills instruction in daily living, recreation/leisure, health/fitness, and community participation. Furthermore, students develop life-long learning skills in academic areas of reading, math, and the arts.

#### Eligibility Criteria:

- Applicant has a demonstrated and documented desire for post-school competitive (with time-limited support) employment.
- Applicant maintains functional capacity in small groups no smaller than 4 students and one staff member.
- Applicant must have a demonstrated potential for progressively gaining independence at work site, classroom, and other activities spread across the University of Alabama campus.
- Applicant has demonstrated potential to be able to navigate unassisted around the University campus.
- Applicant must possess some form of systematic communication not limited to verbal speech to express needs, desires, and make choices.
- Applicant has demonstrated potential to be able to express self to new acquaintances with speech or a previously developed system of communication not dependent on speech.
- Applicant has a demonstrated potential to adhere to the social decorum and requirements of the University of Alabama and other community locations (e.g. appropriate interactions with persons regardless of race, religion, gender, or disability).

#### Program Requirements:

- Perform basic work skills that will be needed on most employment training sites
- Participate in classroom lessons and activities designed to improve student development in IDEA mandated transition areas of employment preparation, community access, independent living, and recreation/leisure.
- Interact socially (when appropriate) with co-workers and others associated with CrossingPoints
- Self-regulate or demonstrated potential to learn to self-regulate in order to limit behaviors that impede the learning of self or others

**Stipends:** Work stipends are awarded contingent upon availability of funds for the sole purpose of teaching the relationship of work and pay. Work experience and placement is solely for skill development, not employment (see <http://www.dol.gov/whd/FOH/ch64/64c08.htm>).

**Interview Review Date:** To be announced

**Potential Outcomes of Participating in CrossingPoints-** Improvement and/or acquisition of community referenced:

- Work/Employment Skills
- Daily Living Skills
- Social Skills
- Leisure/Recreation Skills
- Personal Physical Fitness

**CrossingPoints**  
1060 Barnes Education Center  
Box 870232  
Tuscaloosa, AL 35401  
205-348-3180

**Application Due Date:** Friday, February 7, 2020

**Application Process:** Complete the application packet and return to your respective school contact.

## REFERRAL PACKET FOR CROSSINGPOINTS

The following documents are required for admission to CrossingPoints. Each item in the following list must be completed and received by the CrossingPoints Program **no later than Friday, Feb. 7, 2020**.

The CrossingPoints Admissions Committee will meet on a Friday in March or April. Appointments will be scheduled for interviews with the students and his/her parents or guardian upon receipt of a completed referral packet.

### Documents required to be considered for admissions to CrossingPoints

- Checklist of Completed Application Materials
- “Referral for admission to CrossingPoints” *(to be completed by referring teachers)*
- Letter of recommendation from current special education teacher
- Admissions Rubric *(completed by the current Special Education Teacher)*
- Copy of Current Individual Education Plan (IEP)
- Copy of most recent psychological evaluation report and MEDC report
- Adaptive behavior scale completed within the past 12 months – The Adaptive Behavior Scale must be scored!
- Transition Planning Inventories *(to be completed by both the teacher and parent/guardian)*
- “Parent/Guardian Transition Survey” *(to be completed by parent/guardian)*
- “Transition Planning Assessment” *(to be completed parent/guardian)*
- Letter stating that the student is a client with the Ability Alliance/Tuscaloosa County Mental Retardation Authority (telephone: 333-1577)
- Letter stating that the student is a client with the Alabama Department of Rehabilitation Services (telephone: 554-1300)

---

### Documents required if accepted for admission to CrossingPoints

- Copy of student’s State of Alabama non-driver identification card, driver’s permit, or driver’s license.
- Copy of student’s Social Security Card, Birth Certificate, and Health Insurance Card.
- Student Information / Medical Alert Form
- CrossingPoints Medication Prescriber / Parent Authorization Form
- Permission to Participate in Recreational / Leisure Activities, Photo Release, Transportation, Participation in Research Investigations, Participate in School-Based / Community Work Program, and Student Contract Forms
- Each Student admitted into CrossingPoints must have a personal bank account at a local financial institution (checking/savings). A copy of a voided check must be provided.

