



Parent/Guardian Questionnaire

Completing this questionnaire will help us better understand your son/daughter's needs in order to help him/her be a more successful student at Nebraska Transition College. If more space is required, please feel free to include additional paper.

Name of NTC applicant: _____

Parent/Guardian completing the questionnaire: _____

Date: _____

1. General Information

a. What is your child's disability?

b. What are your child's strengths?

c. What are your child's greatest challenges?

d. When frustrated or over-stimulated, what behaviors would he/she possibly exhibit at school or in a social situation?

e. Does your child exhibit any signs that he/she is becoming frustrated or over-stimulated? If so, what are they?

2. Future Post-Secondary Education/Training

Future education goals for your son/daughter will be (check all that apply):

_____ Attend a four-year college or university

_____ Attend a community college

_____ Vocational school training

_____ On-the-job training

_____ Don't know

_____ Other _____



Applicant Name: _____

3. Future Employment

a. Future employment for my son/daughter might be (check all that apply):

- _____ Full-time competitive employment
- _____ Part-time competitive employment
- _____ Supported employment
- _____ Adult day services
- _____ Volunteer work
- _____ Don't know
- _____ None
- _____ Other _____

b. What type of work is your child interested in?

c. Do you feel this is attainable? _____

d. What type of work do you think your child is most suited for?

4. Future Living

a. Where do you feel your child will be living in a 3-5 years (please check the most likely option):

- _____ In a house or apartment
- _____ In a house or apartment with support
- _____ In a group home
- _____ At home
- _____ Other _____

b. Possible barriers for your child's independent living (check all that apply):

- _____ Transportation
- _____ Managing money
- _____ Health concerns
- _____ Loneliness
- _____ Exploitation by others (sexual, financial)
- _____ Won't take good care of him/herself
- _____ Safety



Applicant Name: _____

5. Current Transportation

a. Your son/daughter currently uses the following transportation methods (check all that apply):

- ☐ Bicycle
☐ Walk
☐ Public transportation
☐ His/her own vehicle
☐ Cab or Uber
☐ Gets rides from others
☐ Other _____

b. If your child does not currently drive, is he/she willing to obtain a driver's license? If not, what are the barriers to obtain one? _____

6. Current Recreation and Leisure Activities

a. My child currently participates in the following activities (check all that apply):

- ☐ Recreation activities that he/she does alone
☐ Independently participates in activities with friends
☐ Organized recreational activities
☐ Integrated recreational activities (team members with and without disabilities)
☐ Other _____

b. My son/daughter will probably (check all that apply):

- ☐ Get married
☐ Have children
☐ Have a significant relationship, but not marriage
☐ Have very little, if any romantic interests
☐ Other _____

c. Is there anything else we should know about your son/daughter:

d. What is the best way to contact you?

- ☐ Phone _____
☐ email _____
☐ Other _____