

Mackinaw Valley Special Education
412 E. Cypress., Normal, IL 454-2220

Parent Survey

Student name _____ School _____ Grade _____

Parent/Guardian Name _____ Date _____

1. Where do you think your son/daughter will live when he/she leaves high school?

<input type="checkbox"/> With my parents	<input type="checkbox"/> On my own, with a roommate, in the military
<input type="checkbox"/> At college	<input type="checkbox"/> Live in a supervised living arrangement (ie. CILA, etc)

2. What do you think your son/daughter will do to further his/her education upon leaving high school?

<input type="checkbox"/> Attend community college	<input type="checkbox"/> Attend a university
<input type="checkbox"/> Attend a technical/trade school	<input type="checkbox"/> Enlist in the military
<input type="checkbox"/> Enroll in adult education classes	<input type="checkbox"/> Attend classes offered by community agencies

3. What do you think your son/daughter will do for employment upon leaving high school?

<input type="checkbox"/> Be employed full-time at a competitive wage	<input type="checkbox"/> Be self-employed
<input type="checkbox"/> Work part-time while in college/trade school	<input type="checkbox"/> Work part-time
<input type="checkbox"/> Hold a supported employment position	
<input type="checkbox"/> Have organizational employment through an adult service provider	

4. What services do you think your son/daughter will need after high school?

<input type="checkbox"/> No services- Go to question #5
<input type="checkbox"/> Services/support from an agency- please go to questions 6-8 and check those that apply.

5. What accommodations think your son/daughter will need for classes he/she will take after high school?

<input type="checkbox"/> Books on tape	<input type="checkbox"/> Note-taking assistance	<input type="checkbox"/> Modified instruction
<input type="checkbox"/> Tests read/reader	<input type="checkbox"/> Writers	<input type="checkbox"/> Computer available
<input type="checkbox"/> Calculator	<input type="checkbox"/> Extended time for tests	<input type="checkbox"/> Other: _____

If you do not need any additional supports after high school you are done with the survey.

6. I think that my son/daughter will need the following related services after he/she leaves high school?

- | | | |
|--|--|---|
| <input type="checkbox"/> Assessment for work | <input type="checkbox"/> Job placement | <input type="checkbox"/> Transitional employment services |
| <input type="checkbox"/> Occupational training | <input type="checkbox"/> Legal help | <input type="checkbox"/> Independent living support |
| <input type="checkbox"/> Employment assistance | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Financial planning |
| <input type="checkbox"/> Basic skills education | <input type="checkbox"/> Child care | <input type="checkbox"/> Counseling and guidance |
| <input type="checkbox"/> Housing services | <input type="checkbox"/> Health care | <input type="checkbox"/> Technological aids/devices |
| <input type="checkbox"/> Residential services | <input type="checkbox"/> Transportation | <input type="checkbox"/> Daily living skills support |
| <input type="checkbox"/> Rehabilitation services | <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Income/living assistance |
| <input type="checkbox"/> Case Coordination | <input type="checkbox"/> Post-employment services to keep a job | |
| <input type="checkbox"/> Recreational Services | <input type="checkbox"/> Services to support a visual impairment | |

7. I think that my son/daughter will need help from the following agencies after high school?

- | | |
|---|---|
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Department of Mental Health |
| <input type="checkbox"/> Department of Public Aid | <input type="checkbox"/> Department of Children and Family Services |
| <input type="checkbox"/> Social Security Department | <input type="checkbox"/> Office of Rehabilitation Services |
| <input type="checkbox"/> Office of State Guardian | <input type="checkbox"/> Department of Developmental Disabilities |
| <input type="checkbox"/> Other - Please List: _____ | |

8. My son/daughter is currently receiving help from the following agencies:

- | | |
|---|---|
| <input type="checkbox"/> Department of Human Services | <input type="checkbox"/> Department of Mental Health |
| <input type="checkbox"/> Department of Public Aid | <input type="checkbox"/> Department of Children and Family Services |
| <input type="checkbox"/> Social Security Department | <input type="checkbox"/> Office of Rehabilitation Services |
| <input type="checkbox"/> Office of State Guardian | <input type="checkbox"/> Department of Developmental Disabilities |
| <input type="checkbox"/> Other - Please List: _____ | |

Please complete and return to: _____ by _____.

Thank you.