## Checklist of Completed Application

Please confirm that all of the following documents have been completed with the required information and signatures. Incomplete application packets will delay the application review and may not be considered for application this year.

### **Complete Applications are due on or before Friday, February 7, 2020**

#### Teacher Packet

1. \_\_\_\_\_ Application Checklist *(signed by parent/guardian, student, and teacher)*
2. \_\_\_\_\_ Referral for Admission *(completed by referring teacher and parent)*
3. \_\_\_\_\_ One Letter of Recommendation *(from current Special Education Teacher)*
4. \_\_\_\_\_ Admissions Rubric *(completed and signed by special education teacher)*
5. \_\_\_\_\_ Transition Planning Inventory- School *(completed by special education teacher)*
6. \_\_\_\_\_ Copy of current IEP
7. \_\_\_\_\_ Copy of most recent eligibility report
8. \_\_\_\_\_ Scored Adaptive Behavior scale completed within the past 12 months

#### Parent Packet

1. \_\_\_\_\_ Application Checklist *(signed by parent/guardian, student, and teacher)*
2. \_\_\_\_\_ Referral for Admission *(completed by referring teacher and parent)*
3. \_\_\_\_\_ Parent/Guardian Transition Survey *(completed by parent/guardian)*
4. \_\_\_\_\_ Transition Planning Assessment *(completed by parent/guardian)*
5. \_\_\_\_\_ Transition Planning Inventory- Home *(completed by parent/guardian)*
6. \_\_\_\_\_ Letter from Ability Alliance
7. \_\_\_\_\_ Letter from The Alabama Department of Vocational Rehabilitation Services

An interview with the applicant and parent/guardian is required. If the applicant meets all the basic eligibility requirements, you will be contacted to schedule this interview.

**I have completed all the required application requirements with accurate information and have included them in the application packet. Misleading comments and ratings regarding aggressive behavior which cannot be dealt with in an open university environment may result in program dismissal.**

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Teacher Signature:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_

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

**Referral for Admission to CrossingPoints  
(PLEASE PRINT)**

Student Name (first, middle, last) \_\_\_\_\_

Grade \_\_\_\_\_

School in Which Student is Currently Enrolled \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Student's Area of Exceptionality (as listed on the Eligibility Report):  
\_\_\_\_\_  
\_\_\_\_\_

▪ If student has multiple disabilities, list all areas of concern (for example visual, physical/motor, or hearing impairments, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▪ Has the student ever committed a Class III offense?  Yes  No

If yes, Explain: \_\_\_\_\_

▪ Does the student's IEP include social, emotional, or behavioral goals?  Yes  No

▪ If yes, what specific goals are included in these areas?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▪ Is the student receiving special education related services or special instructional factors? (including speech, OT, PT, assistive technology, adaptive programming, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

▪ Does the student have a Behavior Intervention Plan?  Yes  No

(Student Name \_\_\_\_\_)

▪ Was a Functional Behavior Assessment completed prior to the development of the Behavior Intervention Plan?  Yes  No

▪ If yes, list the function of the challenging behavior as well as the target behaviors for which the plan was written. \_\_\_\_\_

---

---

---

▪ Does the student currently take medication?  Yes  No

▪ If yes, please list the prescription(s) and over the counter medication(s) the student currently takes and why. \_\_\_\_\_

---

---

---

▪ List student's areas of strength (including academic skills, work skills, social skills, etc.):

---

---

---

---

▪ Does the student have, or have had in the last 3 years a school health care plan?

