



Secondary Parent Survey

Student Name:

Date:

Teacher:

Completed By:

Instructions:

This survey gathers critical information about your student's strengths, interests, needs and goals for the future in preparation for their upcoming IEP. Complete this survey and return it to your student's IEP case manager.

Strengths & Interests

My child's strengths and interests are:

Things others like/admire about my child include:

Concerns & Needs

Literacy: I have concerns related to my child's... *(select all that apply)*

- functional reading skills (e.g., recognizing name in print, common words, signs and logos within the community)
- foundational reading skills (e.g., sounding out words, reading grade level words, reading fluently and/or with ease)
- reading comprehension skills (e.g., answering questions or telling what a reading passage is about)
- functional writing skills (e.g., writing name, common words and phrases in community and daily living activities)
- use of writing conventions (e.g., spelling, grammar, basic sentence structure)
- writing composition skills (e.g., writing content and organization)
- no current concerns

Please provide any additional information or concerns related to your child's reading or writing skills:

Math: I have concerns related to my child's... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> number recognition skills | <input type="checkbox"/> math problem-solving skills |
| <input type="checkbox"/> basic money skills | <input type="checkbox"/> understanding and applying grade level math content (e.g., algebra, geometry) |
| <input type="checkbox"/> ability to tell time | <input type="checkbox"/> no current concerns |
| <input type="checkbox"/> simple measurement skills | |
| <input type="checkbox"/> number calculation skills (addition, subtraction, multiplication, division) | |

Please provide any additional information or concerns related to your child's math skills:

Social Emotional Behavioral: I have concerns related to my child's... *(select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> identification and awareness of emotions | <input type="checkbox"/> physical aggression or harm to self or others |
| <input type="checkbox"/> management of feelings and emotions | <input type="checkbox"/> repetitive behaviors (e.g., lines things up, flaps hands or rocks back and forth) |
| <input type="checkbox"/> friendships and relationships with others | <input type="checkbox"/> challenging behaviors |
| <input type="checkbox"/> ability to follow social rules, norms and expectations | <input type="checkbox"/> mental health concerns (e.g., anxiety, depression) |
| <input type="checkbox"/> ability to set goals, make decisions and advocate for themselves | <input type="checkbox"/> no current concerns |
| <input type="checkbox"/> limited safety awareness | |

Please provide any additional information or concerns related to your child's social emotional behavioral needs:

Language & Communication: I have concerns related to my child's... *(select all that apply)*

- lack of speech/speech delays
- speech production (e.g., fluency/stuttering, articulation or other speech concerns)
- communication of basic wants and needs
- beginning social communication (e.g., social greetings)
- vocabulary and sentence structure when speaking
- ability to understand and follow directions
- ability to understand verbal language (e.g., receptive understanding)
- conversation skills
- nonverbal communication (e.g., ability to read others' nonverbal cues and use them expressively to communicate)
- no current concerns

Please provide any additional information or concerns related to your child's language and communication skills:

Preparing for Independence: I have concerns related to my child's... (select all that apply)

- feeding skills
- personal care skills (e.g., toileting, hand washing, grooming)
- ability to independently complete home living activities (e.g., chores, food preparation)
- ability to access and participate in community-based activities (e.g., shopping, events)
- participation in leisure activities (e.g., independent or group activities)
- no current concerns

Please provide any additional information or concerns related to your child's independence:

Training, Education and Employment Skills: I have concerns related to my child's... (select all that apply)

- understanding and ability to complete simple tasks or activities
- ability to persist and complete a series of tasks or assignments, following multi-step instructions
- time management, organizational skills and ability to turn in or complete assignments/work on time
- understanding of both preferences and interests to consider short and long-term plans/goals
- interest in exploring specific postsecondary opportunities
- identification of realistic/practical goals for life after graduation
- ability to obtain and/or maintain employment
- ability to recognize, understand and/or explain to others their abilities and challenges
- no current concerns

Please provide any additional information or concerns related to your child's training, education or employment skills:

Health Information: I have concerns related to my child's... (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> vision | <input type="checkbox"/> sleep |
| <input type="checkbox"/> hearing | <input type="checkbox"/> nutrition or dietary needs |
| <input type="checkbox"/> gross motor skills | <input type="checkbox"/> medical needs/diagnosis |
| <input type="checkbox"/> fine motor skills | <input type="checkbox"/> other |
| <input type="checkbox"/> sensory needs | <input type="checkbox"/> no current concerns |

Please provide any additional information or concerns related to your child's health:

Future Goals, Hopes & Dreams

My primary goals for my child's next school year include:

Education and Training: When considering future education and training goals upon completion of high school, my child hopes to... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> attend a 4-year college | <input type="checkbox"/> receive on-the-job training with or without support |
| <input type="checkbox"/> attend a community college | <input type="checkbox"/> continue to explore education and training options |
| <input type="checkbox"/> attend a career/technical/trade school or apprenticeship program | <input type="checkbox"/> other |
| <input type="checkbox"/> attend a center for continuing education or campus transition program | <input type="checkbox"/> unsure at this time |

Please provide any additional information related to your child's future education and training goals:

Employment: When considering future employment opportunities, my child hopes to... *(select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> work independently in a full-time position | <input type="checkbox"/> work in a supported employment center |
| <input type="checkbox"/> work in a full-time position with support | <input type="checkbox"/> continue to explore employment options with or without support |
| <input type="checkbox"/> independently work part-time | <input type="checkbox"/> other |
| <input type="checkbox"/> work part-time with support | <input type="checkbox"/> unsure at this time |
| <input type="checkbox"/> participate in volunteer work | |

Please provide any additional information related to your child's future employment goals:

Independent Living: When considering future living options upon completion of high school, my child hopes to... *(select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> live independently in a house or apartment | <input type="checkbox"/> live in a group home |
| <input type="checkbox"/> live in a house or apartment with friends | <input type="checkbox"/> other |
| <input type="checkbox"/> live in a house or apartment with support | <input type="checkbox"/> unsure at this time |
| <input type="checkbox"/> live in our home or the home of a relative | |

Please provide any additional information related to your child's future independent living goals: