

## FUTURE PLANNING

For students with moderate to intense needs.

1. What year (do you/does your child) plan on graduating? (age & year)
  
2. Where will you/your child live after graduation? (circle one or indicate first and second choices)  
  
    With family  
    In an apartment near family for assistance  
    Group home  
    Supported living  
    Independently
  
3. Where will you/your child live 5 years after graduation? (circle one or indicate first and second choices)  
  
    With family  
    In an apartment near family for assistance  
    Group home  
    Supported living  
    Independently
  
4. What skills are needed for independent living that you/your child will need to learn?
  
  
  
  
  
  
  
  
  
  
5. Where will you/your child work after graduation? (circle one or indicate first and second choices)  
  
    Sheltered workshop setting  
    Work crew in the community  
    Community job with Option 4 assistance  
    Job attained without assistance  
    Other \_\_\_\_\_
  
6. If you/your child works in the community, what type of job would you/your child prefer?
  
  
  
  
  
  
  
  
  
  
7. What work skills are needed to obtain the job choices indicated above?
  
  
  
  
  
  
  
  
  
  
8. What are you/your child's strengths and talents?

9. What daily living skills do you/your child need to learn more about?

Cooking/kitchen

Self care/personal hygiene

Money skills: (counting money, paying for purchases, banking, paying bills)

Survival skills: (fire safety, emergency assistance, recognizing dangerous situations, stranger awareness, etc.)

10. What academics would you like to see included in your/your child's IEP for next year? (circle choices)

Time Telling

Grocery Shopping

Using a calculator

Functional/Survival Reading

11. How do you feel about you/your child driving a car in the future? (check one)

Yes

No

Maybe in the future

Maybe after they have been evaluated by a drivers' training program that would determine if they have the skills necessary to drive safely.

12. What do you/your child like to do for fun with friends or family?

13. Please list any other questions or concerns you have here.