Yes  No

▪ Has the student expressed the desire to develop employment-related skills?  Yes  No

▪ If student has participated in job skills training, please list places of training and activities performed on each job site: \_\_\_\_\_

---

---

---

▪ Does the student require increased levels of supervision for medical, behavioral, or other reasons?

Yes  No

▪ If yes, please specify why and what type of increased supervision is needed. \_\_\_\_\_

---

---

---

▪ CrossingPoints provides a series of work experiences that require mobility. Does the student have any limitations that would affect his/her independence in these activities?  Yes  No

If yes, Explain: \_\_\_\_\_

# CrossingPoints

a collaboration between the university of alabama  
and the tuscaloosa city and county schools systems

*Authentic and Empowering Transition Connections*

## Parent/Guardian Transition Survey

**Student's Name:** \_\_\_\_\_

**Student's Age:** \_\_\_\_\_ ) \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1) Upon completion of public school, you would like to see your son/daughter participate in:

- Day Care/Activity Program (i.e. ARC's McGraw Center or Eagle's Wings)
- Sheltered Workshop (i.e. ARC's PALK Program)
- Competitive Part or Full-Time Employment with time-limited support
- Competitive Part or Full-Time Employment
- Other (Specify) \_\_\_\_\_

2) Upon completion of public school, you anticipate your son/daughter's living situation to be:

- At home
- With relatives
- Group Home
- Supervised Apartment
- Independent Living Situation
- Other (Specify) \_\_\_\_\_

3) After graduation, do you feel that your son/daughter will most likely be supported by:

- Social Security/SSI/Medical Assistance
- His or Her Own Wages
- Department of Public Welfare
- A Combination of the Above

4) After graduation, do you feel that your son/daughter will most likely be transported by:

- Family Members
- Public Transportation
- His/Her Own Car
- Taxi
- Other (Specify) \_\_\_\_\_

5) Which of the following adult special needs service providers have you been aware of and/or contacted for information?

- United Cerebral Palsy (UCP)
- Alabama Institute for the Deaf and Blind (AIDB)
- The ARC of Tuscaloosa
- Ability Alliance
- Easter Seals of West Alabama
- Group Home Providers (e.g. Volunteers of America)
- Department of Vocational Rehabilitation (Voc. Rehab)

6) Which of the following services have been made available to your son/daughter as he/she has progressed through school?

- Physical Therapy
- Occupational Therapy
- Speech and Language Therapy
- Sensory Services (i.e. Vision, Hearing, or Service Animals)
- Assistive Technology
- Individual/Family Counseling
- Vocational Counseling
- Other (Specify) \_\_\_\_\_

7) How comfortable would you be with your son/daughter living in a supported environment?

- Very Comfortable
- Moderately Comfortable
- Uncomfortable
- Very Uncomfortable

8) After graduation, do you feel that your son/daughter will probably (check all that apply):

- Be Friends with Peers of the Other Sex
- Have a Boy/Girlfriend But No Marriage
- Get Married
- Have Children
- Have Very Little Romantic or Social Contact With the Other Sex

9) After graduation, do you feel that your involvement with your son/daughter will:

- Pretty Much Stay the Same
- Increase Moderately
- Decrease Moderately
- Decrease Drastically

10) In what areas do you feel you have been especially helpful in preparing you son/daughter for life after graduation?

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Self Help Skills                     | <input type="checkbox"/> Learning Safe Travel                 |
| <input type="checkbox"/> Preparation of Food                           | <input type="checkbox"/> Cleaning House                       |
| <input type="checkbox"/> Sex Education                                 | <input type="checkbox"/> Drug Education                       |
| <input type="checkbox"/> Management of Money                           | <input type="checkbox"/> How To Shop                          |
| <input type="checkbox"/> How To Avoid Potentially Dangerous Situations | <input type="checkbox"/> Realistic Goal Setting               |
| <input type="checkbox"/> How To Get Along With People                  | <input type="checkbox"/> Vocational Planning                  |
| <input type="checkbox"/> How To Plan Leisure Time Activities           | <input type="checkbox"/> How To Be As Independent As Possible |
| <input type="checkbox"/> How To Contact Help If Needed                 | <input type="checkbox"/> Other _____                          |

11) In what areas do you feel your son/daughter needs additional training before graduation?

