

Exit Interview
(Supplemental to the SOP/SES)

Student: _____

Age: _____

School Year: 200_____ - 200_____

Your child is at the end of a long journey through many years of public schooling. We hope you and your child feel prepared as he/she begins a new adventure in the adult world. We would very much like to have your feedback concerning transition services over the past several years.

1. My child is exiting school services due to age.
Yes _____ No _____

2. My child has assistance in protecting his rights and responsibilities.
Yes _____ No _____

If yes, what type of assistance?

_____ Power of Attorney

_____ Guardianship

_____ Conservatorship

3. My child receives services through the Community Services Board.
Yes _____ No _____

4. My child receives or will soon receive services through a MR Waiver
Yes _____ No _____

5. My child receives or will soon receive services through a DD Waiver.
Yes _____ No _____

6. My child receives services through VAIL.
Yes _____ No _____

7. My child receives Social Security benefits.
Yes _____ No _____

8. My child receives services through Department of Rehabilitative Services.
Yes _____ No _____

9. Transportation has been arranged in the community to reach needed appointments, day programs, and other services once my child leaves school services.

Yes _____ No _____

10. We have explored options in the community for independent living.

Yes _____ No _____

11. We have explored options for recreation and leisure activities in the community.

Yes _____ No _____

12. What are your child's plans once they exit/graduate from Spotswood High School?

13. What are the strengths of the SHS program?

14. Do you have suggestions for improving the program?

Parent/Student Signature: _____

Case Manager: _____