

**Family Survey about Supporting Your Child’s Transition to Life After High School**

Thank you for agreeing to share your feedback with us about the transition supports we provide to your child and family to plan for life after high school. Sharing your thoughts with us will help us deliver the highest quality supports possible. This survey should take about 5-10 minutes to complete, and your feedback is completely confidential. If you have more than one child, please complete a different survey for each child. You can skip any question you do not want to answer.

1. **What school does your child attend? (check one box)**

|  |  |
| --- | --- |
|  | Insert school name here |
|  | Insert school name here |
|  | Insert school name here |
|  | Other (Outside of District Placement) |

1. **What grade is your child in currently? (check one box)**

|  |  |
| --- | --- |
|  | 7 |
|  | 8 |
|  | 9 |
|  | 10 |
|  | 11 |
|  | 12 |
|  | 12+ |

1. **During this time of social distancing, I would prefer to learn about transition resources for me and my child through the following types of events/services (Select your top 4):**

|  |  |
| --- | --- |
|  | Parent-led online meetings and training |
|  | Individual phone calls and emails with school staff |
|  | Text messages |
|  | Watching videos online |
|  | Podcasts |
|  | Online support groups on social media sites |
|  | Reading printed materials |
|  | Community organization-led online events (library, place of worship, local parenting group, etc.) |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **During normal times without social distancing, I would prefer to learn about transition resources for me and my child through the following types of events (Select your top 4):**

|  |  |
| --- | --- |
|  | Large school events (such as fairs, open houses, curriculum nights) |
|  | Parent-led meetings and training |
|  | Individual meetings with school staff |
|  | In-person training on transitions |
|  | Watching videos online |
|  | Podcasts |
|  | Online support groups on social media sites |
|  | Reading printed materials |
|  | Community organization events (library, place of worship, local parenting group, etc.) |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Which online meeting platform are you most comfortable using?**

|  |  |
| --- | --- |
|  | Google Meet |
|  | Zoom |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | I don’t have regular access to a computer |
|  | I don’t have internet access |

1. **What methods of communication do you use daily? (check all that apply)**

|  |  |
| --- | --- |
|  | Text messages |
|  | Emails |
|  | Phone calls |
|  | Social media |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **The best days and times for me to attend workshops or other school events are (check all that apply)**

|  |  |
| --- | --- |
|  | In the mornings (Monday – Friday, 8-10 am) |
|  | In the middle of the day |
|  | In the evenings (Monday – Friday, 6-8 pm) |
|  | On the weekends (Saturday morning or afternoon) |
|  | Other days/times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **The main reasons I am unable to attend events that are offered are (check all that apply)**

|  |  |
| --- | --- |
|  | I am often not aware of events |
|  | The information and services do not meet my needs |
|  | I would rather receive information another way |
|  | I am too busy with work/activity schedules |
|  | I am overwhelmed with caring for my children’s needs |
|  | I have had too many negative interactions with the school |
|  | I do not feel welcome in the school |
|  | Childcare is not available |
|  | I do not have a way to get to events |
|  | The information was not provided or shared in my language |
|  | Not applicable |

1. **The school has helped me connect with important community resources to prepare for my child’s life after high school.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **My child and I have received information and resources from the school to plan for my child’s future in the following areas (check all that apply)**

|  |  |
| --- | --- |
|  | Assessments necessary for high school graduation |
|  | Independent or community living |
|  | Legal/guardianship options (such as preparing for the Age of Majority) |
|  | Meaningful employment |
|  | Work-based learning experiences |
|  | College or continued education |
|  | Leisure time activities |
|  | Social life |
|  | Healthcare |
|  | Transportation |
|  | Community service |
|  | Mental health support |
|  | Organizations to support families/students with transition and service coordination |
|  | Financial options or opportunities |
|  | None of the above |

1. **I would like more information and resources about (check all that apply)**

|  |  |
| --- | --- |
|  | Assessments necessary for high school graduation |
|  | Independent or community living |
|  | Legal/guardianship options (such as preparing for the Age of Majority) |
|  | Meaningful employment |
|  | Work-based learning experiences |
|  | College or continued education |
|  | Leisure time activities |
|  | Social life |
|  | Healthcare |
|  | Transportation |
|  | Community service |
|  | Mental health support |
|  | Organizations to support families/students with transition and service coordination |
|  | Financial options or opportunities |
|  | How working may affect my students benefits |
|  | None of the above |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **I think that my child’s school is preparing them for (check all that apply)**

|  |  |
| --- | --- |
|  | Making and keeping friends |
|  | Having a sense of purpose |
|  | Self-advocacy (speaking up for themselves and getting support they need) |
|  | Having a job |
|  | Using transportation |
|  | Life skills (such as cooking, cleaning, and organizing) |
|  | Future education |
|  | Managing money |
|  | Taking care of their mental and physical health |
|  | None of the above |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **I consistently receive information about my child’s experiences in school so that we can plan for my child’s future.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **I have other adults (not at my child’s school) who I can turn to with questions and concerns about my child’s education and their future.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **My family’s values are considered when setting goals and expectations for my child’s future.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **The school helps me set high expectations for my child’s future.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **I believe that my child has a transition plan in place that will enable them to be successful after high school.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **There are scheduled meetings to plan for my child’s future throughout the school year.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **I feel comfortable asking questions during IEP meetings or when I have concerns.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **I am respected and valued for my ideas at meetings with the school.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **My child is an active participant in IEP meetings.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

1. **I know how to prepare for meetings about my child with the school.**

|  |  |
| --- | --- |
|  | Strongly agree |
|  | Agree |
|  | Undecided |
|  | Disagree |
|  | Strongly Disagree |
|  | Need more information |

Thank you for completing this survey. If you would like to be entered into a raffle for an iPad, or if you would like to submit questions/concerns for us to respond to, or if you would like to be added to a list of parents/caregivers who will be part of a small group helping our schools improve services for students with disabilities, please say "yes" below and you will be taken to a separate form to submit your contact information. Your contact information will not be tied to your responses on this survey above.

Please **click here** to be taken to the separate survey to provide us your contact information.

Thank you for taking the time to provide us with your perspective. We are going to develop new staff trainings based on your responses, which will result in better services and supports for your child and family. We hope you will continue to communicate with us to help us to improve our district. Have a nice day!

**Family Survey Contact Form**

Please share your contact information below and let us know if you have any questions, want to be entered into the raffle, or want to be on the contact list to continue helping our schools improve their services for students with disabilities. Your contact information will not be associated with your Other responses to the family survey you just completed. Thank you so much for your time today!

Your First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address or Phone Number to Contact you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you like to be entered into the raffle for an iPad?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Would you like to hear about upcoming opportunities to be part of small groups who meet with the school to improve services for families of students with disabilities?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. Do you have questions or concerns that you would like us to respond to right away? If so, please share them with us in the box below and we will reach out to you soon.

Thank you for your time. We value your feedback as important partners with us supporting your children's education. Stay in touch!