- |  |   |
|--|---|
| <input type="checkbox"/> Learning Self Help Skills                     | <input type="checkbox"/> Learning Safe Travel                 |
| <input type="checkbox"/> Preparation of Food                           | <input type="checkbox"/> Cleaning House                       |
| <input type="checkbox"/> Sex Education                                 | <input type="checkbox"/> Drug Education                       |
| <input type="checkbox"/> Management of Money                           | <input type="checkbox"/> How to Shop                          |
| <input type="checkbox"/> How To Avoid Potentially Dangerous Situations | <input type="checkbox"/> Realistic Goal Setting               |
| <input type="checkbox"/> How To Get Along With People                  | <input type="checkbox"/> Vocational Planning                  |
| <input type="checkbox"/> How To Plan Leisure Time Activities           | <input type="checkbox"/> How To Be As Independent As Possible |
| <input type="checkbox"/> How To Contact Help If Needed                 | <input type="checkbox"/> Other _____                          |

12) After graduation, which of the following leisure/recreation activities would you son/daughter benefit from and enjoy?

- |  |  |
|--|--|
| <input type="checkbox"/> Fishing/Hunting   | <input type="checkbox"/> Water Sports                            |
| <input type="checkbox"/> Special Olympics  | <input type="checkbox"/> Horseback Riding                        |
| <input type="checkbox"/> Church Related Activities                               | <input type="checkbox"/> Bowling                                 |
| <input type="checkbox"/> Activities That Are Limited To People With Disabilities | <input type="checkbox"/> Camping                                 |
| <input type="checkbox"/> Running, Walking, or Aerobics                           | <input type="checkbox"/> Art (drawing, painting, ceramics, etc.) |
| <input type="checkbox"/> Photography   | <input type="checkbox"/> Music and Television                    |
| <input type="checkbox"/> Social Functions (parties, visiting friends)            | <input type="checkbox"/> Attending Sporting Events               |
| <input type="checkbox"/> Basketball, Football, Softball, etc.                    | <input type="checkbox"/> Other _____                             |

13) If your son/daughter lived outside of your home in the community, do you feel the risk for being taken advantage of sexually, physically, or financially is:

- High
- Moderate
- Low

14) In surveying your own knowledge and feelings concerning the issues which pertain to your son/daughter, how well do you feel you are prepared to deal with the future?

- Well Prepared and Knowledgeable
- Somewhat Nervous and Undecided
- Very Unsure and Nervous



15) In working with professionals, which agencies have you found particularly helpful in working with your son/daughter?

- The ARC of Tuscaloosa
- Ability Alliance
- Parks and Recreation Authority (PARA)
- Arts and Autism
- Eagle's Wings
- Easter Seals
- Alabama Institute for the Deaf and Blind (AIDB)
- Department of Vocational Rehabilitation
- Department of Mental Health/Mental Retardation
- Department of Public Welfare
- Social Security Administration
- Public School System
- United Cerebral Palsy
- Faith Based Community Services
- Other (Specify) \_\_\_\_\_

16) To date, which has been your greatest source of information concerning services (independent living, community, recreational, or employment services) available to your son/daughter?

- Newspapers, Media
- Friends
- Family Members/Relatives
- School Officials/Teachers
- Found Out By Accident
- Found Out By Doing My Own Research
- None of the Above- I Don't Have Necessary Information
- Other (Specify) \_\_\_\_\_

17) Which fears or anxieties do you have which would prevent your son/daughter from living in a supported living environment in the community?

