

Parent Questionnaire

Student Name: _____ Date: _____

D.O.B.: _____

Person completing form: _____

1. After exiting high school, how many more years of educational programming do you plan for your child to attend? Your child is eligible to remain in an educational program until the age of 22.

1

2

3

4

2. Please list the medical diagnoses of your child:

3. Does your child have any medical/health problems which could restrict his/her participation in any kind of classroom, community or work activities? Please specify type and restrictions.

4. What type of work/programming do you see your child participating in after graduation (integrated employment within the community, supported employment, social/day programming or a work and social programming combination)?

5. Is there a specific type of work you feel your child has strong interests or potential for working in?

6. Is there a specific type of work you feel would not be appropriate for your child?

7. How do you visualize your child getting to and from work or around the community after graduation?

_____ COTA bus	_____ Walk
_____ Family member	_____ Taxi
_____ Program van/bus	_____ Drive own car
_____ Ride a bicycle	_____ Other _____

8. What does your child need to work on while in school to improve his/her chance of getting and keeping successful employment?

9. Where do you see your child living as an adult?

_____ With family

_____ In a supported living arrangement
 _____ Other

10. Are there any areas of training to enhance independence in the home you feel would benefit your child (cooking, cleaning, groom, free time activities, clothing care, etc.)?

11. Does your child have any regular chores or responsibilities at home? What? How often?

12. What does your child enjoy doing with their leisure time at home?

13. Are there any areas of training to enhance independence in the community you feel would benefit your child (rec/leisure activities, shopping, mobility, banking, appropriate socialization/ communication, etc.)?

14. Does your child belong to any community/school social groups or clubs? If yes, please specify.

15. If your child is over 18, have they:

- a. Registered to vote? YES NO
 b. Registered for the draft (if male) YES NO

16. Please complete the appropriate boxes below.

Agency/ Service	Not needed	Would like assistance with	Currently being provided	If provided Please print caseworker's name
Opportunities for Ohioans with Disabilities(OOD)				
Board of DD(Which county?)				
Social Security				
Guardianship				
Other please list				

Person completing form: _____ Relationship: _____