

**WEATHERFORD INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION SERVICES**

**Transition Planning
FAMILY INPUT FORM**

Providing the best and most complete Transition Services for you and your child is an important and primary goal for WISD. Please help us to help you by completing the following questionnaire and adding any additional comments you would like to be addressed in the transition planning for your child on the back of this form.

Student Name: _____

Date Completed: ___/___/___

Signature of parent/guardian completing the form: _____

<p style="text-align: center;">Post Secondary Education or Training</p> <p>What are you hoping will occur after completion of high school?</p> <p><input type="checkbox"/> College or University <input type="checkbox"/> Community College <input type="checkbox"/> Trade/Technical School <input type="checkbox"/> Military <input type="checkbox"/> Continuing Education Classes <input type="checkbox"/> Competitive Employment <input type="checkbox"/> Sheltered Employment <input type="checkbox"/> None <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Employment</p> <p>I see my child working in:</p> <p><input type="checkbox"/> Full-time Regular Job <input type="checkbox"/> Part-time regular Job <input type="checkbox"/> Supportive Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Other: _____</p> <p>What areas do you see your child working in after high school graduation? _____</p>
<p style="text-align: center;">Adult Living</p> <p>What type of living arrangements would you like for your child after graduation?</p> <p><input type="checkbox"/> Independent living with no support <input type="checkbox"/> With family member or relative <input type="checkbox"/> With a roommate <input type="checkbox"/> In a supervised group home <input type="checkbox"/> Supervised apartment living <input type="checkbox"/> Nursing care facility <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Recreation/Community Activities</p> <p>How much support does your child need to engage in recreational activities?</p> <p><input type="checkbox"/> Independent with no support <input type="checkbox"/> Family support <input type="checkbox"/> Community Program support <input type="checkbox"/> Other: _____</p>
<p style="text-align: center;">Transportation</p> <p>What type of transportation do you expect your child to use?</p> <p><input type="checkbox"/> Independent, has driver's license <input type="checkbox"/> Public transportation <input type="checkbox"/> Family transportation <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Medical/Health</p> <p>What type of assistance will your child need?</p> <p><input type="checkbox"/> None needed at this time <input type="checkbox"/> Medication administration <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Help for doctor/medical appointments <input type="checkbox"/> Attendant care <input type="checkbox"/> Other medical concerns: _____</p>
<p style="text-align: center;">Adult Services</p> <p>Please check the agency and sign this consent if you wish the agency to be invited to your student's annual ARD.</p> <p>Parent Signature: _____</p> <p><input type="checkbox"/> Texas Department of Assistive and Rehabilitative Services (DARS) (rehab) <input type="checkbox"/> DARS (visually impaired) <input type="checkbox"/> DARS (hearing impaired) <input type="checkbox"/> Texas Commission for the Blind (TCB) <input type="checkbox"/> Texas Commission for the Deaf and Hard of Hearing (TCDHH) <input type="checkbox"/> Texas Work Force <input type="checkbox"/> Texas Youth Commission (TYC)</p>	