- Being Taken Advantage of
- Too Vulnerable
- Won't Be Able To Take Good Care of Him/Herself
- Will Become Sexually Active
- Will Get Involved With Alcohol/Drugs
- Can't Shop On His/Her Own
- Can't Manage Money
- Not Really Ready Yet
- Has Been Too Dependent
- Caretaker Would Not Take Good Care Of My Son/Daughter
- Other (Specify) \_\_\_\_\_

18) What types of social media does your son/daughter use?

- Facebook
- Twitter
- E-mail
- Instagram/SnapChat
- Other: \_\_\_\_\_

19) To what degree do they use these media sources?

- Frequently
- Moderately
- Rarely
- Never

20) Do you monitor the use of these media sources?

- Yes, Often
- Yes, Some
- No

21) Does your son/daughter have any challenging behaviors that concern you or others? Explain:

---

---

---

- What do you do when the behavior(s) occurs?

---

---

---

22) Describe your son/daughter's behaviors in each of the following areas:

Meal Time- \_\_\_\_\_  
Communication- \_\_\_\_\_  
Personal Hygiene- \_\_\_\_\_  
Socially- \_\_\_\_\_  
In the Community- \_\_\_\_\_  
School- \_\_\_\_\_

23) What things are important to you or your family members regarding programs that we have not discussed elsewhere in this survey? \_\_\_\_\_

---

---

---

24) List any other comments or concerns: \_\_\_\_\_

---

---

---

---

## Transition Planning Assessment

**Directions:** Please circle the number that best describes how you feel about the need for your son or daughter to receive instruction in each area. Use the extra spaces for other needs.

**NAME OF STUDENT:** \_\_\_\_\_

**NAME OF PERSON COMPLETING ASSESSMENT:** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Skill	Great Need	Moderate Need	Little Need	No Need
<b>HYGIENE AND GROOMING</b>				
Toileting	3	2	1	0
Bathing	3	2	1	0
Oral Care (Teeth and gums)	3	2	1	0
Shaving	3	2	1	0
Hair Care (washing, drying, styling)	3	2	1	0
Other -	3	2	1	0
<b>CARE OF CLOTHING</b>				
Sorting, washing, and drying	3	2	1	0
Ironing	3	2	1	0
Storage (folding, hanging up, putting in drawers)	3	2	1	0
Selection of clothing to wear according to time of year and weather conditions	3	2	1	0
Other -	3	2	1	0
<b>FOOD RELATED</b>				
Cooking with Stove/Oven	3	2	1	0
Cooking with Microwave				
Dishes by hand or using dishwasher (washing, drying, putting away)	3	2	1	0
Menu Planning	3	2	1	0
Eating (table manners, eating w/out assistance)	3	2	1	0
Preparing meals for himself/herself	3	2	1	0
Other -	3	2	1	0

Adapted from Kent State University and *Preparing for Life* – Alabama State Department of Education

<b>Skill</b>	<b>Great Need</b>	<b>Moderate Need</b>	<b>Little Need</b>	<b>No Need</b>
<b>HOME MAINTENANCE</b>				
Mopping	3	2	1	0
Sweeping	3	2	1	0
Dusting	3	2	1	0
Vacuuming	3	2	1	0
Washing Windows	3	2	1	0
Cleaning Mirrors	3	2	1	0
Cleaning Bathroom (toilet, tub, sink, counter tops, )	3	2	1	0
Cleaning Kitchen (sink, stove, refrigerator, counter tops)	3	2	1	0
Bed Making (making bed, changing sheets)	3	2	1	0
Changing Light Bulbs	3	2	1	0
Lawn Care	3	2	1	0
Washing Cars	3	2	1	0
Pet Care	3	2	1	0
Other (Please Specify)-	3	2	1	0
<b>PERSONAL MANAGEMENT</b>				
Getting himself/herself up in the morning with an alarm	3	2	1	0
Using good judgment about going to bed on time	3	2	1	0
Managing money effectively	3	2	1	0
Managing time effectively	3	2	1	0
Preparing meals for himself/herself	3	2	1	0
Other -	3	2	1	0
<b>SHOPPING</b>				
Shopping for Groceries	3	2	1	0
Shopping for Clothing	3	2	1	0
Shopping at a Convenience Store	3	2	1	0
Other -	3	2	1	0

