

## Parent Input for Secondary Transition Planning

Parent Name:  
Student Name:  
DOB:

What are your child's strengths? What is he/she good at?

What are your child's challenges?

Does your child know that he/she has a disability? Does he/she know how it affects his/her learning or functioning?

What is the best thing you believe your child could accomplish when he/she gets older?

What do you hope your child's life will look like after high school?

What might your child do for work?

Will your child go to college or some other post-secondary education?

Where will your child live?