



An EnAbling Change Partnership Project with the Government of Ontario

## Parent Survey

Parent name(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Teen's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Teen's diagnosed disability:

What are your teen's strengths and areas of need?

How do you feel about your teen gaining employment in their high school years?

What is your child's attitude to gaining employment? Does your child want to work?

### Transportation

What modes of transportation does your teen use now? Circle any that apply:

Bike    Walking    Drives a vehicle    Driven by others    Bus route    Wheeltrans

What mode of transportation could your child use to get to a job? \_\_\_\_\_

My teen lives near a bus route.....	Yes	No	Don't know
My teen knows how to use the bus system.....	Yes	No	A little
My teen would benefit from learning more about the bus system.....	Yes	No	
My teen would be willing to get on a bus.....	Yes	No	Maybe

### Your Teen's Skills

What skills does your teen have that will help gain employment? Please indicate how you feel about the level of skill in the following areas:

	Weak			Strong	
Conversation	1	2	3	4	5
Writing	1	2	3	4	5
Reading	1	2	3	4	5
Listening	1	2	3	4	5
Math	1	2	3	4	5
Telephone conversation	1	2	3	4	5
Technology	1	2	3	4	5
Organization	1	2	3	4	5
Memory	1	2	3	4	5
Problem solving	1	2	3	4	5
Time management	1	2	3	4	5
Managing emotions	1	2	3	4	5
Self advocacy (asking for help)	1	2	3	4	5
Attendance	1	2	3	4	5
Personal care	1	2	3	4	5

### Other information

What would be helpful to know about your son/daughter as we support them in this program?

- I am interested in attending the parent informational meeting (Date TBA.) Number of adults attending \_\_\_\_\_.

**Please return form to the Head of Special Education at your teen's school no later than Friday, Feb 21, 2020**