<b>COMMUNITY SKILLS</b>				
Post Office (buying stamps, mailing letters, mailing packages)	3	2	1	0
Bank (know how to open and maintain checking/savings account, how to cash checks, how to deposit money)	3	2	1	0
Restaurants (ordering and paying for meal)	3	2	1	0
Fast Food Restaurants (ordering and paying for meal)	3	2	1	0
(Continued on Next Page)				

Adapted from Kent State University and *Preparing for Life* – Alabama State Department of Education

<b>Skill</b>	<b>Great Need</b>	<b>Moderate Need</b>	<b>Little Need</b>	<b>No Need</b>
Demonstrate the use of public bus transportation	3	2	1	0
Driver's permit/license	3	2	1	0
Give verbal directions to home	3	2	1	0
Demonstrate Knowledge of Personal Information (e.g. Address and Phone Number)	3	2	1	0
Other -	3	2	1	0
<b>USE OF TELEPHONE</b>				
Answers telephone appropriately and gets person requested	3	2	1	0
Answers telephone, takes simple message, and verbally delivers it	3	2	1	0
Makes local telephone calls and gives simple messages	3	2	1	0
Looks up numbers in telephone book or online	3	2	1	0
Knows how to call 911 or other emergency numbers	3	2	1	0
Makes appointments (doctor, dentist, hair, etc.)	3	2	1	0
Other -	3	2	1	0

<b>COMMUNICATION</b>				
Asking for help/assistance	3	2	1	0
Answering questions	3	2	1	0
Engaging in social conversations	3	2	1	0
Other -	3	2	1	0
<b>LEISURE/ RECREATION</b>				
Development of skills for individual activities	3	2	1	0
Development of skills for group activities	3	2	1	0
Participate in community leisure activities	3	2	1	0
Other -	3	2	1	0
<b>MEDICAL/SAFETY</b>				
Demonstrate what to do in emergency situation	3	2	1	0
Demonstrate knowledge of basic first aid procedures	3	2	1	0
Independently take medication	3	2	1	0
Explain his/her disability to medical personnel	3	2	1	0
Describe family medical history and any allergic reactions to medicine	3	2	1	0
Demonstrate knowledge of medical insurance coverage	3	2	1	0
Other -	3	2	1	0

<b>Skill</b>	<b>Great Need</b>	<b>Moderate Need</b>	<b>Little Need</b>	<b>No Need</b>
<b>SELF DETERMINATION</b>				
Participate in his/her IEP planning	3	2	1	0
Participate in the development of long-range goals	3	2	1	0
Express opinions and needs effectively	3	2	1	0
Understand and effectively express strengths, as well as limitations/needs	3	2	1	0
Demonstrate ability to ask for help when needed	3	2	1	0
Set goals	3	2	1	0
Take steps to achieve goals				
Demonstrate an understanding of his/her rights and responsibilities as a person with a disability	3	2	1	0
Demonstrate assertiveness with friends and adults	3	2	1	0
Show respect for self and others	3	2	1	0
Handle praise and/or criticism	3	2	1	0
Display self-confidence	3	2	1	0
Demonstrate knowledge of the various adult programs/agencies available to him/her	3	2	1	0
Other -	3	2	1	0

# TPI

## Transition Planning Inventory Home Form

### Section I. Student Information

Student's Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 School \_\_\_\_\_  
 Parent's/Guardian's Name \_\_\_\_\_

### Section II. Likely Postschool Setting(s)

*Directions:* Fill in based on what you expect will happen immediately after high school.

