

Preparing to Become an Adult: The Parent/Family’s Perspective

As you prepare to assist your child in navigating the transition process to becoming an adult, it will be helpful to take some time to answer the following questions on your thoughts about their 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 child?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> College or University | <input type="checkbox"/> On-the-job training |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Personal development classes |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Other: _____ |

2. What do you see as your child’s educational strengths?

3. What do you see as your child’s greatest challenges regarding school?

Work

1. I think my child would do well in the following work settings: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Full-time regular job | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Part-time regular job | <input type="checkbox"/> Volunteer work |
| <input type="checkbox"/> Supported full or part-time employment | <input type="checkbox"/> Other: _____ |

Housing (continued)

4. What are your greatest concerns about your child's **future** living situation?

5. What do you see as the greatest obstacle to your child living as independently as possible?

Recreation & 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 child most likely use 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, carpool, special programs)
 - Walk or ride a bike
 - Other: _____

2. What are your greatest concerns about your child traveling around the community independently?

Strengths

Review the following lists and check the areas in which your child 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 child's strengths compared to where they see their own strengths.

Social/Interpersonal:

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

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:

- | | |
|---|---|
| <input type="checkbox"/> Ongoing care for serious medical condition | <input type="checkbox"/> AIDS awareness |
| <input type="checkbox"/> Information on drug abuse | <input type="checkbox"/> Sex education |
| | <input type="checkbox"/> Other: _____ |

Also, checkout Mapping Dreams: The Transition to Adulthood
<https://www.pacer.org/transition/mapping-dreams.asp>