Parent Survey

1. Age of Student:
2. Please check appropriate box:

* I believe my child will leave school before graduation.
* I believe my child will seek employment after graduation.
* I believe my child will attend a technical school after graduation.
* I believe my child will attend college after graduation.

1. What concerns do you have about young people with disabilities and how our community connects with and supports them?
2. When you take off your parental hat, what personal gifts do you have that you might like to share in an informal way?

How might you share that gift?

1. Individual contact info:
2. Do you have any colleagues, friends or acquaintances whom you think might be interested in learning more about transition and who might help us further engage the community in this work?   
     
   If so, may I have your permission to tell them you gave me their name and contact information?
3. Contact info for others identified:

Individual answering the survey questions:

Name of interviewer: