

1. Introduction

Transition Survey for Students with Intellectual and Developmental Disabilities...

Is your son or daughter between the ages of 14 and 22? Junior High and High School are important periods in a student's life. It needs to be a time when youth is preparing for adult life – whether that means continuing to prepare for work or taking advantage of post-secondary education.

The Arc of Massachusetts and The Arc of Greater Haverhill-Newburyport are working with several organizations to provide additional support to students experiencing transition and their families. We plan to host live and web based trainings to help you better prepare for transition and adult life. This survey for families of students who have intellectual and developmental disabilities will help us be responsive.

At this time we are targeting two areas of the state: The Greater Boston Area (specifically parts of Middlesex and Norfolk counties) and Newburyport. Survey respondents may have the opportunity to receive individual or group support. All respondents who provide an email address will hear about that opportunity and our trainings.

Using a person-centered approach, our goal is to promote partnerships, self-advocacy, self-determination and leadership while we encourage each student to develop his or her own talents, skills, interests, and preferences.

Please note: we include a few questions for the student and request some contact information. We would appreciate answers to all the questions but we will include all surveys in our review even if some personal information is omitted.

In addition, your access to present or prospective services from state agencies and local educational agencies (schools), will not be adversely affected by your response or lack of response to our survey

The deadline for survey responses is June 20.

If you are unable to complete your survey on-line and you have printed it off the web to mail in, please forward to: Beth Rutledge, The Arc of Massachusetts, 217 South St., Waltham, Ma 02453. If any questions, please email rutledge@arcmass.org or 781-891-6270, Ext. 101.

Thank you.

2. Demographics

1. Name of Student

2. What is the Student's age?

3. We assume that the student has an intellectual and/or developmental disability. Please note any specific disability (primary or secondary) which may have been identified.

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional or Behavioral disability |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Spina Bifida (Myelomeningocele type "MMC") |
| <input type="checkbox"/> Complex medical needs | <input type="checkbox"/> Tuberos Sclerosis |
| <input type="checkbox"/> Intellectual limitations | <input type="checkbox"/> Fetal Alcohol Syndrome |
| <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Attention Deficit Disorder (ADD) |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Asperger's | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Rett Syndrome | <input type="checkbox"/> Williams Syndrome |
| <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Prader-Willi Syndrome |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Lesch-Nyhan Syndrome |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Angelman Syndrome |
| <input type="checkbox"/> Neurological disorders, (including seizures or epilepsy) | <input type="checkbox"/> Cri du Chat Syndrome |

Other (please specify)

4. Parent(s) Name(s)

5. Email or Phone (Contact Information)

6. Type of Special Educational Program

7. Location of School

8. Year Student will be either Graduating or Leaving School

1. In what area does your child have the greatest needs? (Please check all that apply)

	Needs are present
Academic skills needed for postsecondary education	<input type="checkbox"/>
Basic academic skills (reading, writing, arithmetic,)	<input type="checkbox"/>
Independent Living Skills (cleaning, meal planning, laundry)	<input type="checkbox"/>
Communication skills (ability to express oneself to others)	<input type="checkbox"/>
Decision making/goal setting/skills for self advocacy	<input type="checkbox"/>
Friendships and social relationships	<input type="checkbox"/>
Money management skills	<input type="checkbox"/>
Personal care needs (grooming, shaving, dressing skills)	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>
Recreation/Leisure skills	<input type="checkbox"/>
Shopping skills (comparison shopping, handling money, etc.)	<input type="checkbox"/>
Travel skills - pedestrian or private transport	<input type="checkbox"/>
Vocational and career exploration	<input type="checkbox"/>

2. In what area does your child have the greatest needs? Please rank the top 5 areas. Rank: 1 – most important to 5 – least important.

	Most important	Very Important	Important	Less Important	Less Important
Academic skills needed for postsecondary education	1	2	3	4	5
Basic academic skills (reading, writing, arithmetic,)	1	2	3	4	5
Independent Living Skills (cleaning, meal planning, laundry)	1	2	3	4	5
Communication skills (ability to express oneself to others)	1	2	3	4	5
Decision making/goal setting/skills for self advocacy	1	2	3	4	5
Friendships and social relationships	1	2	3	4	5
Money management skills	1	2	3	4	5
Personal care needs (grooming, shaving, dressing skills)	1	2	3	4	5
Problem-solving skills	1	2	3	4	5
Recreational/leisure skills	1	2	3	4	5
Shopping skills (comparison shopping, handling money, etc.)	1	2	3	4	5
Travel skills (pedestrian or private transport)	1	2	3	4	5
Vocational and career exploration	1	2	3	4	5

4. Questions for Parents

1. I would rate my understanding of the transition process as:

level of understanding

high

yes

medium

yes

low

yes

2. My experience with teachers or other school staff has been:

how experiences have been

positive

yes

mixed, at best

yes

not very good

yes

3. I receive emails from two or more organizations about special needs topics

yes

no

4. I have attended and I am interested in attending more trainings or meetings on preparation for adult life, the human service system and community opportunities related to the Transition process.

yes

no

5. Questions for Students

1. I am involved in 2 or more community activities regularly

yes

no

2. I speak up and/or participate actively in another way at my school IEP Transition planning meetings

yes

no

sometimes

3. I would like more information about possibilities after I graduate from high school

yes

no

maybe

4. I am involved in a group or club where we discuss our goals

yes

no

6. Thank You!

Thank you for filling out this survey. If you have given us contact information we will follow up with you.