#### EMPLOYMENT/FURTHER EDUCATION OR TRAINING

- work/full-time
- work/part-time
- vocational training
- college/university
- other \_\_\_\_\_

#### LIVING ARRANGEMENT

- live by himself/herself
- live with parents or other relatives
- live with others who are not related to him/her (without adult supervision)
- live with others who are not related to him/her (with adult supervision)
- other \_\_\_\_\_

### Section III. Planning Area Inventory

*Directions:* Rate your son's/daughter's current level of knowledge or ability on each of the statements. Circle the number that is closest to your level of agreement with each statement. For example, if you strongly disagree with a statement, circle 0. If you strongly agree with a statement, circle 5.

If you do not think planning is necessary because a statement does not fit your son/daughter, circle "NA" (for "not appropriate"). If the statement is appropriate but you do not know his/her level of competence on which to base your decision, circle "DK" (for "don't know").

Planning Areas	Not Appropriate	Strongly Disagree					Strongly Agree		Don't Know
		0	1	2	3	4	5		
<b>EMPLOYMENT</b>									
1. Knows about jobs in which he/she is interested.	NA	0	1	2	3	4	5	DK	
2. Can choose a job that fits his/her interests and abilities.	NA	0	1	2	3	4	5	DK	
3. Knows how to get a job.	NA	0	1	2	3	4	5	DK	
4. Has the work habits and attitudes for keeping a job and being promoted—with or without special help.	NA	0	1	2	3	4	5	DK	
5. Has the knowledge and skills needed for a specific job—with or without special help.	NA	0	1	2	3	4	5	DK	

Planning Areas	Not Appropriate	Strongly Disagree					Strongly Agree			Don't Know
		0	1	2	3	4	5			
<b>FURTHER EDUCATION/TRAINING</b>										
Not all of the statements in this section (Items 6–10) may apply, given your son's/daughter's interests and preferences for his/her first setting(s) after high school. For those that do <i>not</i> apply, circle "NA." For those that <i>do</i> apply, circle the appropriate rating for each statement.										
6. Knows how to get into a community employment training program.	NA	0	1	2	3	4	5	DK		
7. Knows how to get into a General Education Development (GED) program.	NA	0	1	2	3	4	5	DK		
8. Knows how to get into a vocational/technical school that meets his/her needs.	NA	0	1	2	3	4	5	DK		
9. Knows how to get into a college or university that meets his/her needs.	NA	0	1	2	3	4	5	DK		
10. Can do well in a program after high school that meets his/her needs.	NA	0	1	2	3	4	5	DK		
<b>DAILY LIVING</b>										
11. Does his/her own personal grooming and hygiene.	NA	0	1	2	3	4	5	DK		
12. Knows how to find a place to live in the community—may include using agencies that provide help.	NA	0	1	2	3	4	5	DK		
13. Knows how to move in and set up a place to live.	NA	0	1	2	3	4	5	DK		
14. Can do everyday household tasks.	NA	0	1	2	3	4	5	DK		
15. Takes care of his/her own money.	NA	0	1	2	3	4	5	DK		
16. Uses local transportation systems when he/she needs to.	NA	0	1	2	3	4	5	DK		
<b>LEISURE ACTIVITIES</b>										
17. Does various indoor leisure activities.	NA	0	1	2	3	4	5	DK		
18. Does various outdoor leisure activities.	NA	0	1	2	3	4	5	DK		
19. Uses different places for entertainment.	NA	0	1	2	3	4	5	DK		
<b>COMMUNITY PARTICIPATION</b>										
20. Knows his/her basic legal rights.	NA	0	1	2	3	4	5	DK		
21. Participates as an active citizen.	NA	0	1	2	3	4	5	DK		
22. Can make legal decisions affecting his/her life.	NA	0	1	2	3	4	5	DK		
23. Can find needed community services and resources.	NA	0	1	2	3	4	5	DK		
24. Knows how to use a variety of services and resources successfully.	NA	0	1	2	3	4	5	DK		
25. Knows how to get help from programs to pay for the costs of day-to-day living.	NA	0	1	2	3	4	5	DK		



