

4. What work related demands are being placed on your son/daughter at home and what is his/her reaction to them? For example:

Activity
Carries out trash, prepares meals,
cleans room, etc.

Degree of Independence
Does willingly – need not be told
Degree of supervision needed

5. What jobs, work experience or volunteer work has your son/daughter done in the community?

6. What types of jobs, work tasks or volunteer activities does your son/daughter really like to do?

7. What type of jobs, work tasks, or volunteer activities does your son/daughter dislike doing?

B. Financial Planning

1. Have you contacted any agencies regarding financial planning for your son/daughter?

Department of Human Services
 Social Security Administration (SSI)
 Vocational Rehabilitation
 Job Training Partnership Act (JTPA)
 Other, please describe _____

Financial Planning is not a concern at this time

C. Living Arrangements

1. Following graduation from High School, where is your son/daughter going to live?

- On their own (Renting an apartment, house, room, etc.) What City? _____
- College Dormitory (What school? What City?) _____
- At home (Whose home?) _____
- Supervised apartment or Residential Group Home (What city? Which one?) _____
- _____
- Military service
- Other, please describe _____
- _____
- Living arrangements is not a concern at this time

D. Mobility

1. What form of transportation will your son/daughter use to get around the community and to work?

- Drive own car
- Drive family car
- Transported by family member
- City bus
- SIEDA bus
- Walk
- Other, please describe _____
- Mobility is not a concern at this time

E. Legal Issues

1. Is your son/daughter able to make the proper decisions concerning the handling of his/her financial matters? (able to count money, make change, use of checking accounts, etc.)

Yes No

2. Is your son/daughter able to make the proper decisions concerning his/her own life after age 18?

Yes No

3. After your teenager's 18th birthday, will he/she need someone to help them make the right decisions concerning their own adult life?

Yes No

4. As a parent, have you made out a will, began an estate plan, or started a trust that will provide for your son/daughter's needs following your death?

___ Yes ___ No

F. Recreation/Leisure

1. What does your son/daughter like to do in their free time? (Please check all that apply)

- ___ Participate in athletic activities (swim, jog, lift weights, aerobics, walk, bike ride, softball, etc.)
- ___ Participate in outdoor sports, activities (fishing, hunting, camping, etc.)
- ___ Games (cards, checkers, pool, board games, etc.)
- ___ Reading
- ___ Socialize with friends/dating
- ___ Spend time with family
- ___ Drive around
- ___ Dancing
- ___ Watch TV, go to movies
- ___ Cook/bake
- ___ Eat out at restaurants
- ___ Relax/sleep
- ___ Listen to music, play instrument, sing
- ___ Maintenance work (house, car, garden, yard, etc.)
- ___ Go shopping
- ___ Other, please describe _____

2. Does your son/daughter belong to any clubs or social/support groups?

G. Medical

1. Will your son/daughter have any medical needs following graduation?

2. Have you contacted any agencies concerning medical services/insurance for your son/daughter?

*At this time what are your greatest concerns for your son/daughter following graduation?

Please sign and date this inventory, it will be a very important part in the transition process for your son or daughter.

Signature

Date

*Adapted from GWAEA 10 Parent/Guardian Inventory 1987-88