

Preparing to become an Adult; the Parent/Family's Perspective

As you prepare to assist your son/daughter navigate the transition process to becoming an adult, it will be helpful to take some time to answer the following questions on your thoughts about his/her future. There are no right or wrong answers; be honest with yourself – for everyone's sake. If there are several family members involved in this process it will be helpful to discuss each section to know where everyone stands so that the best support possible can be provided for the youth.

Education

1. Which of the following settings do you believe are most realistic for your son/daughter? (Check all that apply)
 - College or University
 - Community College
 - Vocational training
 - On-the-job training
 - Personal development classes
 - other: _____
2. What do you see as your son/daughter's educational strengths?
3. What do you see as your son/daughter's greatest challenges with regard to school?

Work

1. I think my son/daughter would do well in the following work settings: (check all that apply)
 - Full time regular job
 - Part time regular job
 - Supported employment full or part time
 - Military service
 - Volunteer work
 - Other: _____
2. List the reasons that you believe your son/daughter would do well in the types of work settings checked above.
3. List what you consider to be your son/daughter's greatest strengths.

4. List your greatest concerns/fears about your son/daughter entering the work force.

Housing

1. Which of the following living situations do you believe are most realistic for your son/daughter after graduation from high school?
 - On his/her own in a house or apartment
 - With a roommate
 - Supervised living situation (group home, supervised apartment)
 - With family
 - Other: _____
2. What are your son/daughter's strengths in the area of living independently? (i.e. housework, personal hygiene, cooking, budgeting and financial management, etc.)
3. What are your greatest concerns about your son/daughter's **current** living situation?
4. What are your greatest concerns about your son/daughter's **future** living situation?
5. What do you see as the greatest obstacle to your son/daughter living as independently as possible?

Recreation and Leisure

1. Do you have any concerns about how your son/daughter will spend leisure time after graduation? If so, what are those concerns?
2. What can be done to address/alleviate those concerns?

Transportation

1. Which of the following forms of transportation will your son/daughter most likely be using after graduation?
 - Have a driver's license **but no** access to a car
 - Have a driver's license **AND** access to a car
 - Use public transportation independently (bus, taxi, train)
 - Supported transportation (family, service groups, car pool, special programs)
 - Walk or ride a bike
 - Other: _____

2. What are your greatest concerns about your son/daughter traveling around the community independently?

Review the following lists and check the areas in which your son/daughter has strengths. It is always important to focus on the strengths and then plan how to utilize those strengths to overcome deficits in other areas. It can be very helpful for you to stop and evaluate where you see your son/daughter's strengths compared to where they see their own strengths.

Social/Interpersonal

- | | |
|---|--|
| <input type="checkbox"/> Making friends | <input type="checkbox"/> Handling anger |
| <input type="checkbox"/> Setting goals | <input type="checkbox"/> Communicating needs/wants |
| <input type="checkbox"/> Family relationships | <input type="checkbox"/> Relationships with the opposite sex |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Handling legal responsibilities |
| <input type="checkbox"/> Other: _____ | |

Personal Management

- | | |
|--|---|
| <input type="checkbox"/> Hygiene | <input type="checkbox"/> Money Management/budgeting |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Time/time management |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Personal care |
| <input type="checkbox"/> Domestic skills | <input type="checkbox"/> Other: _____ |

Health

- On going care for serious medical condition
- Information on drug abuse
- AIDS awareness
- Sex education
- Other: _____