Planning Areas	Not Appropriate	Strongly Disagree					Strongly Agree			Don't Know
		0	1	2	3	4	5			
<b>HEALTH</b>										
26. Is physically healthy.	NA	0	1	2	3	4	5		DK	
27. Can take care of physical problems that arise.	NA	0	1	2	3	4	5		DK	
28. Is emotionally healthy.	NA	0	1	2	3	4	5		DK	
29. Can take care of emotional problems that arise.	NA	0	1	2	3	4	5		DK	
30. Knows how reproduction works.	NA	0	1	2	3	4	5		DK	
31. Makes choices regarding sexual behavior based on fact.	NA	0	1	2	3	4	5		DK	
<b>SELF-DETERMINATION</b>										
32. Knows and accepts own strengths and limitations.	NA	0	1	2	3	4	5		DK	
33. Expresses feelings and ideas to others in the right way.	NA	0	1	2	3	4	5		DK	
34. Expresses feelings and ideas to others with confidence.	NA	0	1	2	3	4	5		DK	
35. Sets personal goals.	NA	0	1	2	3	4	5		DK	
36. Makes personal decisions.	NA	0	1	2	3	4	5		DK	
<b>COMMUNICATION</b>										
Choose rating based on future settings in which your son/daughter will be.										
37. Has needed speaking skills.	NA	0	1	2	3	4	5		DK	
38. Has needed listening skills.	NA	0	1	2	3	4	5		DK	
39. Has needed reading skills.	NA	0	1	2	3	4	5		DK	
40. Has needed writing skills.	NA	0	1	2	3	4	5		DK	
<b>INTERPERSONAL RELATIONSHIPS</b>										
41. Gets along well with family and relatives.	NA	0	1	2	3	4	5		DK	
42. Has the skills to be a parent.	NA	0	1	2	3	4	5		DK	
43. Makes friends in different kinds of settings.	NA	0	1	2	3	4	5		DK	
44. Can say and do the right thing wherever he/she is.	NA	0	1	2	3	4	5		DK	
45. Can get along well with others on the job.	NA	0	1	2	3	4	5		DK	
46. Can get along well with his/her boss on a job.	NA	0	1	2	3	4	5		DK	



## Parent Expectation Survey

Each item in the middle column below describes an **expectation some parents have about their children's future outcomes**. On the *left* tell me first how **important** it is for your child with disabilities (CWD) to achieve this outcome. On the *right* tell me how **likely** you think your CWD will in fact achieve this outcome

Importance to me...		Likelihood ...
1=Highly Unimportant 2=Somewhat Unimportant 3=Slightly Important 4=Important 5=Very Important		1=Highly Unlikely 2=Somewhat Unlikely 3=Slightly Likely 4=Likely 5=Very Likely
	1. My child will be happy and satisfied.	
	2. My child will attend college.	
	3. My child will have a girlfriend/boyfriend.	
	4. My child will own property.	
	5. My child will have a support network of friends.	
	6. My child will belong to a religious organization.	
	7. My child will be accepted by the community.	
	8. My child will have a secure financial future.	
	9. My child will be safe from physical harm.	
	10. My child will have the highest education possible.	
	11. My child will help with household chores.	
	12. My child will be socially responsible/law-abiding citizen.	
	13. My child will take care of me when I am old.	
	14. My child will participate in citizenship activities, e.g., voting.	
	15. My child will live independently.	
	16. My child will have time to play/watch games/have fun.	
	17. My child will hold a job/vocation.	
	18. My child will have his/her own children.	
	19. My child will use community services.	
	20. My child will be protected from harm.	
	21. My child will inherit property.	
	22. My child will be a respected citizen of my country.	
	23. My child will be successful in school.	
	24. My child will get married.	
	25. My child will be a valued member of the my community.	